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**UNICEF KENYA  
COUNTRY KIT  
2020 - 2022**





## Situation of children

Kenya has made notable progress on children's rights in the last decade. In 2018, 70 per cent of births were attended by skilled health personnel, up from 62 per cent in 2014. The proportion of children engaged in child labour fell from 34 per cent in 2014 to 13 per cent in 2018. Enrollment of young children in primary education rose to 93 per cent.

However, 16 million Kenyans (35 per cent) still live on less than US \$2 a day, including 42 per cent of children. The COVID-19 pandemic has affected the education of more than 17 million children and has also led to an increase in violence against children.

**“16 million Kenyans live on less than \$2 a day, including over 4 in 10 children.”**

## Child protection



**“46% of young women faced violence during their childhood.”**

Around one in two young adults in Kenya experienced violence as a child, according to the 2019 Violence Against Children Survey. This found that 46 per cent of 18 to 24-year-old women faced at least one type of violence – physical, emotional or sexual – during their childhood, as well as 52 per cent of young men in the same age group. However, the national prevalence of female genital mutilation fell from 38 per cent in 1998 to 21 per cent in 2014. The prevalence of child marriage among girls stands at 23 per cent.

## Education

**“Primary school enrollment is 93% but secondary is only 53%.”**



Before the COVID-19 pandemic, nationwide enrollment in primary education stood at 93 per cent, but at secondary level was only 53 per cent. Kenya has made gains in reaching remote areas and disadvantaged communities at primary and pre-primary level. In pastoral communities, high dropout rates reflect a perceived lack of value of schooling, long distances to schools and high rates of child marriage. In 2020, school closures interrupted learning for over 17 million children, who missed more than six months of formal education. They also faced increased risks of violence, child labour and child marriage, and to their mental well-being.

**“Under-five mortality fell from 102/1,000 in 1990 to 43/1,000 in 2019.”**



Every year, 64,500 children in Kenya die before reaching the age of five, mostly of preventable causes. Three quarters of these deaths occur before a child's first birthday. Diarrhoea, pneumonia and neonatal complications are the main causes of death. Under-five mortality has fallen from 102 deaths per 1,000 live births in 1990, to 43 deaths per 1,000 live births in 2019. However, more efforts are needed for Kenya to reach Sustainable Development Goal 3 on good health and well-being. Currently, 88 per cent of children are fully immunized, up from 84 per cent in 2014.

The number of children living with HIV fell from 180,000 in 2010 to 111,500 in 2020, partly because of improved access to services, including for more pregnant women. However, infection rates among young people (15-24) are concerning. In 2020, they accounted for 35 per cent of new infections, with two thirds of cases among young women. In Homa Bay, one of the worst-affected counties, gender inequality, difficulties in accessing services and poverty are fueling high rates of unintended pregnancies and HIV.

## Nutrition



**“One in four children are under-nourished, with up to 26% stunted.”**

In Kenya, more than a quarter of children under the age of five, or two million children, have stunted growth. Stunting is the most frequent form of under-nutrition among young children. If not addressed, it has devastating long-term effects, including diminished mental and physical development. In addition, 11 per cent of children are underweight, with four per cent wasted. Wasting and severe wasting are linked to increased and preventable deaths among young children.





**“1.3 million vulnerable families received cash transfers in 2019.”**

In Kenya, 53 per cent of children are multi-dimensionally poor, meaning that they are deprived in more than one area, including lack of access to education, housing, nutrition, water and sanitation. In 2010, responsibility for providing a range of social services was devolved to Kenya’s 47 counties. Now, county governments spend 41 per cent of their resources on social services, which is a significant contributor to the country’s development.

The number of vulnerable families receiving government cash transfers increased from 150,000 in 2006 to 1.3 million in 2019, as a result of the expansion and strengthening of the national social protection system. In 2020, an additional 12,000 families received a temporary cash transfer due to the COVID-19 pandemic. The Cash Plus programmes provide linkages between social protection and other services, and the sector has solid shock-responsive components.

## Water, sanitation and hygiene

**“Access to safe drinking water is 59%, but to basic sanitation just 29%.”**



Significantly more Kenyans have access to safe drinking water (59 per cent) than to basic sanitation (29 per cent). Since 2000, access to safe drinking water has increased by 12 per cent, while access to basic sanitation has fallen by five per cent. In Kenya, 9.9 million people drink directly from contaminated surface water sources and an estimated five million people practice open defecation. Only 25 per cent have hand-washing facilities with soap and water at home.



