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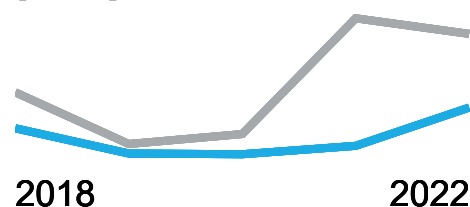
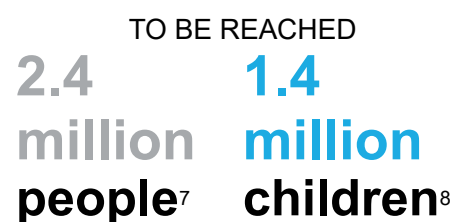
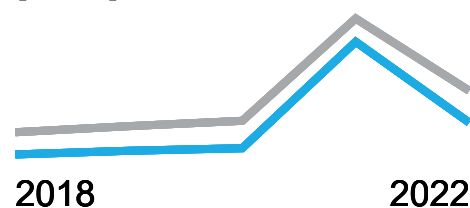
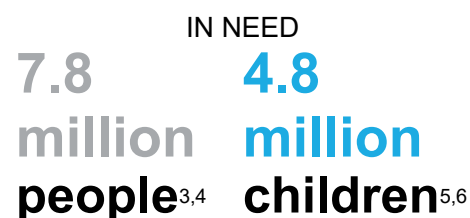
Humanitarian Action for Children

Learners at Nadapal Primary School, Turkana County participate in class while observing COVID-19 protocols. UNICEF has supported safe reopening of schools after the long pandemic-related closure.

Kenya

HIGHLIGHTS¹

- Severe drought and the secondary socioeconomic effects of COVID-19 have affected access to basic needs for children in Kenya. The President of Kenya declared the ongoing severe drought a national disaster on 9 September 2021, with 2.1 million² people being food insecure by August 2021. Some 653,000 children aged 6 to 59 months require treatment for acute malnutrition, of which 142,000 are severely malnourished.
- UNICEF will support the Government, United Nations and partners in the delivery of life-saving and protective interventions to drought-affected populations, providing essential services to refugees, and cushioning vulnerable families in the urban informal settlements against the socioeconomic effects of COVID-19 through strengthening multi-sectoral linkages and maximizing integrated coverage to meet gaps in the response efforts of the Government and partners.
- UNICEF Kenya is requesting US\$30.9 million to support critical life-saving and protective interventions for the most vulnerable children in the arid and semi-arid counties (ASAL), refugee camps and urban informal settlements.



KEY PLANNED TARGETS



89,675
children admitted for treatment for severe acute malnutrition



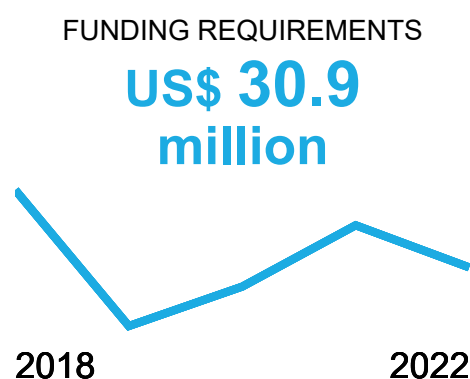
232,975
children and women accessing health care



450,000
people accessing a sufficient quantity of safe water



30,024
children/caregivers accessing mental health and psychosocial support



HUMANITARIAN SITUATION AND NEEDS

The President of Kenya declared the ongoing drought a national disaster on 9 September 2021.⁹ Over 2.1 million people¹⁰ in the 23 arid and semi-arid (ASAL)¹¹ counties were food-insecure by August 2021, up from 1.4 million in February 2021 and 739,000 in August 2020. Of these, approximately 1 million are children. By October 2021, the number is projected to reach 2.4 million¹² due to forecasts for a below-normal October-December 2021 rain season.

