Kenya
End-Year
Humanitarian
Situation Report

UNICEF’s Response and Funding Status

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
<th>Achieved</th>
<th>Funding status</th>
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<tbody>
<tr>
<td>SAM Admission</td>
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<td>40%</td>
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<tr>
<td>Health</td>
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<tr>
<td>People accessing PHC</td>
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<td>People with safe water</td>
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<td>12%</td>
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<td>Child Protection</td>
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<td>Education</td>
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<td>Children accessing schooling</td>
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<td>Income Transfer</td>
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<td>55%</td>
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Reporting Period: 1 January to 31 December 2021

Highlights

- Kenya is facing a severe drought due to the cumulative impacts of three consecutive failed rains seasons. Over 2.8 million people were facing food insecurity by December 2021.
- By 31 December 2021, Kenya had experienced the fourth wave of the COVID-19 pandemic with 297,155 confirmed cases, 253,715 recoveries and 5,381 deaths reported.
- 104,264 are children (53,014 girls and 51,250 boys) and 5,992 pregnant/lactating women were reached through UNICEF supported-integrated health outreach services between January to December 2021.
- 58,373 (30,179 girls and 28,194 boys) malnourished children were admitted for treatment of Severe Acute Malnutrition (SAM) between January to November 2021.
- 58,897 children (33,525 girls, 25,372 boys) and 735 adults were reached through UNICEF-supported child protection support services by 31 December 2021.
- By December 2021, UNICEF reached 229,354 (131,778 girls and 97,576 boys) children and youth affected by conflict and natural disasters to access formal and non-formal education.
- Between January and December 2021, UNICEF has reached 3,076,575 people (769,023 men, 799,910 women, 738,378 boys, 769,264 girls) with access to safe water, provision of WASH supplies, household water treatment, COVID-19 hygiene messaging, hygiene promotion and improved sanitation.
- The 2021 Humanitarian Action for Children (HAC) appeal has a funding gap of 47% by 31 December 2021.

Funding Status (in US$)

- Funds received in 2021: $9M
- Carry-forward: $7M
- Funding gap: $15M

UNICEF’s Response and Funding Status

 Situation in Numbers

- 1,316,940 children in need of humanitarian assistance (NDMA, Dec 2021)
- 2,802,000 people in need (NDMA, Dec 2021)
- 55,002 internally displaced people (KRCS, June 2021)
- 540,433 # of refugees and asylum seekers (UNHCR, 30 Nov 2021)

*Funding status includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors.
Funding Overview and Partnerships
In 2021, UNICEF appealed for US$ 32.7 million to sustain the provision of life-saving services for women and children in Kenya. The United Kingdom Committee for UNICEF, USA (USAID) OFDA, USAID/Food for Peace, European Commission / ECHO, USA (State) BPRM, Japan Committee for UNICEF, the Government of Japan and UNOCHA (CERF) have generously contributed to UNICEF Kenya’s humanitarian response against the appeal. UNICEF expresses its sincere gratitude to all public and private donors for the contributions of US$ 9.4 million received. However, the 2021 Humanitarian Action for Children (HAC) appeal has a funding gap of 47% by 31 December 2021. UNICEF continued to support resource mobilization efforts through its sector lead role for Nutrition, WASH, Education and Child Protection and its technical oversight role for Health and Social Protection, and re-allocated regular resources to meet critical gaps.

Situation Overview & Humanitarian Needs
According to the National Drought Management Authority, Kenya is facing a severe drought situation due to the cumulative impacts of three consecutive failed rain seasons, with all Arid and Semi-Arid Lands (ASAL) counties receiving less than 50% of expected rainfall. Consequently, over 2.8 million people1 were facing food insecurity in Kenya by December 2021, up from 1.4 million in February 2021.

Due to below-average recharge of surface water sources, water access at the household level is 80 percent above the long-term average in all the 23 ASAL counties. According to integrated phase classification for acute malnutrition (IPC-AMN) conducted in August 2021, Malnutrition status remained in the Critical phase in Turkana, Samburu, Mandera, Wajir, Garissa, North Horr, Laisamis and East Pokot and in the Serious phase in West Pokot and Tana River. A total of 652,960 children under five are acutely malnourished (142,809 of which are severely acutely malnourished).

A mid-season assessment conducted in December 2021 showed a worsening nutrition situation across most arid and semi-arid areas. The main driver of acute malnutrition is poor dietary intake with reduced milk production and consumption which forms the main diet for children in arid areas. Other drivers include morbidity, poor childcare practices, poor sanitation, and health environment.

FAO stated that there was no locust invasion in Kenya, as of December 2021, attributable to the intensified outbreak control efforts. However, locust breeding is still possible in northern Kenya as laying and hatching continues to be reported in Somalia and Ethiopia.

Due to heavy seasonal rains in some areas, a total of 55,002 people were displaced by floods in seven counties in Western Kenya, the Rift Valley and in Nairobi informal settlements, as of June 2021. Flooding was experienced in parts of Garissa, Kitui and Tana River counties in late November and early December 2021 due to heavy rainfall, affecting 2,500 households.

According to the Ministry of Health, by 31 December 2021, Kenya had experienced the fourth wave of the COVID-19 pandemic with 297,155 confirmed cases, 253,715 recoveries and 5,381 deaths reported. Kenya launched the COVID-19 vaccination campaign on 5th March 2021 across all 47 counties. As of 31 December 2021, a total of 10.1 million vaccines had so far been administered across the country, of which, 5.9 million were partially vaccinated 4.2 million fully vaccinated, the proportion of fully vaccinated adults being 15.4 per cent. The Government is working towards vaccinating a targeted population of over 27 million people.

