



A Community Health Promoter at an Integrated health outreach site in Khumwanda, Busia County.

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for every child

Humanitarian
Situation
Report No. 2

Reporting Period
1 January to 31
December 2024

Kenya

HIGHLIGHTS¹

According to the Kenya Long Rains Assessment of August 2024, total of 760,488 children of 6 to 59 months were malnourished. Of these, 180,414 were severely acutely malnourished². The March to May 2024 rains led to floods in 91 per cent of the country, affecting 306,522 people, with 293,205 displaced³.

Integrated health/nutrition outreach services reached 458,030 people (113,559 girls, 94,734 boys, 150,409 women and 99,328 men) in 2024.

In 2024, a total of 134,165 children (68,858 girls and 65,307 boys) of 6 to 59 months were admitted for treatment of severe acute malnutrition

Access to safe water services reached 441,741 people (105,885 girls, 101,733 boys, 119,403 women, and 114,720 men).

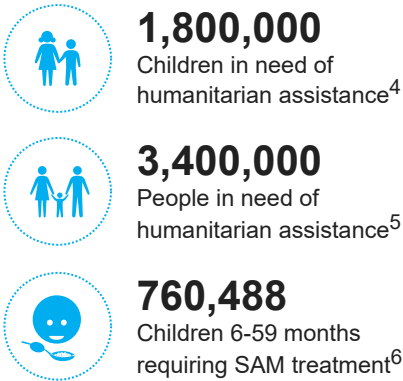
Monthly multipurpose humanitarian cash transfers benefitted 21,426 households.

USD 29.6 million was received against the HAC 2024 by 31 December 2024, leaving a funding gap of USD 15.1 million (34 per cent) against the US\$44.7 million appeal.

UNICEF RESPONSE AND FUNDING STATUS*

	Health	Health Outreaches	143%
		Funding status	39%
	Nutrition	SAM treatment	83%
		Funding status	108%
	Child protection	MHPPS	25%
		Funding status	13%
	Education	Learning materials	362%
		Funding status	44%
	WASH	Access to water	107%
		Funding status	67%
	Social protection	Multipurpose cash	107%
		Funding status	34%

SITUATION IN NUMBERS



FUNDING OVERVIEW AND PARTNERSHIPS

In 2024, UNICEF called for \$44.7 million to respond with critical life-saving and protective interventions for the most vulnerable girls, boys, women and men in Kenya's Arid and Semi-Arid Lands (ASALs), in urban informal settlements and in refugee settlements that are affected by the country's slow recovery from the severe drought in the Horn of Africa. The difficult conditions were exacerbated by the high cost of living, El Niño-induced flooding, disease outbreaks and refugee influx.

UNICEF continues to work with the Government, implementing partners, and United Nations (UN) agencies to deliver life-saving and protective interventions to emergency-affected populations, as well as providing essential services to refugees in the Kakuma and Dadaab refugee camps, through strengthening multi-sectoral linkages, maximizing integrated programme coverage, and meeting gaps in the response efforts of the Government and partners. UNICEF continues to strengthen subnational government systems throughout the humanitarian response, linking to ongoing development programmes to build more resilient subnational government capacities. In collaboration with key UN agencies, UNICEF is also supporting government in developing policies, legal frameworks, programme planning, resource mobilization and budgeting processes to provide critical services in addressing future climate shocks, focusing on the scale-up of resilience programmes.

By 31 December 2024, UNICEF Kenya had received USD 29.6 million (66 per cent) against the Kenya 2024 UNICEF Humanitarian Action for Children (HAC) which includes new funds, other resources used and 2023 carry-over funds, leaving a funding gap of USD 15.1 million (34 per cent). The most critically underfunded sectors are Health (61%), Education (56%), Child Protection (87%) and Social Protection (66%), which hindered the delivery of critical humanitarian lifesaving and protection interventions for vulnerable children and women, especially in the ASAL and Western regions of Kenya, which continue to be affected by recurrent shocks including floods, drought and disease outbreaks. Lack of sufficient funding for procurement of supplies and service delivery remained the key challenge.

The United Kingdom, Japan, Ireland, Catalonia, Canada, Norway, France, USAID Bureau for Humanitarian Assistance (USAID BHA), Central Emergency Response Fund (CERF) and Master Card Foundation have generously contributed to UNICEF Kenya's humanitarian response in 2024. Flexible funding from Canadian, United Kingdom, and German UNICEF National Committees (NatComs), as well as the UNICEF Global Thematic Humanitarian Response fund and Consolidated Funds from the NatComs supported critical humanitarian response gaps.

UNICEF Kenya launched an appeal for USD 14.8 million to support Government and partners in the implementation of critical multi-sectoral preparedness and response interventions for the March to May (MAM) 2024 floods. UNICEF used over USD 1.7 million other resources to support immediate response needs in the MAM 2024 flood response, generously contributed to UNICEF Kenya by Japan, Catalonia, Irish Aid, USAID BHA, Education Cannot Wait (ECW), Norway and PROSPECTS 2.

The UNICEF Kenya Integrated Cholera Response Plan required USD 15.9 million to meet the most urgent gaps in Water, Sanitation and Hygiene (WASH), Social Behaviour Change and Health interventions. A total of USD 5.9 million, including Global Thematic Humanitarian funds were repurposed to meet the most critical preventative and response needs, leaving a funding gap of USD 10.3 million.

UNICEF has utilised funding from the Global Humanitarian Thematic Fund and Mastercard foundation for priority lifesaving mpox interventions. The total funding available against the response plan is US\$1.6 million, leaving a funding gap of 56 per cent against the total requirements of \$2.5 million.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

In 2024, Kenya continued to experience multiple emergencies, including response to floods; an increase in the disease outbreaks, including cholera, polio and mpox; and an increased refugee influx whilst at the same time supporting recovery interventions from the impacts of the 2023 El Niño floods. Kenya also remains at risk for Marburg/Ebola outbreak and La Nina drought conditions.

