UNICEF’s Response and Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>SAM Admission</th>
<th>Funding status</th>
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</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Health</td>
<td>90%</td>
<td>25%</td>
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<tr>
<td>WASH</td>
<td>87%</td>
<td>81%</td>
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<tr>
<td>Child Protection</td>
<td>251%</td>
<td>64%</td>
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<tr>
<td>Education</td>
<td>81%</td>
<td>37%</td>
</tr>
<tr>
<td>Social Protection</td>
<td>29%</td>
<td>0%</td>
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</tbody>
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**Highlights**

- In 2020, the humanitarian situation in Kenya rapidly deteriorated due to COVID-19, severe desert locust invasion and massive floods including swelling of lakes. COVID-19 took a toll on the economy and basic social services provision. As of 31 December, Kenya has reported 96,458 COVID-19 cases, 1,670 deaths, and 78,737 recoveries across the country.
- From March 2020, over 17 million children (including over 13 million vulnerable children) experienced limited access to remote learning, missed schooling and faced protection risks as schools remained closed due to the COVID-19 pandemic. Phased school re-opening began on 12th October 2020. UNICEF has supported a cumulative total of 158,500 vulnerable children (69,822 girls and 88,798 boys) to access schooling (81% of the target) and 92,672 children and caregivers to access mental health and psychosocial support (251% of the target).
- A total of 229,985 children (90% of the target) accessed primary health care through UNICEF-supported integrated health outreaches.
- UNICEF has supported a cumulative total of 53,667 children (27,366 girls and 27,366 boys) with treatment for Severe Acute Malnutrition (49% of the target). A cumulative total of 243,432 people accessed a safe water UNICEF support (97% of the target).
- Kenya hosts 506,670 refugees and asylum seekers (54% children) Cumulatively, 8,210 new arrivals of refugees and asylum seekers have been registered in 2020. UNICEF has supported 15,032 (6,252 girls and 8,780 boys) refugee children in Kakuma and Kalobeyei settlement and 10,637 children (5,410 girls and 5,227 boys) in Dadaab to access learning in the COVID-19 context.
- The Kenya HAC was 60% unfunded by 31 December 2020.

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**Situation in Numbers**

- 347,330 children in need of food assistance (NDMA, August 2020)
- 739,000 people in need of food assistance (NDMA, August 2020)
- 506,670 refugees and asylum seekers (UNHCR, 31 December 2020)
- 96,458 COVID-19 Cases (MoH, 31 December 2020)

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**UNICEF Appeal 2020**

US$ 30 million

- Funding Status (in US$)
  - Funds received, $8M
  - Funding gap, $18M
  - Carry Forward, $4M
Funding Overview and Partnerships

In 2020, UNICEF appealed for US$ 30 million to sustain 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 and UNOCHA have generously contributed to UNICEF Kenya’s humanitarian response against the appeal. UNICEF expresses its sincere gratitude to all public and private donors for new contributions of US$ 8 million received. However, by December 2020, the 2020 HAC still had a funding gap of 60%. Without adequate funding, 59,065 targeted children did not access treatment for severe acute malnutrition, 45,032 people did not have access to adequate safe water, 38,021 children did not access learning and 25,629 children did not receive the primary health care support they need. In addition, 14,200 households did not receive humanitarian cash transfers as there was no funding received for Social Protection interventions. UNICEF is continuing 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.

Situation Overview & Humanitarian Needs

In the first half of 2020, the enhanced March to May 2020 rains season resulted in massive flooding and landslides, with 116,000 people displaced and 233,000 people affected. In June 2020, at least 1,750 people were displaced in northern Kenya by inter-communal conflict. By 30 June 2020, Kenya had reported 6,366 COVID-19 cases with 149 deaths across 41 out of 47 counties since the first case was reported on 13 March 2020. The COVID-19 pandemic continued to disrupt lives and livelihoods due to the restricted population movements as directed by the Government in efforts to control the pandemic, with increasingly limited access to basic social services for vulnerable populations. According to the World Bank, the COVID-19 epidemic had negatively affected the economy due to the overall dip in Gross Domestic Product (GDP) caused by the domestic and global measures taken in response to COVID-19. The slowdown in economic activity coupled by declined remittances and weakened consumption continued to raise unemployment, poverty and inequality and overall increased monetary poverty. With mandatory schools closure from March 2020 up to January 2021 due to the pandemic, over 17 million children (of which over 13 million are vulnerable) remained at risk of unprecedented interruption to learning and continued to face increased protection risks including abuse, teen pregnancy, female genital mutilation (FGM) and child labour. Of these, over 60,000 children are in Dadaab refugee camps, over children 70,000 in Kakuma, over 20,000 in Kalobeyei settlements and 26,000 in the host communities. Approximately 75 per cent of children, especially those in marginal counties and refugee contexts, had limited access to available remote learning platforms and psychosocial support. As informed by rains assessments, approximately 1.3 million people1 were acutely food insecure as of February 2020, a reduction from 2.6 million people by end of 2019, which was attributable to good rains. Despite improved food security, arid counties continue to report high levels of acute malnutrition due to pre-existing factors including sub-optimal coverage of health and nutrition programs, poor infant feeding and childcare practices coupled with poverty and illiteracy. The food security and nutrition situation was affected by the desert locust invasion across 28 counties and the COVID-19 pandemic, with malnourished children being particularly at risk. According to UNHCR, Kenya remained one of the top refugee hosting countries in Africa, hosting 494,921 refugees and asylum seekers (54% children) by June 2020. Of key concern was the COVID-19 outbreak in the refugee camps and the potential for rapid spread due to congested living conditions, with 24 cases reported in Dadaab and two in Kakuma by 30th June 2020. The refugee camps were on lockdown, and although this limited the spread, it affected humanitarian access for provision of essential services. UNICEF continued to provide humanitarian support to affected children and families.