UNHCR reports that Kenya hosts 540,433 refugees and asylum seekers, as of 30 November 2021: 54% of whom are from Somalia, 24.5% from South Sudan, 8.9 % from Congo and 5.8% from Ethiopia. With the ongoing conflict in the Tigray region of Ethiopia, Kenya remains on alert for a possible influx. About 44% of the refugees in Kenya reside in Dadaab refugee camps, 40% in Kakuma refugee camps, and 16% in urban areas, mainly Nairobi. On 23rd March 2021,

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1 Kenya October-December 2021 Short Rains Mid-season Assessment, December 2021
the Government of Kenya announced the closure of the Dadaab and Kakuma refugee camps. This continues to create anxiety to refugees and host communities, especially children, on the potential loss of opportunity to access education, child protection, health and other basic social services as well as the likelihood of non-voluntary return to insecure conditions in their home countries once the camps are closed. The Government of Kenya and UNHCR are working together to implement a roadmap for the closure that is based on voluntary, durable, safe, sustainable, and orderly solutions and in line with Kenya's national and international obligations.

**Summary Analysis of Programme Response**

**Health**

Between January and December 2021, a total of 200,606 people of which 104,264 are children (53,014 girls and 51,250 boys) and 5,992 are pregnant/lactating women, 54,460 are other women and 35,890 are men, were reached with a package of life-saving health interventions including treatment of common illnesses including acute respiratory illness, diarrhoea, as well as routine immunization and deworming for children, ante-natal care for pregnant/lactating women, nutrition monitoring, issuance of supplementary foods, health education, demonstration to community members participating in outreach services on household water treatment, and referral of complicated cases for specialized management in higher level health facilities through UNICEF-supported integrated health outreach services. In addition, 197,146 out of a target of 146,203 people were reached with awareness, preventive messages on drought and related disease epidemics and COVID-19. A total of 150 community health volunteers from six counties (Turkana, Marsabit, Wajir, Mandera, Tana River and Garissa) were identified and sensitized on drought related disease epidemics and COVID-19 and deployed to conduct community awareness to improve the skills and practice of communities on disease prevention at the household level, and referral of sick community members for treatment at the outreach sites. The achievements were realised through UNICEF partnership with county governments and Kenya Red Cross Society (KRCS).

UNICEF provided technical and financial support to enhance capacities of county and sub-county managers on using the evidence generated during hazard vulnerability and capacity assessments to update county Emergency Preparedness and Response Plans, undertake monitoring supervision of the life-saving interventions and conduct performance reviews.

UNICEF provided support to the Ministry of Health Headquarters (MoH) to procure and distribute COVID-19 Personal Protective Equipment (PPE) including N95 respirators, surgical masks, gowns totalling USD 320,000 as well as assorted commodities totalling USD 250,000 in support of the implementation of the life-saving health interventions (immunization, treatment of pneumonia, diarrhoea, antenatal care, nutrition monitoring, issuance of supplementary foods, health education, demonstration to community members participating in outreach services on household water treatment, and referral of complicated cases for specialized management in higher level health facilities).

UNICEF provided continuous technical support to the National COVID-19 Taskforce through co-chairing the technical sub-committees and in the development and roll-out of event-based surveillance for COVID-19 in learning institutions. Additional technical support continued to be provided in strengthening coordination mechanisms between the Ministry of Health and Ministry of Education on the development and implementation of a multi-sectoral plan for continuity of safe learning in the COVID-19 context.

At the county level, UNICEF supported strengthening coordination mechanisms for emergency drought response in the 6 counties through bi-weekly coordination mechanisms involving the leadership of the 6 County Departments of Health and Kenya Red Cross Society, which greatly contributed to the implementation of the interventions, identifying and responding to areas where there were gaps, which led to attainment of results. The coordination mechanisms had standing agenda items on the status of implementation of integrated outreach service and community mobilization for increased uptake of the life-saving interventions. UNICEF further directly supported the 6 counties departments of health to undertake supervision sessions for implementation of drought-related health emergencies and impact of Covid-19, update of the emergency preparedness and response plans and quarterly performance review meetings.
Nutrition

A total of 58,373 (30,179 girls and 28,194 boys) malnourished children were admitted for treatment of Severe Acute Malnutrition (SAM) between January to November 2021 in arid, semi-arid (ASAL) and urban areas. The number admitted is higher compared to the same period last year where 52,765 (27,018 girls and 25,747 boys) were admitted between January and November 2020 which is mainly attributed to the substantial interruption of health and nutrition services by the COVID-19 in the early months of the pandemic in 2020 and scale up of interventions in response to the ongoing drought. Severe Acute Malnutrition program performance indicators are within the SPHERE standards for recovery and death (79.8 and 0.8 percent respectively). However, the proportion of exits through defaulting is at 15 percent mainly attributed to stock out of commodities experienced during the reporting period².

Implementation of Family MUAC is ongoing in Isiolo, Marsabit, Turkana, Tana River and Baringo counties as part of strengthening screening and self-referrals for treatment of acute malnutrition. UNICEF collaborated with the Ministry of Labour and Social Protection to register a total of 2,700 households in 5 counties (Turkana, Marsabit, West Pokot, Kilifi and Kitui) under the consolidated cash transfer programme who will be receiving nutrition counselling and health education. The number is expected to increase at the end of the year.

UNICEF supported the development of 3 sets of Maternal, Infant and Young Child Nutrition (MIYCN) video animations both in Kiswahili and English (breastfeeding, complementary feeding, and maternal nutrition) in the context of COVID 19 which were used to pass messages on MIYCN during COVID times when physical meetings are limited in all 47 counties.

UNICEF in partnership with Kenya Red Cross Society continued to support the Ministry of Health to implement community messaging and feedback mechanism on the RapidPro platform in four counties (Turkana, Kilifi, Kisumu and Nairobi) to enhance community mobilization, improve nutrition knowledge at the community level and reinforce the recommended nutrition practices. A total of 517 health facilities across 10 arid counties implemented IMAM surge approach. Between January and December 2021, 154 (29.7%) health facilities surpassed the set threshold and subsequently activating surge actions as part of nutrition response with Turkana reporting the highest number of health facilities at 37 per cent.