Following two above-average rains seasons in 2023 and the enhanced MAM 2024 rains season, the food security situation improved, reducing the number of people facing acute food insecurity and in urgent need of humanitarian assistance from 2.8 million reported in July 2023 to 2 million in February 2024⁷ (28 per cent reduction) and further reduced to one million as of August 2024 (50 per cent reduction). This was attributable to the gradual recovery from the 2020 to 2023 severe drought due to improved livestock production and stabilization of staple food prices across the country. However, the food insecure population is expected to increase to 1.8 million by January 2025 (80 per cent increase) due to the depressed October-November-December 2024 rains⁸. Further, FEWS NET acute food insecurity estimates indicate that 2.5 to 2.99 million people will require humanitarian food assistance by May 2025.

The Integrated Phase Classification for Acute Malnutrition (IPC AMN) analysis shows that there are still high levels of malnutrition, especially in the Arid and Semi-Arid Lands (ASALs). The number of children 6 to 59 months requiring immediate life-saving treatment for acute malnutrition has only reduced slightly from 945,609 reported in July 2023 to 847,932 in February 2024 (10 per cent reduction) and further reduced to 760,488 by August 2024 (10 per cent reduction). Of these, 180,414 children are severely acutely malnourished, and 112,401 were pregnant and breastfeeding women requiring treatment for acute malnutrition as of July 2024⁹.

The March to May (MAM) 2024 'long rains' brought extended very heavy rainfall leading to floods in 43 out of the 47 counties (91 per cent of the country) including landslides in a few counties. As of 24 June 2024, an estimated 306,522 people (61,304 households) were affected by floods and landslides, including 293,205 displaced people (58,641 households), 38 people missing, 188 people injured, and 315 people (242 adults and 73 children) killed across Kenya¹⁰.

The floods also significantly affected access to basic social services. Based on the UNICEF-supported Ministry of Education rapid impact assessment on learning and schools, at least 5,278 schools (3,196 primary schools and 2,082 secondary schools) have been affected by the heavy rains and floods, where approximately 2 million learners are enrolled. The report shows that 42% of the school toilets (over 42,000 toilets) were affected and many overflowed, contaminating the learning environment. The quality of education was compromised in affected schools due to lack of WASH facilities. Cumulatively, 40 health facilities have been affected of which 30 of these facilities were flooded, and 4 had access roads cut off, affecting over 300,000 people. UNICEF assessments also showed that the large-scale flood displacement exacerbated existing child protection risks, including separation of children from their primary caregivers.

The heavy rains also contributed to the fourth wave of the cholera outbreak since the onset on 19 October 2022, with the index case

being reported on 14 April 2024 in Lamu County. A total of 121 cholera cases with 2 deaths (Case Fatality Rate of 1.7 per cent) were reported by August 2024, after which no further cases were reported. The outbreak affected 3 counties in the coastal and western region of Kenya of which 62 cases were reported in Tana River, 58 in Lamu, and one in Siaya. Children continued to be the most affected, with 28 per cent of the cases being between 0 and 5 years of age¹¹.

According to UNHCR updates, refugee arrivals in Kenya continued to rise in 2024, with 823,932 registered refugees and asylum-seekers from over 20 countries registered as of 31st December 2024, up from 691,868 registered by 31 December 2023, (19 per cent increase), mainly because of the resumption of registration in Dadaab refugee camps and new arrivals from South Sudan, Burundi, the Democratic Republic of the Congo, Somalia, and Ethiopia, most of whom have fled conflict and insecurity in the region. Of these, up to 87 per cent are living in camps, with 298,053 in Kakuma Refugee Camp and Kalobeyei Integrated Settlement and 416,403 in Dadaab Refugee Camps; while 13 per cent (109,476) are living in urban areas¹².

Inadequate water and sanitation in the refugee camps, alongside the congestion and poor sanitation within the camp's reception centres exacerbates the risk transmissions of communicable diseases amongst the new arrivals. In addition, the high number of new arrivals who are unvaccinated (zero dose); and low routine immunization coverage in host communities continues to heighten the risk of importation of vaccine-preventable diseases among children. On 16 July 2024, a confirmed case of Polio Virus 2 (PV2) was reported from a child in Kakuma, which is genetically linked to the Polio Virus (cVDPV2) case in May 2024 in Mbale, Uganda, and the Somalia Outbreak.

WHO declared a public health emergency of international concern over the multi-country mpox outbreak in Africa including Kenya, on 31st July 2024. A total of 29 cases were confirmed in 12 out of the 47 counties by end of 2024, with one death (3.6% case fatality rate). Of these, 6 cases (21%) were reported among children under 18 years¹³. The mpox outbreak in Kenya has put additional pressure on the already stretched health system, and with Kenya being a major transit hub with porous borders and homogenous cross-border communities, the risk of increased community transmission of mpox remains.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

In 2024, UNICEF reached a total of 458,030 people, (113,559 girls, 94,734 boys, 126,751 women, 23,658 pregnant/lactating women and 99,328 men) with critical lifesaving integrated outreach services in targeted and supported health facilities between January and 31st December 2024 in floods, drought, cholera and mpox affected areas, reaching 45 percent of the 2024 HAC target. Of these, up to 23,658 pregnant women have been supported with access to antenatal care (ANC) services.

Critical health services provided in the integrated health outreaches included immunization; treatment of childhood illness including pneumonia and diarrhoea; health education and household water treatment demonstration to community members participating in the outreaches; antenatal care; and nutrition screening and subsequent treatment for children and pregnant women suffering from moderate acute malnutrition.

A total of 690 (40 per cent of the target) Community Health Workers

(414 women and 276 men) were supported with skills and equipment to deliver essential maternal, newborn and child health services. Other interventions provided included capacity building, provision of emergency supplies and PPEs in mpox high-risk counties in response to the mpox outbreak. UNICEF also provided technical support to the development of Kenya's Multi-Year Plan of Action for Preventive Oral Cholera Vaccine (POCV) Programme.

Community mobilization and engagement sessions on mpox, drought and floods-related diseases and epidemics reached 143,086 people (85,852 women and 57,234 men) on key household practices and the importance of adopting health-seeking behaviours.