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1 Short Rains Assessment, March 2020
In the second half of 2020, the COVID-19 pandemic and related impacts from the mandatory control measures significantly slowed the country’s economic growth and significantly affected key sectors including health, food security and education. As of 31 December, Kenya had reported 96,458 COVID-19 cases, 1,670 deaths, and 78,737 recoveries across the country. As informed by the August 2020 Long Rains Assessment, approximately 739,000 million people were acutely food insecure as of August 2020, a reduction from 1.3 million people in February, which is attributable to good rains. However, household food security was significantly affected due to reduced income resulting from a slowdown in economic activities, reduced work hours and limited economic opportunities due to COVID-19. Market disruptions together with a slowdown in the supply chain increased the prices of staple food commodities. According to the National Drought Management Authority (NDMA), the 2020 October-November-December ‘short’ rains were significantly below average especially in the eastern half of the country and according to Food and Agriculture Organisation (FAO), a below-average seasonal harvest is expected in the marginal agricultural areas that account for 50 to 70% of the yearly cereal output, which is likely to impact food security. The below-average rainfall seasons for 2021 due to La Niña as forecasted by the Kenya Meteorological Department (KMD) and the IGAD Climate Prediction & Applications Centre (ICPAC) coupled with the ongoing locust invasion and the uncertain course of the COVID-19 pandemic is expected to further drive food insecurity, increase water scarcity and give rise to disease outbreaks.

According to integrated phase classification for acute malnutrition conducted in August 2020, the situation was generally stable compared to the same period in 2019, mainly attributed to a stable food security situation. However, due to multiple shocks that slowed down recovery from the 2019 drought, malnutrition levels remained high in the arid counties, with emergency global acute malnutrition levels at 15 per cent reported, mostly attributable to poor infant and young child feeding practices, stock-out of essential supplies for management of acute malnutrition and morbidities, as critical health and nutrition services continued to be disrupted due to fears of contracting COVID-19 during health facility visits, social stigma to those affected by COVID-19 and lack of Personal Protective Equipment (PPE) support for health workers. Over 531,000 children aged 6 to 59 months needed treatment for acute malnutrition in Kenya, including nearly 344,000 children in arid and semi-arid counties. Over 17 million children (including over 13 million vulnerable children) continued to experience limited access to remote learning, missed schooling and faced protection risks as schools remained closed due to the COVID-19 pandemic. Partial reopening of schools resumed on 12 of October for children in primary grade four and those in their final year of primary and secondary schooling, with reported challenges in adherence to the Ministry of Education COVID-19 protocols in schools due to limited capacities at school and family level especially in the refugee camps schools caused by poverty among families in not being able to provide adequate supplies such as masks and soap. The schools lacked adequate handwashing stations, schools desks, classrooms, teachers and learning materials. The Government subsequently announced full re-opening of schools on 4 January 2021. In October 2020, about 4,000 to 6,000 people were displaced in Baringo South sub-county and 10 schools were affected by flooding, which is not attributable to seasonal rainfall but to unusual weather patterns due to climate change in the catchment areas of Kenya’s lakes in the Rift Valley, which caused a rapid rise in the lake waters of Lakes Baringo, Bogoria, Naivasha, Nakuru and Turkana, as well as the Turkwel Dam. According to UNHCR, while some 30,000 new arrivals were expected in 2020, as a result of COVID-19 there were only 8,210 new arrivals, mainly from Somalia, South Sudan, DRC, Ethiopia and Burundi. New arrival profiling and relocation of non-Somali refugees to Kakuma remained suspended in Dadaab refugee camps due to COVID-19 prevention and mitigation measures, which affected their access to services. By 31 December 2020, Kenya was host to 506,670 refugees and asylum seekers (454,865 refugees and 51,805 asylum seekers, of which 54% are children, with 266,382 refugees (58.6% of total) being from Somalia, and 123,921 refugees (27.2% of total) from South Sudan. Almost half of the refugees in Kenya reside in Dadaab (44%), 40% in Kakuma and 16% in urban areas (mainly Nairobi), alongside 18,500 stateless persons. The potential rapid closure of the Dadaab refugee complex will have negative impact on the situation of refugee children with the risk of increased number of unaccompanied children, issue of
determination of nationality and provision of essential social services to the host community which is still very dependant of the refugee operation.

Summary Analysis of Programme Response

Nutrition

Between January and December 2020, a total of 53,667 (27,366 girls and 27,366 boys) severely acutely malnourished (SAM) children were admitted for treatment in the Arid and Semi-Arid Lands (ASAL) counties and urban informal settlements (49% of the yearly target). This is a 32% decline in admission compared to the same period in 2019. UNICEF conducted a deep dive to understand the factors contributing to the low admissions, and the key drivers identified include the general improvement in the food security situation as per the Rains Assessments, significant scale down or suspension of outreaches attributed to funding gaps, stockout of Ready-to-Use Therapeutic Foods (RUTF) in the first half of the year, COVID-19 infection prevention control (IPC) measures which limited interventions as well as COVID-19 related fears of accessing and utilizing health facilities, based on qualitative data from interviews. To diffuse myths and fears related to COVID-19, UNICEF supported the Ministry of Health to intensify community mobilization and nutrition in the COVID-19 context messaging. UNICEF supported the development of information, education and communication materials inclusive of posters, fliers, guidance notes and animation on breastfeeding, complementary feeding, maternal nutrition, health diets and physical activities as part of COVID-19 response. A total of 7,450 maternal, infant and young child nutrition (MIYCN) counselling cards were distributed to the counties and over 1,192,888 primary caregivers of children aged 0-23 months received infant and young child nutrition (IYCF) counselling. UNICEF and partners supported the Ministry of Health to heighten mobilization for Vitamin A Supplementation (VAS) through the community health strategy following interruption of Malezi Bora Week activities, with 87.6 percent of children 6 to 59 months receiving VAS between January and July 2020. As part of marking World Breastfeeding Week, UNICEF engaged the media, sensitized the county first ladies, the Kenya Women Parliamentarians (KEWOPA), actors in the climate and environment sector, and 47 county nutrition and public health coordinators in promoting, protection and supporting breastfeeding for a healthier planet during the COVID-19 pandemic and beyond. UNICEF through partnership with Kenya Red Cross Society (KRCs) supported the Ministry of Health to design and roll out a community messaging and feedback mechanism through RapidPro platform with an aim of gathering community perspectives, beliefs and knowledge on nutrition and reinforcing the recommended health and nutrition practices. UNICEF continued to support the roll out of Family-level Mid-Upper Arm Circumference (MUAC) determination of acute malnutrition in selected ASAL and urban counties. A total of 12,266 caregivers were trained and provided with MUAC tapes while 542 health workers, 331 community health volunteers and 234 NDMA field monitors have been sensitized on family MUAC. Approximately 10 percent of the 477 health facilities implementing Integrated Management of Acute Malnutrition (IMAM) surveillance approach, a shock-responsiveness strategy for real-time assessment of the evolving nutrition situation to provide evidence for timely response, surpassed the threshold and consequently triggered response. The IMAM programme experienced RUTF pipeline gaps between January and June 2020, and in mitigation, UNICEF procured 52,794 cartons of RUTF in 2020 for treatment of Severe Acute Malnutrition (SAM). A total of 38,252 cartons were distributed between January and December 2020 to health facilities through the Kenya Medical Supplies Agency (KEMSA) to treat children with SAM. UNICEF continued to support procurement and distribution of RUTF which resulted to below two percent stock outs between August and December 2020 and supported implementation of nutrition service continuity guidance. As sector lead for Nutrition, UNICEF continued to support sector coordination and provided technical and financial support to national and county coordination forums which are the key platforms where deliberations on service continuity and quality nutrition programmes are held. Efforts to ensure that coordination forums are consistent and at multiple levels continued with emphasis also being given to sub-counties which are closer to the service delivery level. Further efforts to enhance multi-sectoral collaboration as part of the COVID-19 response continued, with significant progress noted in collaborations with social protection, food security and WASH sectors. Going forward, UNICEF will support an in-depth analysis of programme coverage with a focus on identifying ways to address bottlenecks in the low uptake of SAM interventions. In 2021, advocacy for increased domestic financing to the IMAM programme is a key priority in light of the efforts to strengthen sustainability.