UNICEF supported MOH in the procurement and distribution of 28,607 cartons of Ready-To-Use Therapeutic Food (RUTF) in January to December 2021 across 2,103 health facilities in 23 ASAL counties, Nairobi urban informal settlements and refugee camps through the Kenya Essential Medical Supplies Authority (KEMSA). The Nutrition sector faced challenges related to the RUTF pipeline for 2021 that led to pipeline breaks. As of 30th November 2021, the RUTF stock out rate stood at 25%. UNICEF received resources and procured 34,189 cartons of RUTF in the last quarter of 2021. An additional 23,624 cartons are scheduled for procurement in 2022. UNICEF intensified high-level advocacy with the Government to accelerate the allocation of resources for procurement and also mobilization of resources to meet the immediate gaps. The Government also initiated procurement of Corn Soya Blend (CSB) worth approximately USD 20,000 for the management of moderate acute malnutrition.

² Proportion of discharges died <10 percent, proportion of discharges defaulting <15 percent and proportion of discharges cured >75 percent
UNICEF supported coordination at the National and county level in developing and disseminating the sector preparedness and response plan as well as resource mobilization for the plan. Emergency coordination was maintained in the year with a joint approach that saw the sub national level teams join the national meetings and provide real time updates on the nutrition situation and programme adaptation capacity.

Advocacy efforts to restore the fragile supply pipeline for ready to use therapeutic feeds were maintained and a major focus of the partnership forums. Sector actors were consequently able to support through donations from their donors, in addition to support being realized from key donor agencies like BHA and ECHO.

The sector, in December 2021, jointly with the food security sector undertook a mid-season assessment that further ensured that early action was taken, especially in counties like Marsabit, Wajir, Garissa where rapid deterioration was being noted in the nutrition and food security situation. A series of rapid assessments are planned as part of the short rains seasonal assessment planned for February 2022. The SRA results will be important in responding to the impacts of the poor rains on food and nutrition security.

There will be an effort to ensure that systems remain responsive to the situation to ensure that children (boys and girls), pregnant and lactating women as well as other special interest groups have access to essential and integrated high-impact nutrition interventions at a scale that is responsive to the needs identified. The sector will enhance advocacy and resource mobilization efforts given the current low level of support to response actions at the county level by both partners and the County governments. The supply chain and integrated outreaches will be prioritized should additional funds be sourced during the period.

**Child Protection**

By 31st December 2021, a total of 58,897 children (33,525 girls, 25,372 boys) and 735 adults (393 men, 342 women) were reached through UNICEF-supported child protection services. Most children supported during the reporting period were identified through community Child Protection Volunteers who UNICEF has, through the Directorate of Children Services (DCS), continued to engage with and support since the onset of the COVID-19 pandemic. These Child Protection Volunteers (CPVs) work in communities to support the identification of vulnerable children and survivors of violence, exploitation and abuse, while also providing Mental Health and Psychosocial Support (MHPSS) and referral to case management services for children surviving or at risk of child marriage, female genital mutilation, neglect, exploitation, violence and child labour.

In 2021, UNICEF supported the training and deployment of an additional 320 CPVs (98 female, 222 male) in the refugee settings, host communities and in five drought affected counties. By continuing to collaborate with trained community workers, UNICEF has been able to provide child protection outreach services, support and referral to case management services to children in the refugee context, despite the ongoing COVID-19 restrictions in place. In 2021, a total of 9,028 children living in refugee settings (3,431 female, 5,597 male) were reached with UNICEF-supported case management services, including 424 children living with disabilities. During these community outreaches and psychosocial support sessions, children reported to the CPVs that some of their peers had become involved in child labour as a result of being out of school due to COVID-19, with other peers having fallen pregnant and married.

UNICEF has also continued to work closely with government partners to provide child protection case management services, including MHPSS and Family Tracing and Reunification (FTR) services. In Lodwar town for example, UNICEF engaged with Social Welfare Officers, in partnership with the Directorate of Social Protection, to provide MHPSS to 260 children (225 boys, 35 girls) identified to be living on the streets while they were provided with FTR services. In addition to supporting CPVs who play a lead role in community outreach and identifying at-risk children, UNICEF has continued to collaborate with Childline Kenya to provide free tele-counselling and referral support to survivors and children at risk of violence, exploitation and abuse. During 2021, Childline Kenya (CLK) reached a total of 13,653 children and caregivers (5,485 female, 4,829 male and 3,339 gender undisclosed) with child protection support, including information sharing, MHPSS services and referral to child protection services in cases of violence, neglect and abuse. By working...
closely with CLK, CPVs and Children Officers from the DCS, a total of 22,227 children (10,913 girls, 11,314 boys) and 1,748 caregivers (884 female, 864 male) were reached with UNICEF-supported Mental Health and Psychosocial Support Services (MHPSS).

The child protection section also engaged with the education sector, partnering with the Teachers Service Commission (TSC) through which 6 different bulk SMS messages were sent out to 324,025 teachers across Kenya, to sensitize teachers on how children might have been exposed to violence and abuse, in preparation for their return to school after school closures due to COVID-19, including information on Child Online Sexual Exploitation and on how to recognize signs of psychosocial distress and violence against children.

A 7th message on the topic of Gender-Based Violence (GBV) and how to offer support to children showing signs of abuse was sent to 45,368 teachers. In addition to working with CPVs, UNICEF also engaged with other community-based actors in expanding the prevention and protection of children from violence, abuse and exploitation in 15 ASAL counties. This includes partnering with the Ministry of Health and the Department for Social Development to roll out a 5-day training for 435 Lay Volunteer Counsellors and 115 Social Development Officers on the provision of Psychological First Aid (PFA) and how to recognize signs of violence and abuse – and on how to make referrals to child protection services and specialized MHPSS services.

In order to strengthen the child protection system, UNICEF will continue to support the expansion of the Child Protection Volunteers scheme in 2022 and continue to support teachers and community leaders to enhance early identification of vulnerable children in hard-to-reach areas and to improve the provision of community-based protection services and referrals.