# Child Protection

Protecting children from violence, abuse, exploitation and neglect

## Situation

In Kenya, the Government has developed and adopted policies and enacted laws to protect children. However, thousands are still exposed to violence and abuse, harmful practices, lack of parental care and sexual exploitation. Children also face specific risks during and after emergencies such as floods, droughts, conflicts or epidemics. An emerging threat for children is online abuse and exploitation.

Around one in two young adults in Kenya experienced violence as a child, according to the 2019 Violence Against Children Survey, implemented by the Ministry of Labour and Social Protection. This found that 46 per cent of 18 to 24-year-old women faced at least one type of violence – physical, emotional or sexual – during their childhood, as well as 52 per cent of young men in the same age group. The prevalence of child marriage among girls stands at 23 per cent.

## UNICEF's response

The Government has developed a strong legal and policy framework to protect children. The 2010 Constitution of Kenya (Article 53) recognises the right of all children to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhumane treatment and punishment, and hazardous or exploitative labour.

UNICEF is working with the Government of Kenya to increase protection for children and adolescents from violence, exploitation and abuse, as well as harmful cultural practices. We are ensuring children have improved access to prevention, care, support and justice services required for their physical, mental and social well-being. We are also working together to equip frontline child protection workers with the skills and tools they need to provide these services. We are developing family-based alternatives for children in institutional care, including reintegrating them with extended family or with foster families.

Furthermore, we work with children, families and communities to ensure that they are able to reject harmful practices, respond to violence against children, discourage family separation and adopt positive social norms.

### Child protection in numbers



**46%**

46% of 18 to 24-year-old women faced violence during their childhood.



**21%**

21% of girls and women have been subjected to female genital mutilation, down from 38% in 1998.



**98,000**

In 2020, UNICEF reached over 98,000 people with messages to end violence against children, including through the 'Spot it, Stop it' campaign.



**14,500**

In response to COVID-19, over 14,500 children and caregivers were counselled through the Child Helpline in 2020.



### Supporting children and families

UNICEF is supporting the Government's child protection response to COVID-19. We are providing mental health and psychosocial support to children and caregivers, including through the national child helpline. We are addressing negative coping mechanisms to keep children safe from child marriage, violence and other harmful practices. We are supporting affected children and families, including child-headed households. We are working with partners to ensure that children in refugee camps continue to access child protection services during this time.

## STORY

### Violence against children leaves physical and emotional scars in Korogocho

Encouraging children and adults to speak up about violence and seek support.



Seven-year-old Kijana (not his real name) was playing hide and seek in the winding streets of Korogocho, one of Nairobi's sprawling informal settlements, when two older boys called him away. "They removed my pants and started touching my private parts," says the boy, looking down. "Then they beat me up."

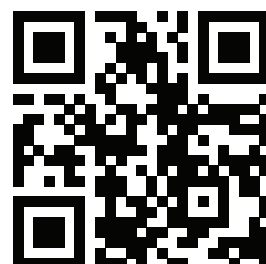
Kijana, who lives in the slum, home to as many as 200,000 people pressed into 1.5 square kilometres, says he went home and told his mother what happened before she took him to the hospital. While the pain he felt going to the toilet eventually subsided, the emotional scars left by the experience show no signs of abating.

Tragically, what happened to Kijana is not an isolated incident for many Kenyan children, especially since the outbreak of COVID-19. According to a new survey released by Government of Kenya's Ministry of Labour and Social Protection, around one in two young adults in Kenya experienced violence as a child.

The Violence Against Children Survey found that among those who participated in the survey, 46 per cent of 18 to 24-year-old young women faced at least one type of violence – physical, emotional or sexual – during their childhood, as well as 52 per cent of young men in the same age group.

Full story: <http://bit.ly/VACstory>

Scan QR code to watch the video.





# Education

Providing inclusive and equitable quality education for every child

## Situation

The Government of Kenya has allocated significant budget to education, to implement reforms such as the Competency Based Curriculum and 100 per cent transition from primary to secondary school. However, issues such as poor-quality teaching and large class sizes still affect the quality of children's learning. The pupil-to-teacher ratio remains very high in some counties, such as 77 to 1 in Turkana.