In response to the polio outbreak, UNICEF provided technical support in the procurement and distribution of vaccines and the implementation of 3 rounds of polio immunization campaigns in 12 high risk counties (Garissa, Mandera, Wajir, Busia, Bungoma, Trans-Nzoia, Turkana, West Pokot, Nairobi, Kajiado, Machakos and Kiambu counties), reaching 8,342,777 children.

HIV/AIDS

The integration of HIV awareness into life-saving messaging to families accessing integrated health outreaches reached 74,292 people (41,735 women and 32,557 men) and access to life-saving antiretroviral therapy reached 2,794 women, adolescents and children.

Nutrition



Community Health Promoter counselling a mother on nutrition and young child feeding at household level in Turkana County

A total of 134,165 children (68,858 girls and 65,307 boys) of 6 to 59 months, which is 74 per cent of the target, have been admitted for treatment of severe acute malnutrition (SAM) from January to December 2024 across the drought-affected arid and semi-arid areas (ASALs), refugee settlements and non-ASAL counties. Over 2.38 million caregivers of children under two years have also been reached with nutrition messages, which is 132 per cent of the HAC target, due to heightened nutrition messaging and counselling interventions at community and facility level during the MAM flood response.

UNICEF and implementing partners supported 225 integrated health and nutrition outreaches (7 percent of the 3,113 mapped outreaches) in the ASALs to support service provision in hard-to-reach and remote areas.

As part of risk informed programming, UNICEF continued to support 678 out of the targeted 925 health facilities (73 per cent) in 24 arid counties in the implementation of the Integrated Management of Acute Malnutrition (IMAM) surge approach, which is a system

strengthening approach to cope with surges of acute malnutrition and avoid compromise in quality of care. UNICEF has been supporting capacity building of health workers to enhance quality of care in health facilities, with a total of 126 health workers (46 male, 80 female) trained on IMAM in 2024.

UNICEF also continues to support the nutrition commodity supply chain to ensure availability of commodities at the service delivery level. In 2024, UNICEF distributed 137,899 cartons of ready to use therapeutic foods (RUTF) to support treatment of SAM children. Following reported service interruptions occasioned by flash floods in Mandera, Wajir, Tana River, Garissa, Turkana, Marsabit and Samburu counties, UNICEF supported prepositioning for nutrition supplies and provided monitoring and rapid logistical support for movement of supplies in flood-affected areas to ensure minimal disruption in treatment of malnutrition program.

The 2024 RUTF pipeline was fully secure with the RUTF stock out rates remaining below 5 per cent in 2024. UNICEF continues to engage with the Ministry of Health (MoH) and the Kenya Medical supplies authority (KEMSA) on the integration of the service data from Kenya health information Systems (KHIS) and the commodity data from the Logistics Management Information Systems (LMIS) to mitigate losses and enhance accountability of nutrition commodities. The KHIS/LMIS system, commodity reporting and request tools as well as the training package have all been updated.

Water, sanitation and hygiene



A health worker at Mbagathi Hospital in Nairobi using a handwashing station provided by UNICEF as part of the mpox prevention and response measures in the county.

In 2024, WASH sector partners reached 593,862 people with access to safe water of sufficient quantity. Of these, UNICEF reached 375,103 people (89,912 girls, 86,386 boys, 101,390 women and 97,414 men) which is 107 per cent of the UNICEF HAC target, while other sector partners reached 217,759 people (52,197 girls, 50,150 boys, 58,860 women and 56,552 men). UNICEF WASH achievements included rehabilitation and solarization of 90 strategic water supply systems with a wider community coverage in 10 drought and flood affected counties (Mandera, Wajir, Garissa, Isiolo, Marsabit, Samburu, Homa Bay, Tana River, Baringo and Turkana), making them climate resilient and ensuring sustainable safe water supply. Additionally, 441,741 people (105,885 girls, 101,733 boys, 119,403 women, and 114,720 men) affected by floods, drought, Cholera outbreak and Mpox received essential WASH supplies to support safe water storage, household water treatment and hand washing with soap, contributing to disease prevention across the targeted counties of Nairobi, Wajir, Mandera, Isiolo, Garissa, Turkana, Samburu, Tana River, Migori, Lamu and Marsabit,

Homabay, Kisumu, Migori, and Busia.

Hygiene promotion messages, including handwashing with soap at critical times to prevent the spread of cholera and other diseases, reached 719,698 people (172,512 girls, 165,746 boys, 186,906 men and 194,534 women) across 15 targeted counties (Wajir, Kisumu, Busia, Nairobi, Lamu, Mandera, Isiolo, Garissa, Turkana, Samburu, Tana River, Migori, Homabay, Marsabit and Baringo). The achievement is 206% of the HAC target, which was due to scaling up of interventions through increased household visits and community engagement by Community Health Promoters in additional Cholera and flood affected counties including Lamu, Tana River, Kisumu, Busia, Migori, Homa Bay and Nairobi. UNICEF also supported dissemination of hygiene promotion messages through radio talk shows on local FM radio stations, reaching an additional 120,000 people in Isiolo County. Furthermore, 53,473 people (12,817 girls, 12,315 boys, 14,454 women and 13,887 men) affected and displaced by floods received appropriate sanitation facilities in Garissa, Tana River, Kisumu, Migori, Nairobi and Busia counties. Additionally, 52,587 women and girls (5,000 women and 47,587 girls) of reproductive age received menstrual hygiene management supplies to support their dignity in humanitarian crises.

Education



Refugee learners attending a basic numeracy and literacy class at the child safe space in the Kalobeyei camp reception center, Kakuma refugee camp.

In 2024, a total of 159,030 children (68,700 girls and 90,330 boys) including refugee children have accessed basic education with UNICEF support in humanitarian settings in the 11 counties of Baringo, Garissa, Isiolo, Kilifi, Mandera, Marsabit, Samburu, Tana River, Turkana, Wajir and West Pokot. This achievement represents 121 per cent of the 2024 HAC target. Of these, 3,651 (1,566 girls and 2,085 boys) are children with disabilities. In addition, 238,294 children (107,918 girls 130,376 boys) were supported with the provision of learning materials. The HAC 2024 target has been surpassed due to reprogramming of regular resources to support drought and floods response.