**Education**

By December 2021, UNICEF reached 229,354 (131,778 girls 97,576 boys) children and youth affected by conflict and natural disasters to access quality education (formal and non-formal education) in a protective and safe learning environment.

In formal Education, a total of 222,833 children (115,873 boys and 106,960 girls) were supported through pre-primary, primary, Accelerated Education Program (AEP) and Secondary Education. The interventions included the provision of learning materials, capacity building of teachers on the new curriculum, class based MHPSS sessions for teachers and children focusing on detection and prevention of negative drivers of mental health and psychosocial wellbeing, rehabilitation of learning spaces and provision of desks and chairs. In addition, secondary school learners were provided with skill development program through mentorship and special support activities targeting those enrolled in Science, Technology, Engineering & Math (STEM) program.

Through the refugee program, UNICEF continued to enhance access to quality basic education for children in Kakuma/Kalobeyei and Dadaab refugee camps and host communities reaching 6,447 (3,933 boys and 2,514 girls) overaged adolescent boys and girls (10 to 19 years old) with increased access to AEP of which, 56 (26 boys and 30 girls) being learners with disabilities. To enhance the quality of refugee education, UNICEF supported training of 335 (200 male and 135 female) teachers on competency-based curriculum (CBC) and pedagogy to enable teachers deliver the CBC. An additional 97 (67 male and 30 female) STEM secondary school teachers have been trained in Kakuma and Dadaab. Among the key topics covered are STEM education delivery and mentorship, integration of ICT in teaching and learning and developing digital content for STEM related subjects.

UNICEF supported the procurement and distribution of teaching and learning materials. ECD kits were distributed to learners in ECD centers in Kakuma/Kalobeyei reaching a total of 6,544 (3,599 boys and 2,945 girls) children and 2,800 textbooks and revision materials were provided to learners in Kakuma improving student- textbook ratio and enhancing the quality of learning. This reduces the financial burden on vulnerable households, whom normally cannot afford the indirect cost of schooling, including those for learning materials. Laboratory materials and equipment were procured during this period to support a total of 12,538 (9,099 boys and 3,439 girls) secondary school learners in both Kakuma and Dadaab. These beneficiaries also were supported through STEM textbooks and STEM supplementary revision materials, ICT materials and deployment and training of STEM teachers.

As part of the response to COVID-19 crisis, in Dadaab, 41,572 (23,392 boys and 18,180 girls) benefited from the procurement and distribution of 5,540 solar-powered radios with light bulbs. The radios were distributed to 28 schools
in the camps and 35 of the most vulnerable learners in the host community enabling them to continue their learning through listening to the radio lessons and to do their homework while at the same time providing light to the entire house.

In addition, UNICEF supported safe school reopening through printing and distribution of assessment tools to assess the needs of learners and provision of handwashing stations benefiting 50,000 boys and girls enrolled in schools in the refugee settlements. UNICEF has also reached 713,066 vulnerable children (50% girls) with face masks for adherence to COVID-19 school safety protocols. The masks were distributed in targeted schools across the 47 counties as selected by MoE based on school population as well as areas identified to host vulnerable community members in informal settlement areas. Of these, 518,049 are Primary school children and 195,017 are in secondary schools. Without this support it would not have been possible to safely reopen schools.

Skills development reached 10,509 young people (adolescents and youth) through different initiatives, including media boot camps, mentorship and career counseling, entrepreneurship and business skills and financial literacy. In addition, 97,138 (53,426 Male – 43,712 Female) adolescents & community influencers were reached with information on available skills training and available opportunities in refugee settlements. Such support contributes to improving young people’s transferable skills, employability, empowerment and resilience. UNICEF continued to advocate for inclusion of refugee education in the national education system.

Being a co-lead in the Education in Emergencies Working Group (EiE), UNICEF supported the Ministry of Education to coordinate emergency responses and partners at national level, which included resources mobilization for emergencies. In addition, UNICEF took part in the coordination of refugee education working groups at national and camp level. In collaboration with other partners, UNICEF continued to support the Ministry of Education to develop harmonized Accelerated Education guidelines that will be adopted nationally and will have great impact on delivering AEP for children in refugee camps.

**WASH**

By 31st December 2021, UNICEF reached a total of 3,076,575 people (769,023 men, 799,910 women, 738,378 boys, 769,264 girls) with access to safe water for drinking, cooking, and personal hygiene, provision of WASH supplies, COVID-19 hygiene messaging, household water treatment, hygiene promotion and improved sanitation.

A total of 560,000 people (274,400 male and 285,600 female) were reached with hygiene promotion including Menstrual Hygiene Management, COVID-19 prevention messages, and essential WASH supplies in 14 drought-affected counties of Wajir, Tana River, Kitui, Mandera, Isiolo, Lamu, Laikipia, Garissa, Turkana, Kilifi, Samburu, Baringo, West Pokot and Marsabit. UNICEF procured and distributed 11,804 twenty-liter jerricans and 5,824 boxes of water purification/disinfection tablets reaching 47,000 households.

UNICEF provided 150 drums of Calcium Hypochlorite to the counties for water treatment and 120,000 Bar Soaps were distributed to 40,000 households, enough for 3 months. Additionally, 25,000 people (12,250 male and 12,750 female) have improved access to safe water after the installation of 21 water storage tanks (10,000 litres) in six health facilities and at strategic community points. UNICEF also supported the implementation of climate-smart water services to improve the resilience of communities to the effects of recurring droughts. In total, 116,898 people (23,744 women, 25,290 men, 35,591 boys and 32,273 girls) have improved access to safe water supply through drilling and solarization of 53 boreholes in Turkana County.

UNICEF provided WASH supplies in Diff area, Wajir County to vulnerable border communities targeting 11,000 households in total 55,000 people (Women 14,867, Girls 13,184, Men 14,284, Boys 12,667) with WASH supplies and washing facilities support health and counter the socio-economic impact of COVID-19. The ongoing rehabilitation of 18 kilometres of the water supply pipeline in Diff will ensure 30,000 people have access to a safe and adequate water supply.