Twenty ASAL counties are reporting above-average distances to water sources for households and 17 counties for livestock,¹³ leading to inter-communal conflict and disease outbreaks. An increase in upper respiratory tract infections and malaria was reported across ASALs by May 2021, and 36 suspected cholera cases were reported in Turkana county and Dadaab Refugee Camps.¹⁴ By August 2021, a total of 625 measles cases were reported in West Pokot and Garissa counties.¹⁵

By 21 September 2021, Kenya had reported 246,956 COVID-19 cases with 5,008 deaths (case-fatality rate of 2.02 per cent).¹⁶ There is insufficient public information to sustain preventative behaviours, including correct wearing of masks and social distancing.¹⁷ In addition, insufficient access to water due to the drought will constrain consistent hand-washing. Between June 2020 and June 2021, 5,453 (51.1 per cent) of child protection cases were related to neglect and 1,195 cases (10 per cent) to child pregnancy, indicating increased vulnerability for children and adolescents due to COVID-19 and drought.¹⁸ Poverty levels are substantially higher, particularly among urban households,¹⁹ as pandemic control measures continue to hinder economic recovery.²⁰ Constrained access to essential services in the context of COVID-19 continues, with 360,000 children, adolescents and pregnant or breastfeeding women needing HIV care and treatment.²¹ After schools reopened in January 2021 after a 10-month closure related to the pandemic, 53 per cent of learners demonstrated learning loss, with girls in lower grades more impacted than boys.²²

Malnutrition levels have surpassed the emergency threshold, with global acute malnutrition rates of 15 to 30 per cent in the 8 arid counties due to drought.²³ Nationally, 652,960 children²⁴ aged 6 to 59 months, of which 465,000 are in ASALs, and 96,480 pregnant or lactating women, require treatment for acute malnutrition.²⁵ Of these children, 142,809 are severely acutely malnourished.

Kenya hosts 525,671 refugees and asylum seekers as of 31 August 2021, of which 227,429 reside in Dadaab and 215,810 in Kakuma refugee camps.²⁶ On 23 March 2021, the Government of Kenya announced closure of all refugee camps by 30 June 2022, impacting protection of refugees in the COVID-19 context.^{27 28}

SECTOR NEEDS



142,809
children aged 6-59
months need SAM
treatment²⁹



1.3 million
children and women
need primary
healthcare³⁰



2.1 million
people lack access to
safe water³¹



559,484
children in need of
protection services³²



1.4 million
children in need of
access to school³³

STORY FROM THE FIELD



16-year-old Nashipae's family is receiving additional monthly cash transfers to help cushion them from the secondary socioeconomic effects of COVID-19. As families faced increased poverty, the protective environment for children was affected and many young girls risked becoming child brides. As part of efforts to help reduce poverty linked to COVID-19, UNICEF has provided a top-up to the existing monthly entitlement for 12,500 families across Kenya who are already receiving regular monthly cash transfers through the National Safety Net Programme. Each family received a bi-monthly cash top-up of 2,000 shillings (in addition to the existing 2,000 shillings per month).

[Read more about this story here](#)

16-year-old Nashipae at home in Kajiado County. UNICEF has provided monthly cash transfers to cushion her family from the effects of poverty due to COVID-19, such as malnutrition and child marriage.

HUMANITARIAN STRATEGY

UNICEF will support the Government, United Nations and partners in the delivery of life-saving and protective interventions to drought-affected populations, providing essential services to refugees and cushioning vulnerable families in the urban informal settlements against the socioeconomic effects of COVID-19 through strengthening multi-sectoral linkages and maximizing integrated coverage to meet gaps in the response efforts of the Government and partners. Support will also be provided to strengthen Government capacity and shock-responsive systems for delivery of basic social services.

Through its child rights mandate and sector lead role, UNICEF will provide operational, technical and managerial support by developing strategic partnerships to provide critical nutrition, WASH, education, health, social protection, HIV/AIDS and child protection services. Community volunteers will be supported to take services closer to affected communities by delivering integrated life-saving services at community level and providing referrals for specialized care. Support will be provided to enhance Government protocols on safe schools and improving learning outcomes in the drought and COVID-19 context.