Before the COVID-19 pandemic, nationwide enrollment in primary education stood at 93 per cent, but at secondary level was only 53 per cent. Kenya has made gains in reaching remote areas and disadvantaged communities at primary and pre-primary level. In pastoral communities, high dropout rates reflect a perceived lack of value of schooling, long distances to schools and high rates of child marriage. In 2020, school closures interrupted learning for over 17 million children, who missed more than six months of formal education. They also faced increased risks of violence, child labour and to their mental well-being.

## UNICEF's response

UNICEF works closely with the Government, donors and civil society to help increase enrolment, retention and learning outcomes for girls and boys in pre-primary, primary and secondary education, particularly in arid and semi-arid land (ASAL) counties and informal settlements. We focus on involving all girls and boys in education, including those with disabilities. We also concentrate on innovation, refugee education and alternative ways to provide basic education.

UNICEF supports 3.2 million children across the country to access quality pre-primary education and we are strengthening integrated plans to improve early childhood development in target counties.

UNICEF also supports the Government to develop, review and implement education policies, including on disaster management, water, hygiene and sanitation, and education management information systems. Alongside this, UNICEF provides support to increase access to safe water, gender sensitive sanitation facilities and hygiene education, including menstrual hygiene management in schools.

### Education in numbers



**93%**

Before COVID-19, primary school enrollment was 93% but at secondary level only 53%.



**17 million**

Over 17 million children in Kenya are recovering from up to 9 months of lost learning due to COVID-19.



**10,000**

During school closures UNICEF provided 10,000 solar-powered radios with light bulbs to vulnerable households.



**700,000**

In early 2021, we distributed 700,000 masks for children to support school reopening.



### Supporting back to school

Through the Ministry of Education, UNICEF distributed 700,000 masks to schools to assist with their safe reopening. Alongside the masks, UNICEF provided solar-powered radios and textbooks to vulnerable families, to help with remote learning during school closures, and installed hand washing facilities in over 600 schools. We are also supporting the #ComeTwendeShule campaign to urge parents to send children back to school and highlight that children are safer in schools than out.

## STORY

### Children with disabilities learn through sport

During school closures, regular exercise was more important than ever



Buxton Gitimu, 11, lives with his family in Huruma informal settlement, Nairobi. One of his favourite things to do is playing football with his brother Joseph. The boys are very close. Together, they race around a football field at Salama Primary School with their coach, practicing tackles and other moves. Afterwards, they do keepy uppies, counting to see how long they can keep the ball in the air. The football field is normally full of children, but today it is empty because of the COVID-19 pandemic.

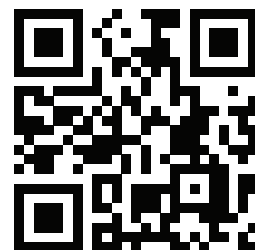
While the boys are playing football, there is little to distinguish them. But afterwards, when Buxton speaks, it is clear that he has to make an extra effort to express himself. Buxton was born with an intellectual disability, making it challenging for him to learn. But with the support of his family and coach, he is making great progress.

Although Buxton struggles in the classroom, he is good at sport. He enjoys jogging, exercising, playing football and handball. In 2019, he represented his school and Nairobi city in the National Special Olympics for children with special needs.

“I like to play ball with my brothers and ride my bike,” Buxton says. “When I grow up, I want to become a driver because I like to travel to different places. Exercising is good. It gives you strength and life, so you can go far.”

Full story and video: <http://bit.ly/BuxtonStory>

Scan QR code to watch the video.





# Emergencies

Supporting children during conflicts, natural disasters and epidemics

## Situation

Kenya experiences regular droughts and floods, which fuel food insecurity and exacerbate conflicts, putting children at risk of harm. The COVID-19 pandemic occurred against a backdrop of increased humanitarian needs due to a slow recovery from the 2019 drought, disease outbreaks, floods and a locust invasion across 28 counties. This further exacerbated existing vulnerabilities in the country, particularly for the urban poor living in informal settlements and refugee families. More than 17 million children were impacted by school closures in 2020, due to COVID-19, resulting in an increase in violence and reduced access to routine health services such as immunization. Kenya hosts over 506,000 refugees and asylum seekers, 54 per cent of them children.