2 The Ministry of Health allocates two-week periods twice a year to focus the country’s attention on child survival, by declaring these periods ‘Malezi Bora Weeks’. The initiative, named ‘Malezi Bora’, Kiswahili for ‘Good Nurturing’, was adopted by the Ministry of Health in 2007 in partnership with the World Health Organization to address poor child survival indicators in Kenya.
of the interventions. Suffice to note is the initiative on matching funds that UNICEF has successfully negotiated with GOK as a trigger mechanism for steady and consistent government financing.

Health
Between January and December 2020, UNICEF in partnership with KRCS and County Departments of Health have implemented floods responses and life-saving interventions, with a total of 229,985 children (117,292 girls and 112,693 boys) having accessed essential health services through integrated health outreaches in Nairobi Informal Settlements, Turkan, Wajir, Garissa, Tana River, Marsabit, Isiolo, Kisumu, Siaya and Busia Counties, against a cumulative total result of 229,985 children (90% of the target). UNICEF procured life-saving health commodities including Oral Rehydration Salts (ORS)+Zinc, Ringers lactate and assorted antibiotics which were distributed to the targeted counties and used to implement life-saving interventions during the integrated health outreaches. UNICEF further supported the implementation of cholera response in Marsabit through establishment of treatment centres for managing cholera cases and community education on the key household practices for prevention and control of cholera in Turkan, Tana River, Wajir, Turkan, Kisumu, Siaya, Isiolo and Marsabit Counties. Community mobilization sessions were conducted to increase key hygiene promotion practices for prevention and control of cholera at household level, reaching 568,587 people. COVID-19 continued to negatively impact child and maternal health indicators, as critical health services continue to be disrupted as the health systems were overwhelmed by COVID-19 response and control and low uptake of health services as communities continued to fear contracting COVID-19 in health facilities. As one of the mitigating measures to the current low uptake of health preventative behaviours within the communities, UNICEF as the chair of the Development Partners for Health in Kenya (DPHK) advocated and placed continuation of health services in the COVID-19 context as a priority agenda. UNICEF also co-chaired the Maintenance of Essential Health Services Technical Working Group that regularly reported to the National Task Force (NTF) with focus on the development and dissemination of guidelines, advocacy on resource mobilization, procurement of essential supplies and data analysis to identify gaps in coverage and identification of possible bottlenecks to maintain essential health, nutrition and HIV services in the COVID-19 context. Through UNICEF support to floods response, a total of 3,500 people were reached with community dialogue sessions in Migori County during community dialogue days to enhance disease outbreak awareness, prevention and control strategies and ensure communities are able to access essential health services in the COVID-19 context. The dialogue meetings were aimed at addressing fears, myths and misconceptions that are hindering the uptake of essential health services. Throughout the year, UNICEF focused on accelerating delivery of life-saving interventions and maintenance of essential health services through integrated outreach services, enhancing communities’ practices to minimize the impact of floods, drought and disease epidemics as well as cholera prevention and control in target counties. Strengthening coordination mechanisms for the health sector and relevant line ministries and partners was a priority in the in 2020 to ensure government ownership and sustainability of the life-saving interventions. Measles vaccination in the humanitarian context that was planned for the fourth quarter of the year was not conducted, with the sector conducting Measles/Rubella vaccination in the development context for sustainability. In 2021, UNICEF will focus on supporting select counties in the weighting of the hazards, vulnerabilities and capacities, which were generated between 2018 and 2020 with UNICEF support. A complementary effort is also planned to conduct a review of risk analysis and documentation of major health emergencies and disease outbreaks and factors contributing to overall health system resilience, which will inform support to ASAL Counties in the development of a strategy for Public Health Emergencies. Additionally, UNICEF in partnership with the government, WHO and GAVI are planning for the introduction of COVID-19 vaccination starting with priority groups as defined in the rollout plan, which includes first line health workers and the most-vulnerable to infection, such as the elderly and those with high-risk medical conditions. UNICEF will also continue to advocate with the Ministry of Health and partners for implementation of strategies for maintenance of essential health services in the context of COVID-19 and integrating COVID-19 into regular programmes as part of resilience building.