A total of 116,654 (48,779 girls and 67,875 boys) were supported to access both formal and non-formal education in Kakuma and Dadaab refugee camps. Of these, 2% were learners with disabilities. Additionally, 111,106 refugee learners (49% girls, 51% boys) were supported with learning supplies to enhance their retention in schools and reduce the cost of learning for their households.

To provide psychosocial support and enhance well-being and quality of learning among newly enrolled learners in the drought and floods affected counties, 236 schools were supported to have a dedicated Mental Health and Psychosocial Support (MHPSS) focal point available on-site to support the referral of children for child protection

services. Sensitization sessions on protection issues and available services in their communities were provided at these schools benefiting 42,376 children (19,921 girls and 22,455 boys), their parents and caregivers.

In 11 focus counties, 97,839 children (46,398 girls and 5,144 boys) in 265 schools were supported to ensure the availability of safe and sufficient water, promote hygiene, and improve the learning environment. Additionally, 20,163 adolescent girls received menstrual hygiene management kits.

To ensure learning continuity at the time of emergencies, 845 government officials (615 men and 230 women) were trained on preparedness and response planning, effective coordination, Disaster Risk Reduction and Resilience building. In close collaboration with the child protection sector, 739 teachers and other education personnels (508 men and 231 women) including school board of management (BoM) members were trained on their roles and responsibilities in supporting child protection issues including MHPSS, referral mechanisms and prevention of Gender-Based Violence (GBV).

Child protection, GBViE and PSEA



16-year-old Mary and her 4-month son at the Kakuma Refugee Camp. With support from ECHO, she has received counselling, basic needs, and support in returning to school after giving birth.

In collaboration with partners, a total of 27,800 people (13,376 girls, 10,318 boys, 2,806 women and 1,207 men) received mental health and psychosocial support services (MHPSS) at the community level including but not limited to support through safe spaces, through structured activities, peer-to-peer activities, focused non-specialized psychological support through community based structures and facilitated access to specialized mental health care where required.

A total of 1,789 Unaccompanied and Separated (UASC) children (925 girls and 873 boys) were identified both in the refugee contexts, Dadaab, Kakuma and Kalobeyei settlement, and humanitarian contexts. Due to the flooding that happened in most parts of the country between April to May 2024, a total of 712 Unaccompanied and Separated Children (UASC) were identified from Busia, Homabay, Kisumu and Garissa during the flood response. All the children were provided with case management services including referrals for appropriate support. In addition, 2,737 children (1,467 girls and 1,270 boys) were provided with individualized case management services tailored to their need with follow-ups for response and adaptive protection.

A total of 4,979 (1,864 girls, 763 boys, 1,525 women and 827 men) received Gender-Based Violence (GBV) risk mitigation, prevention and response interventions in the same counties adversely affected

by floods and within the refugee camps through capacity building, individual case management, access to safe spaces for survivors and those at risk.

Through awareness-raising forums at the community level by community workers, help desks and radio programs on where to access services and report cases of child abuse and exploitation, messages on child protection and case management were disseminated to 7,305 children (3,951 girls and 3,354 boys).

UNICEF's efforts and commitment to ensuring affected population have access to safe and accessible channels to report sexual exploitation and abuse by personnel providing assistance resulted in the reach of 3,953 people (2,677 women and 1,276 men). Enhancing their capacity to identify, prevent and respond to any form of abuse or exploitation including awareness on available reporting mechanism.

Social protection

In 2024 a total of 21,426 households (145,265 people), of which 87,359 were children (45,274 girls and 42,359 boys) received humanitarian cash transfers, which exceeded the 2024 HAC target (7 percent). Emergency cash was delivered in the nine most flood affected counties of Homabay, Busia, Garissa, Kisumu, Nairobi and Tana River, Mandera, Isiolo and Wajir. The target was surpassed due to availability of resources to support scaling up flood response and recovery interventions.

The total figure reached was through a series of responses. The January to March 2024 El Nino recovery response reached 8,374 households, of which 43,013 were children (22,515 girls and 20,498 boys) in six counties (Wajir, Garissa, Mandera, Tana River, Isiolo and Samburu) with a focus on sub-counties that ranked highest in terms of the severity of malnutrition. In Garissa and Tana River, where the Hunger Safety Net Programme (HSNP) operates, the programme utilized the HSNP beneficiary list. HSNP is one of the four National Safety Net Programme (NSNP) cash transfer programmes in line with UNICEF's objective of using existing government systems where possible. This helped ensure better coordination, data quality and even strengthening of the government's systems.

UNICEF reached 615 households in Garissa County with an integrated package of cash plus and e-vouchers for WASH supplies, ensuring that people could use their cash transfers for other essentials without being forced to decide on whether to use the cash for food or WASH needs, which are critical during floods to prevent disease outbreaks. The success of this project has led to a strategic decision within Kenya Country Office to explore further scaling up of market-based approaches (cash and vouchers) for WASH and other sector programmes in emergencies, based on the evidence generated.

For the March to May (MAM) floods and recovery response, 12,437 households (73,829 people) were reached in four of the most affected counties, with the first transfers going out within just three days of registration, validation, and payment. This rapid response enabled the displaced populations to meet their immediate basic needs, including accessing rental accommodation for the families whose shelter had been destroyed. This supported families to move from the displacement camps which were crowded and posed significant risks to women and children, for example, Gender Based Violence and disease outbreaks. Post Distribution Monitoring Reports show that the cash transfers enabled households to mitigate negative coping strategies, improve household food security and facilitate access to essential services.

UNICEF also worked closely with the State Department of Social Protection, Ministry of Health, National Drought Management Authority and County governments of Garissa and Turkana to

support the development of an Anticipatory Action Plan for the Government's Nutrition Improvement through Cash and Health Education (NICHE) programme. This initiative involves linking early warning indicators to pre-defined measures that will enable families with pregnant mothers and infants in shock-prone communities to be better prepared and protected well before the full impact of shocks are felt.