Gender analysis will inform the design of equitable, responsive and inclusive programming. Targeted interventions to address particular vulnerabilities for girls, women and persons with disabilities will be supported, community participation in all stages of programme implementation will be ensured, and appropriate feedback mechanisms will be strengthened.

UNICEF will adhere to and support COVID-19 preventive guidelines and Government pandemic control protocols, particularly in schools, health facilities and community engagement activities. COVID-19 preventive messaging will be integrated with other key behaviour and social change messaging.

Multiple strategies and channels of communication, including FM radio, social media and community volunteers, will disseminate messages, create awareness, increase community participation, receive feedback and increase demand for basic social services.

All UNICEF partnership agreements will outline partner responsibility in preventing and reporting sexual exploitation and abuse (SEA) and community sensitization on the zero tolerance to SEA. UNICEF will raise awareness on identifying and reporting SEA through the toll-free national child and gender-based violence (GBV) helplines, monitor reported cases, and support mental health and psychosocial support and referrals for specialized care.

UNICEF will use its comparative advantage in supply and logistics to procure assorted life-saving commodities using economies of scale for the delivery of life-saving interventions to the most vulnerable and maintain the supply pipeline for critical supplies.

In close collaboration with UNDP and the United Nations Resident Coordinator, UNICEF will strengthen resilience and the humanitarian-peace-development nexus through technical and financial support to the development of the Disaster Risk Management legal framework and strengthening devolved governance structures.

2022 PROGRAMME TARGETS



Nutrition

- **89,675** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **1,200,000** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling



Health

- **232,975** children and women accessing primary health care in UNICEF-supported facilities
- **150,000** health care facility staff and community health workers trained in infection prevention and control



Water, sanitation and hygiene

- **450,000** people accessing a sufficient quantity of safe water for drinking and domestic needs
- **700,000** people reached with hand-washing behaviour-change programmes



Child protection, GBViE and PSEA

- **30,024** children and parents/caregivers accessing mental health and psychosocial support
- **4,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions



Education

- **144,299** children accessing formal or non-formal education, including early learning
- **6,819** children receiving individual learning materials



HIV and AIDS

- **2,735** pregnant and lactating women living with HIV receiving antiretroviral therapy
- **38,802** adolescent girls and boys tested for HIV and received the result of last test



Social protection

- **11,443** households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding



C4D, community engagement and AAP

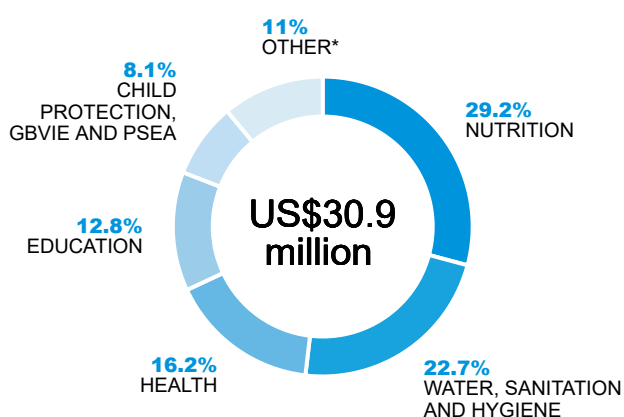
- **1,000,000** people reached through messaging on prevention and access to services
- **400,000** people with access to established accountability mechanisms

FUNDING REQUIREMENTS IN 2022

UNICEF Kenya is requesting US\$30.9 million to support critical life-saving and protective interventions for the most vulnerable girls, boys, women and men in the arid and semi-arid (ASAL) counties, refugee camps and urban informal settlements affected by drought and the spin-off economic effects of COVID-19.

This funding will support providing operational, technical and managerial support through strengthening of key strategic partnerships, support to sector coordination and emergency information management, capacity building of government and partners, and procurement and distribution of critical supplies. Sufficient funding will also enable continued support to basic provision in the COVID-19 context, including cushioning children against the adverse socioeconomic effects, support to pandemic control protocols including integrated messaging and promoting a protective environment, especially for women and girls. The funds will also strengthen the resilience of communities to shocks.