WASH
Between January and December 2020, a total of 243,432 people (122,933 female and 120,499 male) gained access to permanent climate-smart safe water at 7.5-15 litres/person/day from repaired water sources in 12 Counties (Taita Taveta, Kilifi, Kisumu, Migori, Garissa, Turkan, Isiolo, Mandera, Busia, Kakamega and Siaya) which had been damaged by the March to May seasonal floods. Additionally, 116,365 People (58,764 females; 57,601 male) living in 23,273 households accessed temporary safe water from household water treatment and storage practices in the same counties. More than 85,200 flood-affected and displaced people received critical WASH-related information for the prevention of illnesses in the same counties. At least 15,000 flood-displaced adolescent girls and young women benefitted from menstrual hygiene management education including distribution of 12,000 sanitary pads. At least 1,957,662 people (988,619 female and 96,9043 male) benefitted from WASH supplies and services to support handwashing with soap for COVID-19 prevention in 14 priority counties (Nairobi, Mombasa, Kilifi, Kwale, Machakos, Kajiado, Kiambu, Uasin Gishu, Nakuru, Siaya, Kisumu,
Migori, Garissa and Kwale) and 22 informal settlements in Nairobi. More than 300,000 people were using 3,000 public hand washing stations while another 20,000 vulnerable households (100,000 people) living with disabilities, chronic illnesses (HIV/AIDS and cancer), orphans and vulnerable children (OVCs), and very poor households received household-level hand washing stations as well as a three-month supply of soap for COVID-19 prevention, with 15,000 of the most vulnerable households (75,000 people) receiving a six-month supply of soap. UNICEF distributed critical WASH supplies to vulnerable populations including more than 3,000 public hand washing stations, 180,000 bars of soap, 9,000 hand sanitizers, 9,000 bottles of disinfectants, 2,000 knapsack sprayers, 20,000 buckets for household hand washing use and 300 drums of chlorine. In addition, over 1,000 health facilities and staff benefitted from WASH infection prevention and control (IPC) supplies including hand washing facilities, hand sanitizers, disinfectants, knapsack sprayers and PPEs including face masks, heavy duty gloves and gumboots. COVID-19 control measures including lockdowns and social distancing requirements negatively impacted the WASH supply chain and logistics, affecting both availability of critical supplies and timeliness of transportation as well as needs assessments and programmatic monitoring. Nevertheless, UNICEF hosted virtual coordination platforms for WASH sector co-chaired with Ministry of Health and Ministry of Water and Sanitation, which provided technical support, information management and analysis support to Government and partners for critical decision making. UNICEF further supported development of an online WASH IPC response monitoring tool to replace the manual 5W matrix. The online platform will come alive in the first quarter of 2021 and will enhance information sharing for decision-making due to availability of real-time data in mitigation to the data challenges experienced in 2020. UNICEF will continue to support the platform so that interventions in the COVID-19 context can continue with a special focus on reducing the vulnerabilities of communities in the informal settlements and those affected by La Nina drought conditions.

**Education**

In 2020, UNICEF reached 158,500 children (69,822 girls and 88,798 boys), which is 81% of the planned target, of which 2,146 are Children with Disabilities (CWD), through provision of teaching and learning materials including textbooks, education kits, Early Childhood Development (ECD) kits and solar radios in the COVID-19 context. Over 41,155 of the children (18,073 female) were affected by floods and inter-community conflict. The long closure of schools due to COVID-19 delayed school-based initiatives, while limited information and communications technology (ICT) infrastructure—especially internet connectivity—constrained equitable access to remote learning for all learners. Non-availability of accurate real-time data and limited funding to support continuation of learning in the COVID-19 context remained key challenges that constrained effective response. In mitigation, UNICEF provided technical support to the Government in the development of the national COVID-19 response plan, school re-opening guidelines and checklists including WASH standards for schools, and distributed 10,000 solar-powered radios and 160,000 mental health and psychosocial support (MHPSS) flyers, reaching a total of 85,165 children (39,871 girls and 45,294 boys), of which 15,032 (6,252 girls and 8,780) are refugee children in Kakuma and Kalobeyei settlement and 10,637 (5,410 girls and 5,227 boys) are in Dadaab refugee camps. In addition, 400 children in Dadaab (200 girls and 200 boys) in 22 schools were supported to use different remote platforms to provide their peers with psychosocial support during the lengthy COVID-19 school closures. UNICEF also supported education expansion access through construction of 138 classrooms and 118 gender sensitive and inclusive WASH facilities, kitchens and staff rooms in Kakuma/Kalobeyei and Dadaab, which helped to decongest classrooms and reduce the classroom-pupil ratio from 1:208 to 1:126 and latrine ratio from 86:1 in 2019 to 79:1 in 2020. UNICEF enhanced the capacities of 1,148 (339 women and 809 men) teachers and 7,315 (3,316 women and 3,999 men) school Board of Management (BoM) through training on the Competency-based Curriculum (CBC), conflict sensitive education, psychosocial support and child protection. UNICEF has initiated a multi-agency engagement for the harmonization of Teacher Professional Development in refugee settlement areas including harmonization of Alternative Education delivery. Additionally, UNICEF supported the retention of 130 teachers in Kalobeyei settlement, which improved on the pupil teacher ratio from 1:175 to 1:81. UNICEF also supported coordination of the Dadaab and Kakuma refugee Education Working Group and advocacy towards aligning provision of refugee education in Kenya with the national education system. UNICEF continued to support sector coordination in collaboration with Save The Children, and supported development of relevant assessment tools for data collection, analysis and reporting for the long and short rains assessments in 21 counties. The focus for 2021 will be enhancing harmonized approaches to quality education delivery in refugee contexts, including Alternative Education delivery, teacher professional development and management, digital education access, service delivery to children, adolescents and youths affected by climate-related hazards as well as health epidemics including COVID-19. Additionally, coordination and capacity enhancement for better preparedness and response to emergencies will remain critical as well as scale up of joint cross sectoral resources mobilization and monitoring. Lastly, UNICEF will enhance advocacy and support to the government to strengthen systems for Education in Emergencies (EiE) response and stronger resilience building through strengthening the humanitarian and development nexus.
Child Protection
Between January and December 2020, a total of 92,672 (46,245 girls, 44,465 boys and 1,962 gender undisclosed) children, parents and caregivers were reached with Mental Health and Psychosocial Support Services (MHPSS) across Kenya through dissemination of messages on protection of children in the COVID-19 context by printing and distribution of 33,000 pamphlets and conducting one-on-one sessions with counsellors, including virtual sessions. Of these, 22,054 (9,233 girls, 12,820 boys and 1 gender undisclosed) children, parents and caregivers were reached in Kakuma and Dadaab Refugee Camps where, despite the outbreak of COVID-19, UNICEF implementing partners maintained essential staff to provide child protection services to unaccompanied, separated and vulnerable children. Most children were identified through community child protection volunteers (CPVs) who UNICEF has, through the Department of Children Services, increasingly engaged with during the COVID-19 pandemic. Collaboration with trained community workers has enabled UNICEF partners to maintain case management assessment and support services to children in the refugee context. Besides children in refugee context, 31,302 children (16,137 girls and 15,165 boys) were supported by a total of 318 CPVs (194 men and 124 women) deployed in June 2020, who continued to support identification, case management and referrals for children affected by COVID-19. The services provided include MHPSS and rescue of children at risk of child marriage, neglect, exploitation and child labour. A total number of 5,100 dignity kits were distributed to both boys and girls (2,650 girls and 2,450 boys) in six arid and semi-arid counties (West Pokot, Turkana West, Garissa, Isiolo, Mandera and Marsabit), and another 19,500 PPEs3 were distributed countrywide. A total of 1,138 children (1,138 girls and 239 boys) in humanitarian situations participated in gender-based violence (GBV) prevention interventions through UNICEF-supported programmes during the year of reporting. Reporting of GBV cases on children remains low, with families and community members opting for local level negotiations, oblivious of the long-term harm to survivors. Sexual Gender Based Violence (SGBV) challenges in the COVID-19 context increased due to the lengthy school closure. In addition to supporting child protection volunteers who are playing a lead role in community outreach and identifying at-risk children, UNICEF collaborated with Childline Kenya and Kenya Red Cross to provide free tele-counseling and referral support to children. The child protection sub-sector also coordinated with the education sector in ensuring continuity of MHPSS to children upon resumption of schooling. Plans are underway to document good practices emerging from working with child protection volunteers in expanding prevention and protection of children from violence, abuse and exploitation due to the COVID-19 outbreak. Lessons learned will be used to further improve the initiative and ensure it is mainstreamed in service delivery for children in the humanitarian-development nexus context. In 2021, UNICEF will focus on strengthening systems for child protection in emergencies. This will be achieved through building capacity of frontline child protection workers who are targeted for training using the national social welfare workforce curriculum. UNICEF will also support expansion of the child protection volunteers scheme to enhance service delivery to children especially in the hard to reach areas. Identified volunteers will be trained to equip them with skills on child protection in emergencies.