Throughout the year, UNICEF continued to participate in the coordination structures such as the Kenya Cash Working Group (KCWG), Food Security and Livelihood Sector Working Groups and Different County Steering Groups at Sub National levels. This contributed to improved coordination between cash actors and Government, leading to a push for harmonized cash transfer values, mapping of actors and quality reporting.

Cross-sectoral (HCT, SBC, RCCE and AAP)

In 2024, UNICEF provided technical and financial support to conduct effective advocacy, communication, and social mobilization for the Polio sub-national immunization campaign in 13 high-risk counties (Turkana, West-Pokot, Bungoma, Busia, Trans Nzoia, Nairobi, Kajiado, Kiambu, Machakos, Marsabit, Garissa, Mandera, Wajir). Over 98 per cent (11,349) of the caregivers of under-fives visited by the monitoring team indicated that they were aware of the campaign before it started, and less than 10 per cent refusals were reported reaching 8,342,777 children with life-saving vaccination. During this 5-day exercise, 3 national television stations, 1 regional, and 3 community radio stations were utilized to disseminate key messaging. Misinformation related to reported cases of AEFI were detected, digital influencers, polio survivors and champions along with authoritative messages were used to address community hesitancy leading to high uptake of vaccinations. UNICEF deployed a social investigation team to Dadaab Refugee camp and Turkana County, and a total of 60 household heads had their knowledge, attitude, belief and practices collected and analysed to inform programming following detection of polio infection in the area. The reach has been achieved due to mass mobilization for the immunization campaign.

UNICEF's technical and financial support on cholera response and control has resulted in the updating of the National Cholera Guidelines and the Cholera Outbreak Response Strategy, integrating case management and Risk Communication and Community Engagement (RCCE) pillars benefitting 10 high-risk counties to generate their respective RCCE plans. Intensified Cholera RCCE activities in Tana River and Lamu counties reached 29,647 people through public address systems, and 73,876 through door-to-door engagement by trained frontline health workers and influencers.

With UNICEF support, national media stations have been contracted to air life-saving messaging on floods and disease outbreaks on popular radio stations (Citizen Radio, Radio Maisha, and KBC Idhaa ya Taifa) and highly viewed television stations (Citizen TV, KBC Channel One and KTN News) for 15 days for mass coverage reaching 7,560,000 viewers and listeners.

UNICEF continued to support Accountability to Affected Populations (AAP) addressing complaints, concerns, and questions on humanitarian assistance through the different UNICEF sectors, reaching a total of 19,200 people (9,785 women and 9,415 men). 324 feedback were received with 101 of them cascaded to other governmental channels for redress. To strengthen capacity, 35 staff from UNICEF's nutrition implementing partners were sensitized on AAP. AAP has also been integrated into the Kenya Initial Rapid Assessment (KIRA) mechanism.

UNICEF provided technical and financial support on mpox response and control through development and dissemination of key messages for different audiences and a variety of IEC materials at

national and sub-national in collaboration with the Ministry of Health. UNICEF supported the national Risk Communication and Community Engagement (RCCE) pillar to develop an RCCE plan, community engagement and social mobilization guidelines, capacity building modules and a child-friendly poster. Financial support was provided to Busia County, a key border transit area, to scale up RCCE activities including training and deployment of frontline community health promoters, reaching 2,696 households (13,480 people, of which 6,875 are women and 6,605 are men). In addition, stakeholder meetings, radio talk shows and 391 community dialogues reached 6,298 community members in high-risk population groups (3,212 women and 3,086 men). UNICEF also supported the development and airing of radio and TV spots in 7 languages.

Through the Humanitarian Innovation Programme (HIP) for children with disabilities, 2,970 flood-affected persons with disabilities (51% female) in Kisumu County accessed crucial services such as therapy, disability assessments, nutrition support, assistive devices, and registration in the Government system. Of these, 597 children with disabilities with high support needs received specialized assistance, and 300 children, including 100 first-time school attendees, benefited with functional assessment and school placement from Educational Assessment and Resource Centers (EARC) officers.

UNICEF provided PSEA support to the mpox response in Busia County, which was most at risk as a border point. Mapping of survivor assistance service providers and services provided including focal persons and updating of referral pathways was conducted. UNICEF also conducted a rapid assessment exercise in Busia County through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) and respondents. Orientation sessions on PSEA, GBV and Mpox was conducted for 84 people (43 male and 41 female), who include key stakeholders, Child Protection Volunteers (CPVs), Community Health Promoters (CHPs), research assistants, enumerators, Community-owned Resource Persons (CORPs) and their leaders. UNICEF also trained them on PSEA. In addition, PSEA risk mitigation and community engagement was conducted through the DigiRedio Social and Behaviour Change Platform and through a media campaign in local languages to raise awareness on PSEA with local FM radio stations for a total of 13 weeks.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

The Resident Coordinator's Office and OCHA lead the coordination of humanitarian action for the UN and partners' support to the government's drought, floods, and Cholera response. UNICEF actively participates in inter-agency coordination mechanisms, including the Kenya Humanitarian Partnership Team (KHPT), the Inter-Sector Working Group (ISWG) and the UN Humanitarian Country Team (UNHCT). The inter-agency coordination structure established during the 2023 El Niño floods supported multi-sectoral coordination in 2024 through the 8 humanitarian coordination hubs, where UNICEF is co-lead for Garissa and Kisumu hubs.

UNICEF is supporting the government to coordinate the humanitarian response through its sector lead role in WASH, Education, Nutrition and Child Protection, and through the western and eastern humanitarian hubs led by the Kisumu and Garissa zonal offices. UNICEF provides technical and financial support to line ministries at national and county level to support sector coordination and leadership, advocacy, and resource mobilisation, especially for the critically under-funded areas like Gender-Based Violence (GBV) response, Child Protection and Education in Emergencies.

UNICEF and the Kenya Red Cross Society (KRCS) jointly co-lead

the WASH Sector Coordination in partnership with the Ministry of Water, Sanitation, and Irrigation (MoWSI) and the Ministry of Health (MoH). UNICEF provides technical support to MoWSI on coordinating water and sanitation interventions and to Ministry of Health on coordinating hygiene interventions. This includes training government officials and partners on WASH-related policies, monitoring, and emergency response. Additionally, tailored support is provided to counties to strengthen their capacity in planning, implementation, and monitoring. This partnership has led to improved alignment among stakeholders, streamlined resource allocation, and effective response during emergencies such as cholera outbreaks and flood-related WASH crises. Additionally, WASH sector supported the coordination of the Cholera response in the affected Counties ensuring effective and timely preparedness and response.