Without sufficient funding, UNICEF will be unable to support delivery of life-saving interventions to reduce human suffering and loss of lives, especially in the drought-affected ASAL counties. Women and children will be unable to access health, nutrition and WASH services, which remain the most critical. UNICEF will also be unable to support Government efforts in COVID-19 response.



Sector	2022 requirements (US\$) ³⁴
Nutrition	9,000,000
Health	5,000,000
Water, sanitation and hygiene	7,000,000 ³⁵
Child protection, GBVIE and PSEA	2,500,000
Education	3,963,841 ³⁶
Social protection	1,500,000 ³⁷
HIV and AIDS	396,852 ³⁸
Cross-sectoral (HCT, C4D, RCCE and AAP)	1,500,000 ³⁹
Total	30,860,693

*This includes costs from other sectors/interventions : Social protection (4.9%), Cross-sectoral (HCT, C4D, RCCE and AAP) (4.9%), HIV and AIDS (1.3%).

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ENDNOTES

1. UNICEF's public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. National Drought Management Authority, 2021 Long Rains Food and Nutrition Security Assessment National Report, August 2021.
3. People in need calculated based on different sources: MoH and WHO disease prevalence data, Long Rains Assessment (LRA) 2021 report, LRA 2021 report, UNHCR refugee data and 2021 LRA report, MoE enrollment data and EMIS, LRA 2021 report, CPMIS data and cash working group report. Sectors' focal persons consulted to avoid double-counting of beneficiaries.
4. People in Need (PIN) includes the following who are populations affected by drought, COVID-19, non-COVID disease outbreaks and refugees, as follows: Health - 1,323,237 girls, boys, women and men needing health services; Nutrition- 1,792,222 caregivers needing messaging and children suffering from SAM; WASH- 2.1 million girls, boys, men and women needing WASH services; Child Protection- 805,139 women, girls and boys needing mental health and psychosocial support (MHPSS) and GBV services; C4D- 3,600,000 girls, boys, men and women needing integrated messaging; Social Protection- 1,470,000 girls, boys, men and women needing humanitarian cash transfers; HIV/AIDS - 90,000 women, girls and boys needing HIV services in ASALs. The total PIN does not include the Nutrition, Social Protection and HIV/AIDS PIN to avoid double-counting of beneficiaries.
5. Ibid.
6. The Children in Need (CIN) in 2022 have reduced significantly from 2021 because schools have reopened after the pandemic-related closures. The needs were high in 2021 due to support to learning in the COVID-19 context. CIN includes the following who are populations affected by drought, COVID-19, non-COVID disease outbreaks and refugees: Health - 646,741 girls and boys needing health services; Nutrition - 142,809 children suffering from SAM; WASH - 550,004 girls and boys needing WASH services; Education - 1,368,151 girls and boys needing Education in Emergencies; Child Protection - 559,484 girls and boys needing mental health and psychosocial support (MHPSS) and GBV services; C4D - 1,692,000 girls and boys needing integrated messaging; Social Protection - 645,662 girls and boys needing humanitarian cash transfers; HIV/AIDS - 42,300 girls and boys needing HIV services in ASALs. The total CIN does not include the Nutrition, Social Protection and HIV/AIDS CIN to avoid double-counting of beneficiaries.
7. This figure was calculated based on the following beneficiaries affected by drought, COVID-19, non-COVID disease outbreaks and refugees - women and children to be reached with primary health care (232,975); girls, boys, women and men to be reached with safe water and hygiene promotion (1,150,000); children, women and caregivers to be reached with mental health and psychosocial support (MHPSS) and GBV response (30,650) and girls, women, boys and men to be reached with social/behaviour change messaging. The total figure includes 1,255,085 women/girls (51 per cent of the total) and an estimated 362,044 people with disabilities (15 per cent of the total). To avoid double-counting of beneficiaries, the children to be reached with Education services, and the children and adults to be reached with Nutrition, Social Protection and HIV/AIDS services have not been included. It is assumed that they are also being covered in the above. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