UNICEF also supported the repair of the Daley water supply system, benefitting about 6,200 people (3,162 female and 3,038 male) in Garissa County, including people accessing one nearby health facility and 332 school children (222 boys and 110 girls) in a nearby school. In Turkana and Baringo County, UNICEF has reached 500 households in total 30,000 people (Women 8,109, Girls 7,191, Men 7,791, Boys 6,909) affected by floods with 1,000 jerricans (20 litres), 1,000 buckets (10 litres) and 8,000 pieces of soap bars.

A total of 212,795 people (104,270 male and 108,528 female) accessed sustainable safe water from water connections in Nairobi and Nakuru informal settlements, enhancing COVID-19 prevention measures. UNICEF also installed 50 handwashing basins at 9 health facilities to ensure patients and staff including all visitors at the health facilities adhere to COVID-19 measures in Nakuru County. In Mathare and Mukuru informal settlements in Nairobi County, interventions
included the construction of 20 water kiosks, installation of 20 water ATMs, installation of 20 plastic storage tanks (8m³) and handwashing stations with soap in 20 health facilities. A total of 160,000 people (78,400 male and 81,600 female) in Mathare and Mukuru also received WASH supplies and critical WASH related information including hand washing with soap for the prevention of diseases including Covid-19 pandemic.

Access to basic sanitation was provided to 119,772 people (58,688 male and 61,084 female) in the informal settlements in Nairobi, through a network of 3,623 active container-based toilets. A total of 413, 953 people (202,837 males and 211,116 females) accessed safe water and 9,530 frontline health workers (4,670 men and 4,860 women) were supported with PPEs under the Sanitation for Universal Health Coverage (S-UHC), in Homa bay, Turkana, Baringo, West Pokot, Samburu, Kili, Kwe, Narok and Marsabit Counties.

Through UNICEF support, a total of 3,384 villages were certified as open defecation free (ODF), representing 761,400 more people (376,893 male and 384,507 female) living in ODF communities in 2021. UNICEF also improved access to safe basic sanitation for 144,315 people (71,436 male and 72,879 female) in five counties through a market-based sanitation approach. For the next six months, UNICEF is focusing on the implementation of drought response intervention in Wajir, Turkana, Marsabit, Isiolo and Samburu, continued COVID-19 interventions in informal settlements and strengthening WASH sector coordination at the national and county level.

HIV/AIDS

In 2021, Kenya was marred by multiple stockouts of essential HIV testing and treatment commodities. This contributed to a decrease in the number of pregnant and breastfeeding women living with HIV who received antiretroviral treatment from 44,376 (75%) in 2020 to 43,769 (70%). The erratic provision of supplies contributed to a decrease in the number of HIV exposed infants who received a virologic test within two months of birth from 38,578 (86%) to 21,369 (60%) in 2021. In response, UNICEF on behalf of the UN coordinated an emergency procurement of 47,040 packs of paediatric ARV drugs (paediatric DTG 50mg) and 710 units of Early Infant Diagnosis testing supplies for the Government of Kenya to bridge the supply chain gap. The emergency paediatric drugs procured by UNICEF were distributed across the country, including to seven ASAL counties where 217 children living with HIV were reached.

To respond to the high Mother to Child Transmission (MTCT) rate in Turkana, UNICEF supported the procurement of 600 Early Infant Diagnosis Point of Care HIV testing reagents for children born to HIV positive mothers in Turkana County reaching 200 HIV exposed infants (0-18 months). To reach the most disadvantaged, UNICEF provided financial and technical support towards community Prevention of mother-to-child transmission (PMTCT) through the orientation of community HIV champions in the seven humanitarian ASAL counties of Turkana, Garissa, West Pokot, Wajir, Isiolo, Tana River, Isiolo and Lamu. With UNICEF’s support, a total of 320 (227males and 93 females) community HIV champions (Mentor Mothers, CHVs, CHEWs, and CHMT) were trained on Community Prevention of Mother-to-Child Transmission (C-PMTCT).

UNICEF supported the capacity building of 31 (19 males and 12 females) health care workers and 25 (15 females and 10 males) community members in Garissa county on the use of Paediatric DTG 10mg, a new drug that will improve viral suppression and avert AIDS-related deaths among children living with HIV. UNICEF also supported the continuity of essential PMTCT services through the development and dissemination of HIV/COVID IEC prevention materials reaching 30 (15 males and 15 females) health care workers and 157 (60 males and 97 females) people living with HIV in Wajir county.

Social Protection

UNICEF continues to support the National Social Protection mechanism enhancing shock-adaptive social protection systems through the operationalization of the existing shock-responsive pillars of the government-led National Safety Net Programme (NSNP).

UNICEF has started the Universal Child Benefit (UCB) pilot in close collaboration with the Ministry of Public Service and Gender (MPSG) to provide 8,078 children in Kisumu, Kajiado, and Embu counties with transfer value of 800 Kenya shillings per a child for 12 months. This 12 month pilot aims to cushion children and their families from the long-term adverse effects of the COVID-19 pandemic and also to generate evidence to support the introduction (in both the design and advocacy aspects) of a long-term, regular UCB in Kenya.

UNICEF continues to collaborate with the National Hospital Insurance Fund (NHIF) to expand health insurance coverage for most vulnerable groups and a new innovate NHIF product has been developed to complement the community-based health insurance (CBHI) in Garissa and the communication support of the universal free maternity programme known
as Linda Mama Programme aiming to improve uptake and utilize of the programme to pave the way of Universal Health Coverage in Kenya has been finalised.

UNICEF also supported a cash top up to the existing 3,061 (51% males and 49% females) beneficiaries of the Persons with Severe Disabilities Cash Transfer (PwSD-CT) programme in Mombasa, Lamu, Kwale, Taita Taveta, and Kilifi counties with a transfer value of 2,000 shillings for 3 monthly payments.

UNICEF is advocating for the utilization and adequate sustainable funding of the Kenya National Hunger Safety Net Programme (HSNP) scale-up mechanism to respond to shocks beyond the drought, such as the locust invasion and COVID-19.