Between January and December 2024, UNICEF has supported monthly WASH Sector coordination meetings at national level bringing together WASH partners, including the MoWSI, MoH, WHO, UNHCR, INGOs, NNGOs, CSOs and the private sector. Discussions focused on preparedness planning for drought, floods and Cholera, including strengthening of the cholera response in flood affected in communities and health care facilities. In collaboration with Education Sector Coordinator, strategies to strengthen resilient and sustainable approaches to WASH in Schools were shared with all WASH Partners to support schools lacking water, sanitation facilities and supporting school retention efforts. Additionally, UNICEF has also supported the monthly coordination meetings at county level to support overall response implementation and monitoring of activities

The WASH Sector Technical Working Group on Data, Evidence and Learning initiated the development of joint benchmarks for sector activities and core monitoring indicators for drought recovery, floods, cholera, and climate action. This included launching a WASH Cholera needs assessment tool and dashboard to enhance data-driven decision making. UNICEF has also facilitated capacity-building initiatives for both MoWSI and MoH staff, strengthening their ability to implement and monitor WASH programs effectively

UNICEF actively participated in the inter-agency cholera coordination task force convened by WHO and the cross-border cholera coordination forum with Ethiopia and Somalia. These engagements have strengthened joint preparedness and response planning, identification of gaps, information sharing and joint response interventions to prevent in-country and cross-border transmission of cholera.

UNICEF continued to support monthly nutrition sector coordination meetings at national and county levels. These meetings were critical in ensuring the National and County nutrition sector emergency preparedness and response plans were updated and implemented. Other key discussions focused on adoption of the 2023 WHO guidelines on the prevention and management of wasting, piloting of Small Quantity Lipid-based Nutrient Supplements (SQ-LNS) for prevention of malnutrition, enhancing health workers capacity to offer quality care for children with wasting, and operational research including Integrating Treatment of Acute Malnutrition and Integrated Community Case Management (ICCM/IMAM).

To bolster nutrition surveillance and response in drought-affected counties, UNICEF provided technical and financial support for conducting SMART nutrition surveys in 11 counties (Samburu, Turkana, West Pokot, Marsabit, Baringo, Mandera, Wajir, Tana River, Isiolo, Meru and Garissa). The data gathered was utilized in the Integrated Phase Classification for Acute Malnutrition (IPC AMN) analysis, which determined the nutrition situation and estimated caseloads for Severe and Moderate Acute Malnutrition, contributing to the broader acute food insecurity analysis. The findings were used to update the national and county-level nutrition sector preparedness

and response plans by providing insights into the current and projected food and nutrition situation and factors to monitor. Resource mobilization was intensified, engaging key donors like USAID/BHA and UK Government to support the nutrition response to flood emergencies, early recovery, and resilience actions in drought-affected counties. This collaboration ensured a sustained and effective response to emergent nutrition needs.

UNICEF supported national and county level education in emergencies (EIE) coordination to improve the education sector preparedness and response, advocacy, and resources mobilization along with the Ministry of Education and Save the Children. In total the 12 counties were supported with education preparedness and response plans during the reporting period (Baringo, Garissa, Isiolo, Kilifi, Kwale, Mandera, Marsabit, Samburu, Tana River, Turkana, Wajir, and West Pokot). The preparedness plans supported the education sector to collectively mobilize resources in a timely manner, mitigate the negative impact of the emergencies and ensure safe reopening and operations of schools after emergencies.

To strengthening child protection coordination mechanisms at the national and county levels in counties, UNICEF maintained a strong partnership with Directorate of Children Services (DCS) and other humanitarian partners such as Save the Children to enhance the provision and access of child protection services in emergencies. County coordination structures were strengthened in the counties of Garissa, Mandera, Wajir, Tana River, Kilifi, Turkana, Wajir, and West Pokot, Busia and Homabay. UNICEF actively supported the national Child Protection in Emergencies Technical Working Group (CPIETWG) and humanitarian coordination meetings, the efforts also included capacity strengthening initiatives targeting government and humanitarian workers to ensure enhanced and unified prevention and response to child protection violation during emergencies.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA



Six-year-old Candy receives visual assessment in Kisumu County through the UNICEF-supported Humanitarian Innovation program

During emergencies, children with disabilities face unique needs that must be addressed to ensure their protection, comfort, and well-being. For six-year-old Candy Odhiambo, the recent floods in Kisumu County presented additional strife and strain on her parents' pockets as they tried to get her a new pair of spectacles to improve her vision.

Candy's vision was corrected during a recent outreach program in Kisumu County. Her bright, wide smile lit up her face, showing off her brand-new frames. With the new pair of spectacles on her face,

Candy smiles and plays near her father, embracing this fresh addition to her look. The spectacles bring everything into focus, including his father's smiling face, and she is excited that everything she sees around her is more precise.

As the world observes the International Day of Persons with Disabilities, this year's theme, "Amplifying the Leadership of Persons with Disabilities for an Inclusive and Sustainable Future," highlights the importance of inclusion. It emphasizes the need to empower children like Candy, ensuring an inclusive and sustainable future.

Her father, Eric Odhiambo, explains that, with the prevailing hard economic times, he has been saving earnestly to purchase the spectacles but has yet to progress due to a strained family budget. A recent humanitarian emergency response gave the grade one pupil hope, allowing her to see clearly for the first time in months. "When I took Candy for her first eye test, I was asked to pay Sh 40,000 for an appropriate pair of spectacles. I couldn't afford it. She got her first pair of glasses during the outreach today," said Odhiambo.

In Kenya, families with a child or adult with disabilities face significant disadvantages. Families with a child with a disability are 9% more likely to experience multidimensional poverty, and 92% of caregivers need financial support, with 48.1% needing assistive technology for care. Full-time caregiving often limits income-earning, with unpaid care disproportionately affecting women and girls.