## UNICEF's response

Following the COVID-19 outbreak, UNICEF procured and distributed essential supplies, including personal protective equipment such as masks. We are working to ensure the continuity of maternal, newborn and child health services, and to provide basic health services and promote health messages in informal settlements. Treatment of severe acute malnutrition, maternal infant and young child feeding, and provision of micronutrient supplements and clinical care for COVID-19 patients has been enhanced.

In addition, UNICEF distributed hygiene and COVID-19 prevention items, including soap, handwashing stations and disinfectant for use in schools, health facilities, and public spaces. To support the safe reopening of schools, UNICEF distributed 700,000 masks for vulnerable students and installed handwashing facilities in over 600 schools. During school closures, we provided solar-powered radios and textbooks to vulnerable families. UNICEF also supported the #ComeTwendeShule campaign, to urge parents to send children back to school.

UNICEF provided mental health and psychosocial support to children and caregivers, including through the national child helpline. We are also addressing negative coping mechanisms to keep children safe from child marriage, violence, and other harmful practices. Lastly, UNICEF is advocating for the rapid roll-out of a universal child benefit and expansion of the national safety net to include all vulnerable children and families.

### Emergencies in numbers



**347,000**

In 2020, over 347,000 children were in need of food assistance due to floods, desert locusts and other emergencies.



**96,458**

There were 96,458 recorded cases of COVID-19 in Kenya in 2020.



**1.3 million**

In 2020, over 1.3 million people were reached with critical WASH supplies, including hygiene items and services.



**1.6 million**

1.6 million caregivers received infant and young child feeding counselling in 2020.



In response to floods, UNICEF provided family kits and water, sanitation and hygiene (WASH) supplies to people living in evacuation centres. We responded to droughts with nutrition support for malnourished children and solar-powered water systems to help communities adapt. We are supporting national and county governments to develop disaster loss reports, in order to help reduce economic loss and build resilience of institutions, communities and households.

UNICEF also supports refugees and host communities by enhancing child protection, education, health, nutrition and WASH services in and around the settlements of Dadaab, Kakuma and Kalobeyei.

## STORY

### Troubled waters: responding to climate change in Turkana

Solar-powered water pumps and groundwater dams

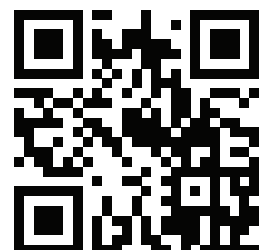


It is a scorching hot morning in Turkana County, northern Kenya. The ground is dry and sandy, punctuated with small gorse bushes and occasional trees. Tall, thin termite nests point like fingers at the cloudless sky. In some places, dust swirls in miniature whirlwinds. Yellow locusts swarm around the remaining vegetation, stragglers from the recent locust invasion. It seems barely habitable, but people survive here, herding hardy animals like camels and goats, and moving around in search of pasture.

Naipa village, however, is like an oasis in the sandy almost-desert. A solar powered water system pumps groundwater up into overhead tanks on scaffolding, from which it flows down to taps in a school and seven villages. At the tap nearest the pump, a group of women and children have gathered to collect water.

The Turkana are tall and striking. In rural areas, they still wear traditional clothing – beautifully coloured and patterned ‘leso’ wraps, headscarfs for balancing water containers and bead necklaces. They smile and laugh as they fill up their buckets and jerrycans. A boy walks past, leading a line of well-fed camels to the water trough.

Scan QR code to  
read the full story



Full story and video: <http://bit.ly/ClimateChangeStory>



# Health

Reducing maternal, newborn and child mortality

## Situation

Under-five mortality in Kenya has fallen from 102 deaths per 1,000 live births in 1990, to 43 deaths per 1,000 live births in 2019. However, every year, 64,500 children still die before reaching the age of five, mostly of preventable causes. Three quarters of these deaths occur before a child's first birthday. Diarrhoea, pneumonia and neonatal complications are the main causes of death.