UNICEF and Foreign, Commonwealth and Development Office (FCDO) continue to chair the Sectorial Group for Social Protection (SGSP) with participation of the major Social Protection actors (e.g., SIDA, EU, USAID, Japan, World Bank, WFP, ILO and FAO).

UNICEF has started the Universal Child Benefit (UCB) pilot in close collaboration with the Ministry of Public Service and Gender (MPSG) to provide 8,078 children in Kisumu, Kajiado, and Embu counties with transfer value of 800 Kenya shillings per a child for 12 months. This 12 month pilot aims to cushion children and their families from the long-term adverse effects of the COVID-19 pandemic and also to generate evidence to support the introduction (in both the design and advocacy aspects) of a long-term, regular UCB in Kenya.

UNICEF continues to collaborate with the National Hospital Insurance Fund (NHIF) to expand health insurance coverage for most vulnerable groups and a new innovate NHIF product has been developed to complement the community-based health insurance (CBHI) in Garissa and the communication support of the universal free maternity programme known as Linda Mama Programme aiming to improve uptake and utilize of the programme to pave the way of Universal Health Coverage in Kenya has been finalised.

Next year, UNICEF will provide cash plus support for drought response in the most affected counties and will also explore how integrated Social Protection measures can be implemented as part of the Economic Recovery Strategy (ERS).

**Communications for Development (C4D) and Accountability to Affected Population**

COVID-19 vaccination and prevention were the key focus of Social and Behaviour Change Communication (SBCC) technical and financial support for Emergencies, which ensured clear guidelines for co-ordinated COVID-19 SBCC response at national and county level.

Through the Digiredio platform campaigns, especially the Back-to-school campaign, implemented from January to March and the *Pata Chanjo ya Tumaini* campaign created demand for COVID-19 vaccination, with a focus on prevention practices (correct wearing of masks while in public, observing social distancing and frequent handwashing with soap). The campaign, reaching approximately 4.2 million people daily was effective in developing the capacity of 201 radio presenters, engaging 342 community trusted persons, organising 153,491 interactive segments, creating 59 radio listening groups and generating almost 1.5 million social media engagements.

The radio listening groups, as innovative community engagement platforms, emerged as an effective mechanism for nurturing social accountability. An end-line assessment of the campaign showed that the proportion of people who are knowledgeable on COVID-19 vaccines reached 87% (against a target of 60%) while the proportion of people willing to be vaccinated was at 78% (against a target of 60%), with vaccine hesitancy reduced to 22% by October 2021.

A national real-time COVID-19 Rumour Tracking Mechanism, which will be core to future disease outbreak initiatives, is being piloted in 22 out of 47 counties, with the Centre for International Health Education and Ciheb-Kenya (Biosecurity) supporting the roll out in 10 counties. To support efforts to mobilise the targeted 10 million people for vaccination, various acceleration strategies were employed including the design, printing and dissemination of various COVID-19 IEC materials in 47 counties (8,153 health facilities).

The campaign’s call to Action, *Pata Chanjo, Kaa Chonjo* is now a national slogan adopted by all agencies supporting COVID-19. An SBCC guideline for counties’ COVID-19 vaccine acceleration planning was developed for UNICEF supported counties and a partnership with the Inter-Religious Council of Kenya (IRCK) for a 3-month vaccination scale
up drive, “Imani na Chanjo Ya Covid 19”, opening up all places of worship, churches, mosques and temples as vaccination centres.

The 2 mass Polio immunization campaigns with supplementary immunization activities (SIAs) undertaken in May and July in 13 high-risk counties, successfully reached a total over 3.55 million children under the age of five years, achieving a 102.8 per cent coverage. The Polio Social Investigation TOT Tools for County Health Management Team (CHMT) members from 17 Polio high-risk counties culminated in 6 polio social investigations and response in Garissa (Dadaab refugee camp), Nairobi, Mombasa and Isiolo. The 36 advocacy stakeholder meetings held enlisted 220 Social Influencers drawn from 15 Polio high-risk counties in supporting county level message dissemination using community platforms, facilitating the vaccination of 3.8 million children through the Measles and Rubella campaign held in 22 high-risk counties July.

While cholera cases have decreased partly due to the increased hygiene measures and practices to prevent COVID-19, a partnership to implement COVID-19 sensitive water, sanitation and hygiene, Risk Communication and Community Engagement (RCCE) interventions facilitated by Waso Resource Development Agency (WARDA) is being explored.

**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 Centre 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 bill is still going through the approval process by the Parliament. Transfer of the Disaster management Functions between the National and County Governments has been legalized, providing clarity on the responsibilities of the county and national government in Disaster Risk Management.

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).

For the current drought response, UNICEF is leading sector preparedness through our sector lead role, as well as support to county-level preparedness and response the zonal offices. UN agencies and NGOs (both national and international) have a program and operational presence all over the country in support of both development and emergency response. 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 and 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 the 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.

A roadmap for the Dadaab refugee camp, which has been expanded to include the Kakuma refugee camp based on the 2016 and 2019 solutions strategies is being implemented until June 2022. In December 2020, UNICEF formalized the partnership with UNHCR in Kenya through the signing of a Letter of Understanding. In November 2021, the legal framework for sustainable solutions to refugee interventions was strengthened through the accentuation of the Refugee Bill 2019 to law by the President of Kenya. The Refugee Act 2019 provides opportunity for refugees to be integrated in national and county plans.

In 2021, the Resident Coordinator’s Office and UNOCHA led the coordination of humanitarian action for UN and partners support to the government response to the multiple threats of COVID-19 pandemic, flooding, locust invasion and drought in Kenya and support to Government structures to strengthen national disaster management capabilities to improve
resilience and disaster risk reduction. The government (national and counties) with support from UNICEF and other partners are undertaking multi-sectoral response to mitigate the effects of drought and ensure early identification and treatment of children with acute malnutrition. UNICEF is also supporting the Resident Coordinator’s Office (RCO) in advocating for the DRR and resilience agenda on drought and floods response through the UNCT.