Erick Ogolla appreciates the UNICEF-supported humanitarian program; his daughter's vision has finally been corrected. During the eye assessment, the underlying sense of attention on Candy's vision reassures him that the long-standing problem will be solved. Ogolla says that since childhood, his daughter has struggled, and the current tests were to address the unique visual challenges associated with albinism. Uncorrected vision problems can affect a child's ability to read, write, and engage in everyday activities, leading to developmental delays. "I am happy that my daughter's vision has been corrected, and we anticipate that her school performance will improve too," said Odhiambo.

UNICEF Social Protection officer Nahashon Njuguna notes that the partnership with the State Department of Social Protection and the National Council of Persons with Disabilities seeks to address gaps in data, systems, and solutions that hinder children with disabilities and their families in humanitarian crises and emergencies.

Njuguna explains that the goal is to understand the child's proper support and service needs by designing humanitarian response interventions for children with disabilities through the Humanitarian Innovation Programme for Children with Disabilities. "Through different partners, we support children and persons with disabilities by conducting needs, medical, and education assessments and issuing disability certificates," said Njuguna.

Parents appreciated that the assessment guided proper educational placement for children with disabilities. George Odhiambo, County Coordinator of the National Council for Persons with Disabilities noted that children with disabilities are enrolled in schools that are not disability-friendly because the parents are not aware of what type of schools the children should go to.

"This is a journey of hope. Please don't hide your children with disabilities," said Monica Kirera, mother to 8-year-old Kylan. "Raising a child with a disability comes with unique challenges, especially for full-time caregivers, but support and understanding can make all the difference. "It hasn't been easy raising Kylan, a child with cerebral palsy, but today, I accessed seamless services through the e-Citizen platform. These include education placement, assistive devices, occupational therapy, and a disability certificate," said Monica. "The journey hasn't been easy as a mother because you must be at home throughout. It would be best if you resigned from your formal work to be home with the child," she said.

Other challenges include the need for medication, doctors' availability, therapy availability, assistance, and assistive devices. The parents expressed their gratitude for the professional help and timely consultations. "The level of expertise is exceptional, and the assessments were conducted efficiently. The education placements offered were both insightful and supportive," she said, adding the certificates were issued through the government portal, E-citizen.

In crisis settings, children with disabilities face more significant barriers to education due to inaccessible learning centers, untrained teachers, and a lack of assistive devices. In Kenya, only around 10% of these children attend school regularly, and this rate drops further in emergencies due to displacement, poverty, and structural challenges.

Odhiambo further noted that families with a child or adult with a disability remain highly disadvantaged – they are significantly more likely to experience poverty and face a wide range of barriers to accessing services, especially during emergencies.

Odhiambo added that children with disabilities in humanitarian settings face significant barriers that hinder their access to health, education, and social services. "These multifaceted and deeply rooted barriers pose urgent challenges that require immediate intervention and limit the opportunities for children with disabilities to achieve their full potential and lead dignified lives," said Odhiambo.

In 2008, Kenya committed to the Convention on the Rights of Persons with Disabilities (CRPD), which emphasize the inclusion and protection of children with disabilities in all settings, including emergencies. Despite the gaps, the 2018 National Action Plan for Disability-Inclusive Disaster Risk Reduction highlights Kenya's efforts to incorporate disability into emergency planning. Barriers must still be overcome due to insufficient resources, training, and crisis awareness.

UNICEF Social Protection Officer Nahashon Njuguna appreciated the private sector's support for providing disability-assistive technologies such as hearing aids, white cans, and prosthetics for children with disabilities.

"UNICEF Kenya is grateful to Innovation Audio Norway for supporting this outreach programme. We urge all parents and guardians of children with disabilities to bring them for medical care as soon as possible. Early intervention leads to more timely and accurate assessments, giving them the best chance for proper evaluation and care," he said.

UNICEF Kenya Social Policy specialist Susan Momanyi adds that there is an urgent need to increase budget allocations to disability-related and mainstreamed programs to ensure children with disabilities and their families have access to appropriate services and assistive technology during humanitarian crises.

Momanyi has further called for more concerted upstream policy engagement and to work closely with the national government to align and domesticate the national social protection policy to address the needs of the children in the county. "A multi-sectoral approach is essential to address the diverse needs of children with disabilities. Robust data systems, especially during crises, are critical for informed planning and targeted interventions," Momanyi said.

UNICEF advocates for inclusive education, health, and social protection, emphasizing the importance of affordable assistive technology for children with disabilities. By fostering innovation and promoting policies aligned with the UN Convention on the Rights of Persons with Disabilities, UNICEF supports solutions like low-cost prosthetics and communication devices, ensuring children, like Candy, have the tools they need to thrive, even in emergencies.

For Candy and her parents, this is a journey in which the first step to

improving her sight has made all the difference. “We are thankful and grateful that Candy can see better and read more at last,” her parents add. Through the gift of a proper pair of spectacles, Candy can keep up with her school lessons and work towards achieving her fullest academic and social potential.

- [Cash Transfers Support Families Affected by Floods in Tana River County Reducing poverty and buildin](#)
- [How we can make tomorrow better for all Kenyan children](#)
- [Connecting Dreams: Leshan's Journey with Internet Enabled Learning](#)
- [Hope for children who dropped out of school](#)
- [Support for survivors key to achieving social transformation to end Female Genital Mutilation](#)
- [Rekindling Hope: Walking Together to Bring Students Back to School in Kenya](#)
- [Saving Lives, One Birth at a Time: The Impact of Quality Maternal Healthcare](#)
- [Making Dreams a Reality: Ekiru's Story of, determination, ambition and resilience](#)
- [Safe Toilet Technology used in Kenya is ideal for People With Disabilities](#)
- [Walking Tall: Rahab Wambui's Journey as a Polio Champion](#)
- [Nurturing futures: The transformative power of nutrition-focused social protection program in Kenya](#)
- [Safe, Clean Water: Climate Smart Borehole in Sesia Village, Samburu County](#)
- [Transforming lives: Tests and Smiles That Light Up the World](#)
- [Flooding Disaster Disrupts Education, Calls for Urgent Action](#)
- [Pathways to Learning: Kenya's Campaign to Bring Children Back to School](#)
- [Rising from the Ruins of Floods: Education Delivering a Brighter Future](#)
- [Education amid hardship: How cash transfer programmes help families invest in their future](#)