Social Protection
Between January and December 2020, UNICEF supported the Government in horizontally and vertically expanding the existing National Safety Net Programme (NSNP) in providing temporary cash transfers to the vulnerable households affected by humanitarian crises. As part of the vertical expansion, 5,800 of the most vulnerable households (approximately 30,000 people) in five counties (Garissa, Kajiado, Kakamega, Kilifi and Migori) affected by drought, floods and COVID-19 economic effects received cash top-ups with UNICEF technical and financial support (29% of the target). Beneficiary households also received nutrition counselling and sensitization messages on topics related to COVID-19, nutrition, adolescent and HIV/AIDS. UNICEF worked to cushion more vulnerable households from the adverse socio-economic effects of COVID-19 through advocacy and technical support to the Government towards the design and implementation of a Universal Child Benefit (UCB) pilot in response to COVID-19, as well as resource mobilization and technical support for a long-term UCB. UNICEF also provided technical support for an assessment of the needs of children in street situations and designing a social and child protection intervention for them. Moreover, as long-term measures to increase health coverage for vulnerable groups, UNICEF established a partnership with the National Hospital Insurance Fund (NHIF) and is undertaking a feasibility study for a community-based health insurance in Garissa. UNICEF built capacities of the Government through supporting key Government counterparts of the Ministry of Labour and Social Protection (MLSP) to attend an interactive e-coaching on shock-responsive Social Protection offered by the ILO International Training Center (ITC). Common challenges during the reporting period relate to weak coordination and harmonization of scattered humanitarian cash transfer interventions by Government and NGO stakeholders. UNICEF together with World Food Programme (WFP) initiated a donor working group in Social Protection to strategize together to overcome this challenge, as well as a Community of Practice for the sector that is led by the Social Protection Secretariat (SPS). UNICEF also

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3 Includes masks, soap, jerricans and sanitizer
supported the Government to strengthen the existing National Steering Committee for Social Protection in the coordination of COVID-19 related interventions. Lack of funding remained another key challenge as UNICEF did not receive any funding for Social Protection interventions against the HAC appeal. A key focus for 2021 will be the design and implementation of a UCB pilot in close collaboration with the government, that will cushion children and their families from the long-term negative effects of COVID-19 while also providing lessons learnt to inform the ongoing work on the introduction of the UCB as a long-term measure. By chairing the Sectoral Group for Social Protection (SGSP), UNICEF also aims at strengthening coordination, including between regular and emergency cash transfers to enhance the shock-responsiveness of the sector. UNICEF’s work on policy and legislation and on Cash plus programming will continue in 2021, together with studies and assessments to make the sector more inclusive and integrated. Finally, a stronger focus on disability-inclusive social protection will characterize UNICEF’s work from 2021, as an innovative cash plus pilot for disability-inclusive education will be implemented in Mombasa and efforts to mainstream disability-inclusiveness in the sector overall are ongoing.