Children living in Kenya's northern counties and urban informal settlements are more likely to die from preventable diseases than those living elsewhere. Currently, 88 per cent of children are fully immunized, up from 84 per cent in 2014, thanks to UNICEF and partners' support to the Ministry of Health and county governments. However, only half of children in some pastoralist and underdeveloped counties are fully immunized against vaccine-preventable diseases.

## UNICEF's response

All children and women have a right to health care, regardless of their income, who they are, or where they live. UNICEF is supporting the Government to achieve universal health coverage (UHC), which is one of the pillars of the 'Big Four' agenda. This includes technical and policy support in the areas of primary health care, community health, child maternal and newborn health, early child development, health system strengthening and during emergencies. Our support is expected to significantly contribute to UHC in Kenya.

UNICEF is also supporting the Government to increase the proportion of vulnerable children, pregnant and breastfeeding women who have equitable access to quality health services. We will continue focusing on reducing maternal, newborn and child mortality by supporting the introduction and scale-up of high impact interventions.

Through social mobilisation, UNICEF helps mothers and caregivers to understand the importance of health services, increase health-seeking behaviour and prevent harmful practices. We also aim to increase prevention and treatment of childhood diseases such as malaria, pneumonia and diarrhoea, focusing on the most disadvantaged counties.

### Health in numbers



57%

Under five mortality dropped by 57% between 1990 and 2019.



88%

In 2020, over 88% of children were fully vaccinated, up from 84% in 2014.



150

150 health managers and providers were trained on quality assurance in 2020, including COVID-19 prevention.



80%

Funding for vaccine procurement increased by 80% in 2020.



### Ensuring essential health services are not disrupted

UNICEF is supporting the coordination of health partners at national and county level and is working to help ensure continuity of maternal, newborn and child health services. We are working in informal settlements to provide basic health services and promote health messages. UNICEF has also procured and distributed essential supplies, including personal protective equipment such as masks.

## STORY

### Routine immunisation during the COVID-19 pandemic

Ensuring routine health services, such as immunisation, continue during COVID-19



A baby smiles and wriggles in his mother's arms, while a nurse prepares in the corner.

"Today I came to the clinic for the ten weeks' immunisation," explains his mother, Sarah Adhiambo. She looks down at her son, a black and white mask covering her nose and mouth. Health information posters line the walls. Moments later the nurse holds cotton wool to the site of the injection on her baby's thigh, while Sarah cuddles him closely.

"He's been given the rota vaccine first which prevents diarrhoea, then the polio vaccine, then the two injections that are being given at ten weeks," she says.

Outside the health clinic in Nairobi, a spaced queue of mothers in face masks, holding small babies, wait to have their temperature taken as part of screening before they enter the building for the same routine immunisations. A washing station has been specially installed to allow them to keep their hands clean. These measures have been introduced since the first case of COVID-19 was detected in Kenya in March 2020, to help keep everyone safe. The Ministry of Health is stressing the importance of parents continuing to take their children for their vaccinations, despite the pandemic.

Video: <http://bit.ly/HealthServicesVideo>

Scan QR code to  
watch the video





# HIV and AIDS

Protecting children and adolescents from HIV and AIDS and providing care

## Situation

The number of children living with HIV in Kenya fell from 180,000 in 2010 to 111,500 in 2020, partly due to improved access to services, including for more pregnant women. However, infection rates among young people (15-24) remain concerning. In 2020, they accounted for 35 per cent of new infections, with two thirds of cases among young women. In Homa Bay, one of the worst-affected counties, gender inequality, difficulties in accessing services and poverty are fueling high rates of unintended pregnancies and HIV.

## UNICEF's response

UNICEF supports the Government of Kenya's national and sub-national HIV response, targeting the first and second decades of a child's life. This covers the elimination of mother-to-child transmission of HIV and syphilis, as well as paediatric HIV treatment and care, and adolescent HIV prevention, care and treatment.

UNICEF works with other UN agencies and partners to ensure that life-saving HIV prevention, testing, treatment and care interventions are widely available and accessible to infants, children, adolescents and their parents. Integrated approaches are key to the delivery of these interventions.

UNICEF works closely with civil society to engage adolescents and young people and amplify their voices on issues that affect them. We advocate for better services and adolescent-centred programming and promote behaviour change, including encouraging more young people to seek health services. We use digital and other platforms to improve adolescents' sexual and reproductive health knowledge. We involve young people in decision-making, including as advisory members and health managers. These young people empower their own peers to become more involved in issues concerning their health.