HAC APPEALS AND SITREPS

- Kenya Appeals
<https://www.unicef.org/appeals/kenya>
- Kenya Situation Reports
<https://www.unicef.org/appeals/kenya/situation-reports>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: 30 JUNE 2025

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary health care in UNICEF-supported facilities	Total	641,959	320,980	458,030	▲ 143%
	Women	173,521	86,760	150,409	▲ 173%
	Girls	157,151	78,575	113,559	▲ 145%
	Boys	150,988	75,494	94,734	▲ 125%
	Men	166,716	83,358	99,328	▲ 119%
HIV/AIDS					
Pregnant and lactating women living with HIV receiving antiretroviral therapy	Total	-	2,090	2,794	▲ 134%
	Girls	-	450	511	▲ 114%
	Boys	-	490	572	▲ 117%
	Women	-	550	758	▲ 138%
	Men	-	600	953	▲ 159%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	216,794	162,596	134,165	▲ 83%
	Girls	110,565	82,923	68,858	▲ 83%
	Boys	106,229	79,673	65,307	▲ 82%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	1.8 million	699,980	2.4 million	▲ 340%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	437,989	109,497	27,800	▲ 25%
	Girls	107,219	26,804	13,379	▲ 50%
	Boys	103,015	25,753	10,318	▲ 40%
	Women	118,388	29,597	2,806	▲ 9%
	Men	113,746	28,436	1,207	▲ 4%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	437,989	43,799	4,979	▲ 11%
	Girls	107,219	10,721	1,864	▲ 17%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Boys	103,015	10,301	763	▲ 7%
	Women	118,388	11,838	1,525	▲ 13%
	Men	113,746	11,374	827	▲ 7%
	Total	-	87,598	3,953	▲ 5%
	Women	-	44,674	2,677	▲ 6%
	Men	-	42,923	1,276	▲ 3%
Education					
Children accessing formal or non-formal education, including early learning	Total	438,430	131,529	159,030	▲ 121%
	Girls	223,599	65,765	68,700	▲ 104%
	Boys	214,831	65,764	90,330	▲ 137%
Children receiving individual learning materials	Total	438,430	65,765	238,294	▲ 362%
	Girls	223,599	32,883	107,918	▲ 328%
	Boys	214,831	32,882	130,376	▲ 396%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	699,980	349,990	375,103	▲ 107%
	Girls	171,355	85,677	89,912	▲ 105%
	Boys	164,635	82,317	89,912	▲ 109%
	Women	189,204	94,602	101,390	▲ 107%
	Men	181,784	90,892	97,414	▲ 107%
People that participated in hygiene promotion sessions	Total	699,980	349,990	719,698	▲ 206%
	Girls	171,355	85,677	172,512	▲ 201%
	Boys	164,635	82,317	165,746	▲ 201%
	Women	189,204	94,602	194,534	▲ 206%
	Men	181,784	90,892	186,906	▲ 206%
Social protection					
Households benefitting from new or additional social assistance (cash/in-kind) measures from government-funded programmes with UNICEF technical assistance support	Total	-	10,000	-	0%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	20,000	21,426	▲ 107%
Cross-sectoral (HCT, SBC, RCCE and AAP)					
Affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services	Total	20,000	20,000	88,149	▲ 441%
	Women	10,200	10,200	46,080	▲ 452%
	Men	9,800	9,800	52,429	▲ 535%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	284,859	25,045	▲ 9%
	Women	-	145,278	12,272	▲ 8%
	Men	-	139,581	12,772	▲ 9%

*Progress in the reporting period 1 January to 31 December 2024

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2024	Other resources used in 2024	Resources available from 2023 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	6,740,570	1,752,684	490,313	363,686	4,133,887	61%
HIV/AIDS	146,293	-	15,000	-	131,293	90%
Nutrition	15,728,128	12,558,576	850,000	3,576,849	-	0%
Child protection	5,803,354 ¹⁴	361,685	128,734	235,317	5,077,618	87%
Education	2,630,580	433,369	8,000	714,089	1,475,122	56%
WASH	5,879,832	1,977,573	173,893	1,761,235	1,967,131	33%
Social protection	6,271,788	2,103,261	-	-	4,168,527	66%
Social Behaviour Change	1,509,156	1,386,042	55,000	668,804	-	0%
Total	44,709,701	20,573,190	1,720,940	7,319,980	15,095,591	34%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Other resources– non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year
Resources available from 2023 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Who to contact for further information:

ENDNOTES

1. National Drought Management Authority, 2024 Long Rains Food and Nutrition Security Assessment Report, August 2024
2. National Drought Management Authority, Kenya Long Rains Assessment, August 2024
3. National Disaster Operations Centre (NDOC), Floods Update report, 18th June 2024
4. UNICEF Kenya Humanitarian Action for Children 2024
5. UNICEF Kenya Humanitarian Action for Children 2024
6. National Drought Management Authority, 2024 Long Rains Food and Nutrition Security Assessment Report, August 2024
7. National Drought Management Authority, 2023 Short Rains Food and Nutrition Security Assessment Report, February 2024
8. National Drought Management Authority, 2024 Long Rains Food and Nutrition Security Assessment Report, August 2024
9. National Drought Management Authority, 2024 Long Rains Food and Nutrition Security Assessment Report, August 2024
10. National Disaster Operations Center, 24 June 2024 flood updates
11. World Health Organization, Kenya Emergencies Update, 26th August 2024
12. UNHCR Kenya. Statistics based on UNHCR's Refugee Registration System, as of 31st December 2024
13. WHO Mpox Multi-country external situation report no. 44, 23 December 2024
14. \$3,832,403 will be required for mental health and psychosocial support and \$1,532,961 will be required for gender-based violence in emergencies risk mitigation and for protection from sexual exploitation and abuse efforts.