Communications for Development (C4D), Community Engagement & Accountability

Between January and December 2020, intensive risk communication and community engagement (RCCE) support to the Ministry of Health’s Departments of Health Promotion and Community Strategy continued. This support resulted in increased capacity among health promotion officers and community strategy focal points at national and county levels in effectively disseminating critical messages to communities affected by humanitarian crises. Structures supported as part of the COVID-19 response had a positive spin-off effect on other areas of work. For example, faster review and clearance of information, education and communication (IEC) materials for dissemination by various agencies and use of evidence to build and implement strategies has been key in tailoring messaging to specific audiences and locations, which increased targeted reach of key messaging on Cholera and Malaria. The spotlight on hygiene promotion/handwashing as a result of the COVID-19 response saw a marked increase of handwashing behaviour with 95.7% of the respondents stating that they washed hands with soap to protect themselves from COVID-19, presenting an opportunity for integrated hygiene promotion and handwashing initiatives. The Sanitation for Universal Health Care (UHC) project was implemented in nine focus counties and integrated COVID-19 messaging anchored to handwashing as a key behaviour linked to Community-Led Total Sanitation (CLTS). Due to the COVID-19 social distancing requirements, front line health workers developed new ways to conduct community engagement in a safer manner; however, the year also saw an increased use of community radio, social media and public address systems to disseminate messages. Community radio platforms not only disseminated messages, but also created feedback mechanisms. Multimedia campaigns integrating emergency-related messaging while promoting routine and essential health services were developed during the latter part of 2020. Issues of Gender Based Violence, Violence Against Children and the psychosocial impact of the pandemic, HIV prevention in the COVID-19 context and the need to enhance demand creation for essential Health, Nutrition and HIV services were all addressed. Additionally, support to bring children back to schools once schooling resumed after the lengthy COVID-19 related school closures was enhanced through partnership with Inter-Religious Council of Kenya and the National Parents Association to support grassroots-level advocacy with community influencers. Integrated COVID-19 messaging on mass media was through Radio, TV and print material; and social media was through Facebook, Twitter, and iOGT platforms. Mass media messaging reached 3.6 million people and social media messaging gathered 49.6 million impressions, with 3.7 million engaged on Facebook and 3.4 million video views. Approximately 43% of those reached on social media were women and 57% were male. The most active age groups on social media were 18-24 years (36%) followed by 25-34 years (36%). The mass media figure of 6 million people reached are above the age of 15 years. However, the social media figures have an overlap between platforms and audiences. Concurrently with integrated COVID-19 prevention messaging, a review of malaria and cholera messages resulted in the development of new concepts for adoption. A partnership with Africa’s Voices Foundation and the Cambridge University used SMS and Interactive Radio shows with call-in options to gather feedback, disseminate information to the audiences and close the feedback loop. A capacity gap assessment informed the development and delivery of eight training modules (five minutes each) via mobile phones using an Interactive Voice Response (IVR) system targeting 500 Health Promotion Officers and Community Strategy Focal persons. In 2021 the focus will continue on supporting demand creation for essential health services in the face of COVID-19 and COVAX vaccines introduction. A large amount of work around emergency C4D support will build on platforms created and developed in 2020.

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4 Kenya National Bureau of Statistics, June 2020
5 COVAX is one of three pillars of the Access to COVID-19 Tools (ACT) Accelerator, which was launched in April 2020 by the World Health Organization (WHO), the European Commission and France in response to the COVID-19 pandemic, bringing together governments, global health organisations, manufacturers, scientists, private sector, civil society and philanthropy, with the aim of providing innovative and equitable access to COVID-19 diagnostics, treatments and vaccines. The COVAX pillar is focussed on vaccines.
Coordination and Strategy

The Government of Kenya leads disaster preparedness and response while the Kenya Red Cross Society is the first line of emergency response in support of the Government and has substantial presence and activities throughout the country. The National Drought Management Agency (NDMA) which was established in 2013 guides disaster management and response at the national level and the National Disaster Operations Center provides critical support to rapid onset emergencies. There are also disaster committees in the 23 arid and semi-arid counties. Kenya does not yet have an official policy and legal framework to guide disaster management as the draft disaster risk management policy is still going through the approval process by the Parliament. The Ending Drought Emergency framework is the main policy framework which has six pillars including pillars on: sustainable livelihoods (co-chaired by Ministry of Agriculture and Livestock and Fisheries and FAO and which works on promoting sustainable livelihoods to mitigate the impact of shocks); drought risk management (co-chaired by the Ministry of Devolution and Planning and WFP and which works to promote resilience through early action and better preparedness to predicted crises); and human capacity (co-chaired by the Ministry of Education, Science and Technology and UNICEF and which works on developing the resources and capabilities for an integrated provision of basic social services including health, nutrition, wash and education). UN agencies and NGOs (both national and international) have program and operational presence all over the country in support of both development and emergency response. The Resident Coordinator’s Office and UNOCHA are leading the coordination of humanitarian action for UN and partners support to government response to the ongoing triple threats of COVID-19 pandemic, flooding and locust invasion in Kenya and support to Government structures to strengthen national disaster management capabilities to improve resilience and disaster risk reduction. UNICEF actively participates in interagency coordination mechanisms, including the Kenya Humanitarian Partnership Team (KHPT) forum and Kenya Red Cross Partners’ forum and is supporting the county hub coordination structure by leading the Kisumu and Garissa hubs through the UNICEF zonal offices. UNICEF is leading the Nutrition, Education and WASH sectors 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 national and county level to support sector coordination and leadership. UNICEF-led sectors are all part of the Inter-Sector Working Group (ISWG) led by UNOCHA at the national level. The review of the Refugee Act 2006 and the finalization of a National Refugee Policy is ongoing with the support of members of the Kenya Parliamentary Human Rights Association (KEPHRA), UNHCR and partners. In December 2020, UNICEF formalised the partnership with UNHCR in Kenya through the signing of a Letter of Understanding.

In response to the deteriorating nutrition situation in Kenya, UNICEF supported the Government and partners to conduct sectoral and multi-sectoral drought emergency preparedness and response planning at the national and county levels. UNICEF fostered nutrition sector coordination through the Emergency Nutrition Advisory Committee, enhanced the nutrition supply chain system, and facilitated monitoring, advocacy and resource mobilization. Coordination and evidence-based advocacy for preparedness and response to disease outbreaks, including Ebola, cholera and vaccine-preventable diseases, was also strengthened. UNICEF enhanced capacities and pre-positioned critical supplies to facilitate the delivery of lifesaving health interventions to unreached children. Capacities for emergency water, sanitation and hygiene (WASH) preparedness and response were also strengthened through sector coordination and strategic partnerships that facilitated rapid response to emergency needs. UNICEF provided technical support and resources to strengthen advocacy and partnerships for protecting the rights of refugee children. This included supporting an enabling environment and advocacy for education in emergencies; influencing resource allocation by county governments in disaster-prone areas; and strengthening refugee programming in line with the Global Compact for Refugees and the Comprehensive Refugee Response Framework. UNICEF also supported policy development to strengthen the enabling environment for a shock-responsive social protection system.