8. This figure was calculated based on the following beneficiaries affected by drought, COVID-19, non-COVID disease outbreaks and refugees - children to be reached with health services (112,222); children to be reached with SAM treatment (89,675); children to be reached with safe water and hygiene promotion (635,000); children to be reached with access to Education in Emergencies (151,118); and children to be reached with behaviour/social change messaging. This includes 707,887 girls (51 per cent) and 208,202 children with disabilities. To avoid double-counting of beneficiaries, the children to be reached with Social Protection, Child Protection and HIV/AIDS services have not been included. It is assumed that these are also being covered through integrated Health services, Nutrition, WASH, Education and C4D interventions as above.
9. Spokesperson's Office State House, Nairobi, 8 September 2021 Press Release: President Kenyatta Declares Drought A National Disaster.
10. National Drought Management Authority, 2021 Long Rains Food and Nutrition Security Assessment National Report, August 2021.
11. Arid and Semi-Arid Lands.
12. National Drought Management Authority, 2021 Long Rains Food and Nutrition Security Assessment National Report, August 2021.
13. National Drought Management Authority, National Drought Early Warning Bulletin, July 2021.
14. OCHA Kenya, Drought in the Arid & Semi-Arid Lands Humanitarian Snapshot & Drought Response Dashboard, August 2021.
15. WHO Africa, Weekly Bulletin on Outbreaks And Other Emergencies, Week 36: 30 August - 5 September 2021.
16. Covid-19 case-fatality rate: 2.02 per cent. Ministry of Health, COVID-19 Updates, 21 September 2021.
17. WHO Kenya COVID-19 Update to the Kenya Humanitarian Partnership Team, 16 September 2021.
18. Government of Kenya CPIMS data for July 2020 to June 2021.
19. Macro-Poverty Outlook; World Bank, April 2021.
20. Kenya Economic Update; World Bank, June 2021.
21. Kenya HIV Estimates Report, 2020 - National AIDS Control Council and National AIDS and STI Control Programme.
22. Measuring the Impact of COVID-19 on Learning in Rural Kenya, Whizz Education, April 2021.
23. OCHA Kenya, Drought in the Arid & Semi-Arid Lands Humanitarian Snapshot & Drought Response Dashboard, August 2021.
24. National Drought Management Authority, 2021 Long Rains Food and Nutrition Security Assessment National Report, August 2021.
25. National Drought Management Authority, 2021 Long Rains Food and Nutrition Security Assessment National Report, August 2021.
26. UNHCR, Kenya Operation Statistics, 31 August 2021.
27. UNHCR Statement on the Government of Kenya's intention to close Dadaab and Kakuma refugee camps, 24 Mar 2021.
28. The Government of Kenya, UNHCR and partners are working together to implement the roadmap for the closure of the Dadaab and Kakuma refugee camps that is based on voluntary, durable, safe, sustainable, and orderly solutions and in line with Kenya's national and international obligations, by 30 June 2022.
29. National Drought Management Authority, 2021 Long Rains Food and Nutrition Security Assessment National Report, August 2021
30. Kenya Ministry of Health (MoH) and WHO disease prevalence data.
31. National Drought Management Authority, 2021 Long Rains Food and Nutrition Security Assessment National Report, August 2021.
32. UNHCR refugee data, CPIMS data and National Drought Management Authority, 2021 Long Rains Food and Nutrition Security Assessment National Report, August 2021.
33. Ministry of Education school enrollment data and Education Management Information System (EMIS).
34. 5 per cent of programme budget is for cross-sectoral support.
35. Increased from 2021 by 45 per cent due to critical drought needs for safe water.
36. Reduced by 172 per cent from 2021 because schools have reopened after pandemic closures, significantly reducing the need for support to schooling in the COVID-19 context.
37. Increased by 67 per cent from 2021 due to increased need for humanitarian cash transfer for drought-affected families in support of Government response efforts
38. Increased by 45 per cent from 2021 due to increased target for support to HIV/AIDS care in the COVID-19 context
39. These are C4D costs. Other cross-sectoral costs including sector coordination are integrated into programme budgets (5 per cent of total programme budget).