Humanitarian Interest Stories and Media Articles
https://www.unicef.org/kenya/stories/child-nutrition-key-accelerating-development
https://www.unicef.org/kenya/stories/handwashing-recipe-good-health

Next SitRep: 30 June 2022

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

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UNICEF Kenya Country Office
Tel: +254 20 762 2184
Email: dstolarow@unicef.org
## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>Disaggregation</th>
<th>Total needs</th>
<th>2021 target</th>
<th>Total results</th>
<th>Change*</th>
<th>2021 target</th>
<th>Total results**</th>
<th>Change ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>children and women accessing primary health care in UNICEF-supported facilities</td>
<td>girls</td>
<td>400,000</td>
<td>266,662</td>
<td>53,014 ▲ 27,167</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>boys</td>
<td></td>
<td></td>
<td>51,250 ▲ 26,417</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>women</td>
<td></td>
<td></td>
<td>60,452 ▲ 59,018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Men</td>
<td></td>
<td>35,890</td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children (boys and girls), their caregivers and communities are aware of behaviour change for drought-related disease prevention</td>
<td></td>
<td>146,203</td>
<td>146,203</td>
<td>197,146</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>children aged 6 to 59 months with severe acute malnutrition admitted for treatment</td>
<td>girls</td>
<td>147,000</td>
<td>96,751</td>
<td>30,179 ▲ 15,124</td>
<td></td>
<td>147,000</td>
<td>30,179 ▲ 15,124</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>boys</td>
<td></td>
<td></td>
<td>28,194 ▲ 14,345</td>
<td></td>
<td>28,194 ▲ 14,345</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protection</td>
<td>children and caregivers accessing mental health and psychosocial support</td>
<td>girls</td>
<td>36,664</td>
<td>36,664</td>
<td>33,525 ▲ 20,029</td>
<td></td>
<td>36,664</td>
<td>20,029 ▲ 20,029</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>boys</td>
<td></td>
<td></td>
<td>25,372 ▲ 21,118</td>
<td></td>
<td>25,372 ▲ 21,118</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>children accessing formal or non-formal education, including early learning</td>
<td>refugee girls</td>
<td>12,100,000</td>
<td>589,434</td>
<td>59,045 ▲ 13,782</td>
<td></td>
<td>12,100,000</td>
<td>13,782 ▲ 13,782</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>host girls</td>
<td></td>
<td></td>
<td>72,733 N/A</td>
<td></td>
<td>72,733 N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>refugee boys</td>
<td></td>
<td></td>
<td>64,749 ▲ 3,342</td>
<td></td>
<td>64,749 ▲ 3,342</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>host boys</td>
<td></td>
<td></td>
<td>32,827 N/A</td>
<td></td>
<td>32,827 N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td>girls</td>
<td>1,800,000</td>
<td>250,000</td>
<td>103,571**** ▲ 72,201</td>
<td></td>
<td>1,800,000</td>
<td>72,201****</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>boys</td>
<td></td>
<td></td>
<td>99,349 ▲ 66,194</td>
<td></td>
<td>99,349 ▲ 66,194</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>women</td>
<td></td>
<td></td>
<td>107,628 ▲ 80,577</td>
<td></td>
<td>107,628 ▲ 80,577</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>men</td>
<td></td>
<td></td>
<td>103,405 ▲ 100,685</td>
<td></td>
<td>103,405 ▲ 100,685</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAD</td>
<td>people reached with messages on access to services</td>
<td>girls</td>
<td>1,623,062</td>
<td>1,623,062</td>
<td>15,000,000**** ▲ 10,000,000</td>
<td></td>
<td>1,623,062</td>
<td>10,000,000 ▲ 10,000,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>boys</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>women</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Protection</td>
<td>households benefiting from new or additional social transfers from governments with UNICEF technical assistance</td>
<td></td>
<td>10,000</td>
<td>12,004*****</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>pregnant and lactating women living with HIV receiving antiretroviral therapy</td>
<td>Women</td>
<td>2,000</td>
<td>607*****</td>
<td>▲ 495</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Change since last report.
** Results from sector partners are still being consolidated
*** Total reach includes men and those callers to Childline Kenya whose gender and/or age was not recorded
**** Target is over-achieved through CERF funding for drought response and COVID-19 response in urban informal settlements
***** Target is over-achieved due to wide radio network coverage through community radio FM stations and listening groups across 43 counties
****** No humanitarian funding was received in 2021. Results were achieved through re-allocation of UNICEF regular resources.
Annex B

Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2021</th>
<th>Other resources used in 2021</th>
<th>Resources available from 2020 (Carry-over)</th>
<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>5,100,000</td>
<td>894,903</td>
<td>89,080</td>
<td>462,428</td>
<td>3,653,589</td>
<td>72%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>9,240,154</td>
<td>5,629,892</td>
<td>0</td>
<td>1,010,596</td>
<td>2,599,666</td>
<td>28%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,750,000</td>
<td>722,729</td>
<td>0</td>
<td>356,678</td>
<td>1,670,593</td>
<td>61%</td>
</tr>
<tr>
<td>Education</td>
<td>10,789,118</td>
<td>576,000</td>
<td>0</td>
<td>1,280,440</td>
<td>8,932,678</td>
<td>83%</td>
</tr>
<tr>
<td>WASH</td>
<td>3,850,000</td>
<td>1,566,900</td>
<td>200,000</td>
<td>3,180,915</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Social Protection</td>
<td>500,000</td>
<td>0</td>
<td>699,740</td>
<td>317,757</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>220,000</td>
<td>0</td>
<td>187,900</td>
<td>0</td>
<td>32,100</td>
<td>15%</td>
</tr>
<tr>
<td>Cluster Coordination</td>
<td>250,000</td>
<td>91,515</td>
<td>0</td>
<td>0</td>
<td>158,485</td>
<td>63%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32,699,272</strong></td>
<td><strong>9,481,939</strong></td>
<td><strong>1,176,720</strong></td>
<td><strong>6,608,814</strong></td>
<td><strong>15,431,799</strong></td>
<td><strong>47%</strong></td>
</tr>
</tbody>
</table>