Human Interest Stories and External Media

UNICEF Human Interest Stories:

- [https://www.unicef.org/kenya/stories/Whats-your-butterfly-effect-going-to-be](https://www.unicef.org/kenya/stories/Whats-your-butterfly-effect-going-to-be)

Media articles:
https://www.the-star.co.ke/sasa/2020-08-14-learning-at-home-in-nairobi-slum/

Next SitRep: 31 March 2021

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

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Nicholas Wasunna
Chief, Field Operations & Emergency
UNICEF Kenya Country Office
Tel: +254 20 762 2284
Email: nwasunna@unicef.org
## Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overall needs</th>
<th>2020 target</th>
<th>Total results*</th>
<th>Change since last report ▲▼</th>
<th>2020 target</th>
<th>Total results*</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 6 to 59 months affected by SAM admitted for treatment</td>
<td>112,725</td>
<td>110,597</td>
<td>53,667</td>
<td>▲17,170</td>
<td>110,597</td>
<td>53,667</td>
<td>▲17,170</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children vaccinated against measles</td>
<td>252,186</td>
<td>0**</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children accessing primary health care through UNICEF-supported outreach</td>
<td>255,614</td>
<td>229,985</td>
<td>▲52,187</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td>250,000</td>
<td>243,432</td>
<td>▲38,464</td>
<td></td>
<td>250,000</td>
<td>243,432</td>
<td>▲38,464</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and caregivers accessing mental health and psychosocial support</td>
<td>36,874</td>
<td>92,672</td>
<td>▲77,498</td>
<td></td>
<td>36,874</td>
<td>92,672</td>
<td>▲77,498</td>
</tr>
<tr>
<td>Emergency-affected children and caregivers accessing gender-based violence prevention and care services</td>
<td>876</td>
<td>1,377</td>
<td>▲527</td>
<td></td>
<td>876</td>
<td>1,377</td>
<td>▲527</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children accessing formal or nonformal education, including early learning</td>
<td>196,521</td>
<td>158,500</td>
<td>▲38,021</td>
<td></td>
<td>560,000</td>
<td>300,460</td>
<td>▲138,021</td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households reached with humanitarian cash transfers</td>
<td>20,000</td>
<td>5,800***</td>
<td>▲0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Sector targets and results were not collated due to non-availability of data
**Measles vaccination campaign was not conducted.
***Results achieved with funding received outside the HAC 2020

## Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Received Current Year</td>
<td>Carry-Over</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td>13,271,640</td>
<td>4,479,910</td>
<td>1,606,402</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>5,100,000</td>
<td>510,001</td>
<td>423,752</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td>2,250,000</td>
<td>966,018</td>
<td>513,300</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td>2,000,000</td>
<td>559,910</td>
<td>524,893</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>5,900,000</td>
<td>1,101,645</td>
<td>1,078,697</td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td>1,000,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Sector Coordination</strong></td>
<td>500,000</td>
<td>80,000</td>
<td>75,175</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30,021,640</td>
<td>7,697,485</td>
<td>4,222,219</td>
</tr>
</tbody>
</table>

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

Annex C

Humanitarian Infographics

1. COVID-19 Situation in Kenya


**Section**

1. General

**Summary Results for 2020**

- 1,976,662 people reached with critical WASH supplies (including hygiene items) and services supported by UNICEF.
- 252,444 healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE).
- A total of 50,382 severely malnourished children were admitted for treatment.
- 5,997,850 people reached with critical nutrition supplies and services supported by UNICEF.
- 41,192,886 primary caregivers of children aged 0-23 months received Infant and Young Child Feeding (IYCF) counseling through frontline and community platforms.
- 12,173 households benefiting from new or additional cash assistance measures provided by governments to respond to COVID-19 with UNICEF support.
- 33,200 people reached with COVID-19 messaging on prevention and access to services.
- 4,094,970 people shared their concerns and accessed support, e.g., services for available support services to

**SITUATIONAL ANALYSIS**

- The virus was first identified on 11 March 2020, and it was subsequently classified as a pandemic.
- On 12 March 2020, the World Health Organization (WHO) declared the COVID-19 pandemic as a pandemic.
- On 12 March 2020, the Kenyan government announced the first confirmed COVID-19 case in Kenya.
- As of 19 September 2020, there were 104,408 confirmed cases of COVID-19 in Kenya, with 10,937 deaths recorded.
- Nairobi City and Mombasa County have the highest rates of COVID-19 cases (15.3% and 12.9% per 100,000 population respectively) compared to other counties in the country.

**UNICEF Kenya COVID-19 FUNDING SUMMARY**

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNICEF</strong></td>
<td>22,000,000</td>
</tr>
<tr>
<td><strong>UNICEF</strong></td>
<td>16,025,621</td>
</tr>
</tbody>
</table>

**UNICEF COVID-19 Involvement**

**Involvement in Covid-19 Response**

1. **COVID-19 Situation in Kenya**

   - UNICEF supported the provision of critical WASH supplies to facilities and communities affected by the COVID-19 pandemic.
   - UNICEF supported the delivery of critical nutrition supplies and services to communities affected by the COVID-19 pandemic.
   - UNICEF supported the provision of critical cash assistance measures to households affected by the COVID-19 pandemic.