### HIV/AIDS in numbers



**111,500**

The number of children living with HIV fell from 180,000 in 2010 to 111,500 in 2020.



**13%**

In Homa Bay, young people aged 15-24 contribute 13% of the total number of HIV infections.



**83,000**

In 2020, UNICEF supported HIV counselling services for 83,000 children and youth.



**3.2 million**

With UNICEF's support, 3.2 million young social media users were reached with messages on sexual and reproductive health, in 2020.



### Supporting continuity of HIV services

UNICEF is supporting Ministry of Health guidance on ensuring the continuity of HIV services for children and adolescents. We are assisting county governments to provide information on continuity of HIV services for children and adolescents, including via mentor mothers, community health volunteers and Youth Advisory Councils. We also procured personal protective equipment (PPEs) for frontline health care workers who provide HIV testing services.

## STORY

### In Homa Bay, teenage girls face high risk of HIV and pregnancy

Gender inequality and poverty fuelling high rates of teenage pregnancies and HIV

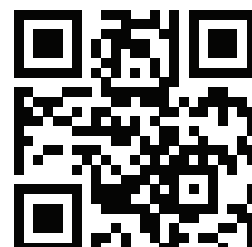


It is early morning at Sindo Main Beach in Homa Bay when the fishing boats arrive. The smell of fish is already strong in the air. White egret birds circle and call out, looking to steal a meal. As a new boat arrives, a man wading waist deep in the water shows it where to land. Dozens of women race forward to get their buckets in the boat, reserving a portion of the catch. Fishermen scoop up large handfuls of tiny omena fish, quickly filling up the buckets. Most women hand over 1,000 shillings (\$10 USD) but a few do not. For these women, there is an understanding that they will meet the fisherman later for sex.

This 'sex for fish' practice is one reason why Homa Bay has one of the highest rates of HIV in Kenya. It is also a hotspot for teenage pregnancy. Gender inequality, difficulties in accessing services and poverty are other key drivers, while inadequate sexual and reproductive health education in schools leaves adolescent girls unsure how to protect themselves.

Colins Ochieng is Secretary of the Beach Management Unit, which makes the rules and maintains order on the fishing beach. While women walk up the beach carrying buckets of fish on their heads or spread hundreds of tiny fish out on mats to dry in the sun, he explains the drivers of the trade.

Scan QR code to watch the video.



Full story: <http://bit.ly/HomabayStory>



# Nutrition

Preventing and treating maternal, adolescent and child malnutrition

## Situation

In Kenya, more than a quarter of children under the age of five, or two million children, have stunted growth. Stunting is the most frequent form of under-nutrition among young children. If not addressed, it has devastating long-term effects, including diminished mental and physical development. In addition, 11 per cent of children are underweight, with four per cent wasted. Wasting and severe wasting are linked to increased and preventable deaths among young children.

There are important variations in the distribution of child under-nutrition across counties in Kenya. Stunting is as high as 46 per cent in Kitui and West Pokot counties. Wasting ranges from one per cent in some areas of Kenya, to over 20 per cent in many arid and semi-arid lands (ASAL) counties. Key drivers of childhood under-nutrition include disease and poor diets, especially between six and 23 months. This is due to food insecurity, insufficient care practices and harmful social norms.

## UNICEF's response

UNICEF is engaging with the Government of Kenya to support its 'Big Four Agenda' across different sectors, including to enhance food and nutrition security and ensure universal health coverage for all.

We implement nutrition strategies and services in communities to improve the diet and feeding practices of mothers, infants and young children. This includes during the crucial first 1,000 days of a child's life, which lay the foundation for healthy growth and development; and during adolescence, which offers an opportunity for children to catch up in terms of growth, and to address nutritional deficiencies from earlier years.

For example, in 2020, UNICEF counselled 1.6 million caregivers on best practices for feeding infants and young children. We also provided iron and folic acid to over 2.9 million women of reproductive age.

### Nutrition in numbers



**26%**

Nationwide, 26% of children under the age of five are stunted. This rises to 46% in Kitui and West Pokot.



**11%**

11% of children in Kenya are underweight, with 4% wasted.