* As defined in Humanitarian Appeal of 1/1/2021 for a period of 12 months
KENYA Drought Humanitarian Overview – December 2021

Affected Counties and People in need [Source: NDMA,KFSSG,FEWS NET]

**Key Figures**

- **People in need – 2.8M** (NDMA, Mid season assessment 2021)
- **Children under 5 in need of SAM treatment – 142,609** (NDMA, Dec 2021)

**Food Security Situation Update**

- Kenya is facing a worsening drought situation due to the cumulative impacts of two consequent failed rains season, with all ASAL counties receiving less than 50% of expected rainfall. Consequently, over 2.8M people are facing food insecurity in Kenya. (NDMA)
- The overall food security situation in the ASAL counties continues to deteriorate. Malnutrition status remains in the Critical phase in Turkana, Samburu, Mandera, Wajir, Garissa, North Horr, Lolkol and East Pokot. The counties are projected to remain in the same phase for the next three months.

**UNICEF RESPONSE**

- UNICEF supports implementation of Family Mid-Upper Arm Circumference (MUAC) as part of strengthening screening and self-referral for treatment of acute malnutrition.
- UNICEF supports the procurement and distribution of Ready-to-use therapeutic food (RUTF) across health facilities in 28 ASAL counties and Nairobi urban informal settlements and refugee camps through the Kenya Essential Medical Supplies Authority (KEMSA).
- UNICEF supports coordination at the National and county level and has led in developing, disseminating and resource mobilization for the sector preparedness and response plans.
- UNICEF enhances capacities and prepositions critical supplies to facilitate the delivery of lifesaving health interventions to un-reached children. Capacities for emergency water, sanitation and hygiene (WASH) preparedness and response are also being strengthened through sector coordination and strategic partnerships to facilitate rapid response to emergency needs.
- UNICEF supports policy development to strengthen the enabling environment for a shock-responsive social protection system.

**Funding Status For UNICEF Drought Response (USD)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Available funding</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>$7,136,475</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>$2,343,618</td>
<td></td>
</tr>
<tr>
<td>Child Protection</td>
<td>$363,060</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>$2,433,798</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>$3,119,529</td>
<td></td>
</tr>
</tbody>
</table>
**Key Figures**
- **Cumulative case cases**: 295,028
- **Deaths**: 5,378 (1.8% CFR)

**COVID-19 Situation Update**
- The City of Nairobi and Mombasa County have the highest attack rates of COVID-19 at 271.86 and 1465.2 per 100,000 population respectively when compared to 610.3/100,000 for the whole country and need enhanced interventions.
- The COVID-19 outbreak has so far spread to 100% of the counties in the country.
- 168,172 (57%) are males and 126,857 (43%) are females. Most of the cases: 77,503 (26%), are in the age group of 30-39 years.
- By 31st December, 3,63,372 samples were tested across various laboratories of which (255,038) samples turned positive for COVID-19. A positive rate of 9.7%.
- Kenya has reported the first case of Omicron variant on 19th December 2021 and the government has enhanced surveillance protocols including quarantine and repeat testing to all passengers from all these countries reporting the new variant and passengers transiting through the same.

**COVID-19 Vaccination Updates**
- **Vaccine’s dose administered**: 5,820,951
- **Total fully Vaccinated**: 4,155,832
- **Fully Vaccinated Male**: 2,114,752
- **Fully Vaccinated Female**: 2,038,292

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**Age and Sex distribution of COVID-19 Cases in Kenya**

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**UNICEF COVID-19 RESPONSE**

**WASH**
- Provision WASH supplies
- Hygiene promotion
- WASH sector coordination

**HEALTH**
- Provision of essential health services in the context of COVID-19 including awareness and preventive messages.
- UNICEF provides continuous technical support to the National COVID Taskforce through the taskforce and various technical sub-committees.

**NUTRITION**
- UNICEF has continued to support the ready to use Therapeutic Feeding (RUTF) pipeline
- UNICEF through partnership with Kenya Red Cross and support from other partners has supported Ministry of Health (MoH) to intensify mass screening activities, formatted identification, referral and treatment of children with acute malnutrition.

**EDUCATION**
- Hygiene awareness in schools
- Provision of face masks to 713,965 learners to adhere to COVID-19 school safety
- Sanitization on COVID-19 protocols in schools
- UNICEF has contributed 300 (20-litre services) for handwashing stations to 28 learning institutions in the refugee camps benefiting over 50,000 learners. This formed part of the other resources required for safe reopening as stipulated in MoH COVID-19 guidelines.

**CHILD PROTECTION**
- UNICEF supports child protection support services, children, parents and caregivers were reached with Mental Health and Psychosocial Support Services (MHPSS)
- UNICEF has been providing child protection support and referral to case management services for children
- UNICEF has collaborated with Teacher’s service commission (TSC) to send SMS to 324, 025 teachers across Kenya to sensitize teachers on how children might have been exposed to violence and abuse during school closure and on preparation for their return due to COVID-19.

**SOCIAL PROTECTION**
- UNICEF established a partnership with the National Hospital Insurance Fund to increase health coverage for vulnerable groups, also addressing issues beyond COVID-19.
- UNICEF provided additional social assistance measures provided by governments to respond to COVID-19.

**COORDINATION & OPERATIONAL SUPPORT**
- UNICEF KEC Logistics has supported the Ministry of Health (MoH) in clearance and delivery to MoH Central warehouse of AstraZeneca COVID-19 vaccines under the COVAX facility.
- UNICEF provides technical and financial support to line ministries at national and county level to support sector coordination and leadership

**COMMUNICATION FOR DEVELOPMENT & ADVOCACY**
- Support to development and dissemination of information, Education and Communication (IEC) materials
- Support for Community mobilization
- Support to development and dissemination of Public Service Announcements (PSAs)