**UNICEF Kenya COVID-19 Highlight Table**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Summary Results for 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>1,976,662 people reached with critical WASH supplies (including hygiene items) and services supported by UNICEF.</td>
</tr>
<tr>
<td>HEALTH</td>
<td>252,444 healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE).</td>
</tr>
<tr>
<td>NUTRITION</td>
<td>A total of 50,382 severely malnourished children were admitted for treatment.</td>
</tr>
<tr>
<td>CHILDERIGHTS</td>
<td>5,997,850 people reached with critical nutrition supplies and services supported by UNICEF.</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>41,192,886 primary caregivers of children aged 0-23 months received Infant and Young Child Feeding (IYCF) counseling through frontline and community platforms.</td>
</tr>
<tr>
<td>SOCIALPROTECTION</td>
<td>12,173 households benefiting from new or additional cash assistance measures provided by governments to respond to COVID-19 with UNICEF support.</td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td>33,200 people reached with COVID-19 messaging on prevention and access to services.</td>
</tr>
<tr>
<td>DEVELOPMENT</td>
<td>4,094,970 people shared their concerns and accessed support, e.g., services for available support services to...</td>
</tr>
</tbody>
</table>
2. Food Security Situation in Kenya

### 2.1 Food Security Situation in Kenya

#### Highlights
- The number of people facing acute food insecurity declined to about 739,000 compared to 1.3 million recorded during 2019 short rains assessment.
- Approximately 43,000 people who were affected by floods, with limited assets and have their livelihoods constrained by insecurity and conflict are in Emergency Phase (IPC Phase II) mainly from Mandera County with the rest in Crisis Phase (IPC Phase III) and therefore require food assistance.
- The decline in numbers is attributed to further improvement in food security situation owing to the good performance of the long rains. However, the situation is likely to deteriorate slightly during the peak of September – October lean season with an estimated 790,000 likely to experience acute food insecurity.
- The pastoral counties continue to experience improvement in food security situation despite the impact of locust and COVID – 19 control measures.
- Household food security situation in the marginal agricultural areas continue to improve following good performance of the long rains and coupled with carryover stocks from the short rains season.

#### 2.1.1 Food Security Situation in Kenya

#### UNICEF’s Key Response with Partners in 2020

- SAM and MAM treatment
- Sector coordination
- Access to safe water
- Hygiene promotion
- Sector coordination
- Prevention and Curative Health interventions
- Technical support to Ministry of Health
- Community mobilization
- Education in emergencies
- Sector coordination
- Water security
- Sub-sector coordination

#### Data Source: Long Rains Assessment, August 2020, NFSC50

#### UNICEF Kenya, DFID/LOCUST INVASION SITUATION MAP (Desert Locust situation update November 2020), Food and Agriculture Organization (FAO)

#### Key figures as of November 2020

#### 736,000 Acute Food Insecurity August – September 2020.

#### 505,600 Projected Food Insecurity October to December 2020.

#### 135,500 Severely acutely malnourished children (SAM).

#### Acute Malnutrition August 2020.

#### 395,000 Moderately acutely malnourished children (MAM).

#### Acute Malnutrition August 2020.


#### Situation Update

- The Desert locusts first invaded the country from December 28, 2019 with sightings in 28 Counties, which is the first time locusts have invaded Kenya in 70 years.
- A locust swarm of one square kilometer can eat the same amount of food in one day as 35,000 people.
- Crops and pasture in affected areas are being destroyed.
- In November, local breeding was expected in Northern Samburu county where mild to late instar hopper bands were seen at a few places. Breeding is likely in progress elsewhere in Turkana, Samburu, and Marsabit counties as mature groups of adults were seen in Marsabit.
- Small mature swarms from Southern Somalia arrived in Mandera, Wajir, and Garissa counties. Some swarms continued south to Taita-Taveta county and the Tanzania border where they were seen near Vol on 18–25 November.
- Mature adult groups were present in Kitui and Machakos counties. Laying was reported near the Tana River. On the 25th, an Immature swarm was seen north of Wajir.

#### Forecast

- More hopper bands are likely to be present in the northwest that could cause an increasing number of immature swarms.

4. Refugee Situation in Kenya – Dadaab Refugee Camps

UNICEF Kenya Humanitarian Situation Report
January to December 2020

UNICEF Refugee Response in Dadaab

Child Protection:
- Child Protection: UNICEF in partnership with UNHCR and Save the Children continue to enhance provision of child protection services to 9,000 children (4,700 girls) including unaccompanied, separated and other vulnerable children in Dadaab Refugee Camps with funding from ECHO and the Dutch Government. 2,118 children (2,016 females) benefited from case management services, and 535 children (233 females) received psychosocial support including specialized individual counseling, for children with psychosocial distress. Community awareness raising on child protection risks was conducted by community case-workers at community water-points, information helplines, safe spaces, home visits and through local radio stations where 36,633, 21,262 children (11,043 females), 17,971 adults (30,069 females) were reached. To ensure improved service provision UNICEF has conducted training for case workers from Save the Children and Terre des Hommes on case management and the child protection information management system (CPIMS) which improved provision of case management services in Dadaab.
- Health: UNICEF supported WHO with 7 tons of water treatment chemicals within the health facilities for COVID-19 screening and modification to be used as disinfectant and staffing issues. Additionally, health partners in refugee camps also benefited from the support UNICEF has been providing to State Ministry of Health.


5. Refugee Situation in Kenya – Kakuma Refugee Camp

UNICEF Kenya Humanitarian Situation Report
January to December 2020

UNICEF Refugee Response in Kakuma

Child Protection:
- New Arrivals and Entry Lane Case Management for Refugee Children.
- During the period Jan – Dec 2020, Kakuma refugee camp received a total of 3,719 (2,164 males, 1,555 females) new arrivals where out of this total, 2,118 (1,132 males, 986 females) were children who among them were 275 (142 males, 133 females) unaccompanied, 600 (510 males, 282 females) separated and 244 (197 males, 47 females) children with biological parents.
- In partnership with D添加 Refugee Council and Lutheran World Federation, UNICEF continued to support case management intervention for unaccompanied, separated and other vulnerable children in Kakuma/Kakusti refugee camps. During the period (Jan- Dec 2020), 1,944 (395 boys, 549 girls) received Best Interest Assessments (BIA) and were provided with services through follow-ups and referrals. In addition, 1,103 (674 boys, 429 girls) were provided with child friendly Psycho-social Support (PSS) through one on one and group counseling.
- Improved socio-economic well-being of adolescents and youth (18-24) with protection campaigns (Refugees).
- 690 youths (35% female) participated in Girl and Boys membership scheme. Membership program companies of life skills and resilience training where mentors are selected from the community, trained and associated mentors.
- 30 Adolescent mothers supported through vocational training and examined through National Industrial Training Assessment (NITA) exam.