**4.5 million**

In 2020, 4.5 million children (82%) aged 6 to 59 months received two doses of vitamin A supplement.



**2.9 million**

UNICEF provided iron and folic acid to over 2.9 million women of reproductive age in 2020.



### Promoting nutrition to stay healthy

UNICEF is supporting nutrition interventions for COVID-19 patients, maternal, infant and young child nutrition and the treatment of severe acute malnutrition. We are procuring and distributing therapeutic food and micronutrients supplements. We are also training health and nutrition workers and community volunteers, and developing messages and materials to support behaviour change for improved nutrition.

## STORY

### Milk matters: breaking the cycle of malnutrition

Climate change and infant nutrition in the arid lands of north-eastern Kenya



In the arid lands of north-eastern Kenya, Ramantoi Buroya is patching up her traditional thatched hut, preparing to welcome her family home. A member of the Rendille tribe, she is hopeful that in two days she will complete the semi-spherical hut – made from branches, plastic bags and leather hides – for the homecoming of her sons.

Because of the drought, grasses have dried out, water has become scarce and there has been little for the livestock to graze on. So Ramantoi's sons left home a month ago in search of pasture.

The unfavourable conditions in Nabey Korr Village in Marsabit County, where Ramantoi lives with her nine children, have driven most of the young men away to tend to their animals. In the meantime, the women are left at home to care for the young children.

“Every day we wait anxiously for the end of the dry season when our sons and husbands will return,” says Romantoi.

Raising livestock is the main livelihood activity among the Rendille but climate change has drastically changed their fortunes. The droughts are more frequent and severe.

Full story and video: <http://bit.ly/NutritionStory>

Scan QR code to  
read the full story





# Social policy and social protection

Helping to provide a fair chance for every child

## Situation

In Kenya, 53 per cent of children are multi-dimensionally poor, meaning that they are deprived in more than one area, including lack of access to education, housing, nutrition, water and sanitation. In 2010, responsibility for providing a range of social services was devolved to Kenya's 47 counties. Now, county governments spend 41 per cent of their resources on social services, which is a significant contributor to the country's development.

The number of vulnerable families receiving government cash transfers increased from 150,000 in 2006 to 1.3 million in 2019, as a result of the expansion and strengthening of the national social protection system. In 2020, an additional 12,000 families received a temporary cash transfer due to the COVID-19 pandemic. The Cash Plus programmes provide linkages between social protection and other services, and the sector has solid shock-responsive components.

## UNICEF's response

UNICEF's goal for social policy is to decrease inequity and ensure a significant reduction in multi-dimensional child poverty. We are working with the Government to increase the number of children from the poorest and most vulnerable households who benefit from child-sensitive policies. In 2020, we worked with partners to develop knowledge products and recommendations for influencing social sector spending and supported the National Treasury to enhance its effectiveness in budgeting, reporting and accountability in the use of public resources.

UNICEF is also supporting cash transfers and other social protection interventions that shield children from the adverse effects of poverty, while enhancing access to essential services. We aim to strengthen and expand the social protection sector and are working with the Government on the introduction of a universal child benefit.

On a practical level, we are supporting Cash Plus programmes for the most vulnerable families. In addition to regular cash transfers, these include services such as health, nutrition and child protection counselling. We also provide solar-powered lights to provide access to clean energy and help children study in the evenings.

### Social policy in numbers



**52.5%**

In Kenya, 52.5 per cent of children are multi-dimensionally poor.



**41%**

County governments spend 41% of their resources on social services.



**600**

In 2020, UNICEF trained 600 government staff on social protection.



**1.7 million**

1.7 million households were reached with cash transfers in 2020.



### Supporting vulnerable families

The measures to contain COVID-19 also affected families financially. Curfews, travel restrictions and market closures reduced people's incomes. UNICEF responded by increasing cash transfers to more than 12,000 of the most vulnerable families across Kenya. Cash transfers are among the most effective ways to support families during emergencies, because parents are best placed to decide what their children need most, whether this is food, medicine, clothes or shelter.

## STORY

### Cash transfers help families affected by COVID-19

Responding to poverty caused by COVID-19



Sitting at the base of a thin-trunked acacia tree, Nashipae Nkanoni is concentrating on her school work. Two neat plaits frame her face. Dry brush and rich brown soil stretch towards the green hills of Kajiado county on the horizon.

"During this pandemic, life here at home is not that good," she says, with a serious, contained expression. "Sometimes we sleep hungry."

Nashipae's mother, Tereyian, stands outside the family's home. It is made from corrugated iron and is painted green and blue. A cockerel scratches in the dust.

"Corona has ruined our businesses," she elaborates. "We have nothing to offer our children. We can't go work in towns. You are told that the time to conduct business is over because of curfew. It has interfered with our livelihood and we lack food to give to our children."

The first case of COVID-19 in Kenya was recorded in March 2020. The country took swift and decisive action to help contain its spread. Measures including curfews, travel restrictions and the closure of markets were designed to slow the advance of coronavirus in the country.

Full story and video: <http://bit.ly/KajiadoStory>

Scan QR code to watch the video.





# WASH

Improving children's access to water, sanitation and hygiene

## Situation

Significantly more Kenyans have access to safe drinking water (59 per cent) than to basic sanitation (29 per cent). Since 2000, access to safe drinking water has increased by 12 per cent, while access to basic sanitation has fallen by five per cent. In Kenya, 9.9 million people drink directly from contaminated surface water sources and an estimated five million people practice open defecation. Only 25 per cent have hand-washing facilities with soap and water at home.

Safe drinking water, basic sanitation and good hygiene practices are essential for the survival of children. Global evidence shows that better water, sanitation, and hygiene could prevent the deaths of 297,000 children aged under five each year globally. Achieving universal access to drinking water and sanitation by 2030 will be challenging given current levels of investment, projected population growth and climate change.

## UNICEF's response

UNICEF Kenya works closely with the Government, donors and civil society to help increase children and families' access to safe water and basic sanitation, especially in the arid and semi-arid land (ASAL) counties, where this is lowest. We innovate to find new ways to provide water in the face of increasing droughts caused by climate change.

With support from UNICEF, over 1,700 villages were certified as open defecation free in 2020. We contributed to achieving improved access to safe drinking water for more than 105,000 people, while supporting almost 360,000 people to access safe drinking water in 12 flood-affected counties. We provided 106 primary schools with gender and disability sensitive water, sanitation and hygiene facilities in 2020, partly in response to COVID-19.

UNICEF also supported community initiatives on menstrual hygiene management (MHM), benefiting over 15,000 adolescent girls who were out of school due to COVID-19 in 2020. The girls received sanitary pads which can be reused for over one year. We also trained implementing partners to provide education and information on MHM to girls and women.

### WASH in numbers



59%

59% of people in Kenya have access to safe drinking water.



29%

29% of people in Kenya have access to improved sanitation facilities.



1,765

In 2020, UNICEF certified 1,765 villages as open defecation free.



600

We also provided WASH facilities for over 600 schools in 2020, to help with reopening.



### Promoting handwashing to prevent COVID-19

UNICEF has distributed hygiene and COVID-prevention items, including soap, hand-sanitizer, hand-washing stations, disinfectant and personal protection equipment for use in schools, health facilities, and public spaces. We are training frontline personnel and disseminating public health messages, including in health facilities, markets and other public spaces.

## STORY

### UNICEF provides handwashing to support school reopening

Schools provided with water tanks and soap to help prevent the spread of COVID-19



The closure of schools in March 2020, due to the COVID-19 pandemic, interrupted learning for over 17 million students in Kenya. Adolescent girls were particularly affected due to increased risk of teenage pregnancy, child marriage and other threats. 14-year-old Prudence Chege, from Roysambu Primary School in Nairobi County, was one of the first to return to school following the phased reopening of schools in October 2020.

“It feels good to be back in school after such a long time,” Prudence says. “I was starting to forget some of the things that I had learnt. I feel safer while I am here in school because I interact with fewer people and we observe the preventive measures against the spread of coronavirus.”

Prudence, who also serves as the President of Roysambu Primary School Students Council, hopes to sit for her national examinations and continue with her normal life. “Some of the changes I have seen since coming back to school include maintaining social distance in and outside classes and wearing face masks,” she says. “There are handwashing facilities almost everywhere and use of hand sanitizers.”

Scan QR code to watch the video.



Full story and video: <http://bit.ly/HandwashingStory>

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for every child