

Kenya

Consolidated Emergency Report 2021



Mother of two Nasri Garane carries her 2-year-old son, Liban Ali, while dragging an empty jerrycan towards the water kiosk to fetch water from water point constructed and equipped by UNICEF as part of Kenya Drought Response in 2021.

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**Prepared by:
UNICEF Kenya
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B. Expression of Thanks

UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF. Together with the Government, local Non-Governmental Organizations, Community Based Organizations, Faith Based Organizations and other key stakeholders, UNICEF was able to provide life-saving services for children and women while building the capacities of Government, partners, and communities to better respond to recurrent emergencies. UNICEF will continue to seek additional resource partner support to build on the achievements made.

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D. Abbreviations and Acronyms

ASALs	Arid and Semi-Arid Lands
BOM	Board of Management
CBC	Competency Based Curriculum
C4D	Communication for Development
CERF	Central Emergency Response Fund
CHW	Community Health Worker
CPV	Child Protection Volunteer
DCS	Department of Children Services
DRR	Disaster Risk Reduction
ECHO	European Commission's Humanitarian aid and Civil Protection
EDE	Ending Drought Emergencies
EiE	Education in Emergencies
FAO	Food and Agriculture Organization
FGM	Female Genital Mutilation
FCA	Finn Church Aid
GBV	Gender Based Violence
HAC	Humanitarian Action for Children
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IEC	Information Education and Communication
IGAD	Intergovernmental Authority on Drought
IM	Information Management
IMAM	Integrated Management of Acute Malnutrition
IPC	Integrated Food Security Phase Classification
IOM	International Organization for Migration
KEMSA	Kenya Medical Supplies Authority
KRCS	Kenya Red Cross Society
KIRA	Kenya Inter Agency Rapid Assessment
MNCH	Maternal and New-born Child Health
MoE	Ministry of Education
MoH	Ministry of Health
MUAC	Mid upper arm circumference
NDMA	National Drought Management Authority
NDOC	National Disaster Operations Center
NGO	Non-Governmental Organization
RUTF	Ready to Use Therapeutic Foods
SAM	Severe Acute Malnutrition
SMS	Short Message Service
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for Coordination of Humanitarian Affairs
UNWOMEN	United Nations Entity for Gender Equality & The Empowerment of Women
USAID/Food for Peace	Food for Peace program of the United States
USA (USAID) OFDA	The Office of U.S. Foreign Disaster Assistance (OFDA)
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

E. Executive Summary

During the year 2021 that is under review, the humanitarian situation in Kenya was hugely impacted by COVID-19 (coronavirus) pandemic and severe drought. The risks encountered by many people mainly in Arid and Semi-Arid Lands (ASALs) and the refugee camps had serious impact on their socio-economic livelihoods, their food security and coping mechanisms and it would take much longer for them to recover from these shocks. This severe drought and the secondary effects of COVID-19 hugely affected access to basic needs for children in Kenya prompting the President of Kenya to declare a national disaster on 9 September 2021, with 2.8 million people being food insecure by December 2021. Some 653,000 children aged 6 to 59 months required treatment for acute malnutrition, of which 142,000 are severely malnourished. This situation has been informed by the 2021 short and long rain assessments, the food security and nutrition analysis. UNICEF alongside other UN agencies and has supported the Government both at national and sub-national levels in the delivery of lifesaving 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.

Due to the severe drought in 2021, water access in all the 23 ASAL counties including the refugee camps and settlement areas was stressed, and this became one of the underlying causes for reduced livestock pasture, increased walking distances for both humans and livestock in search of water, increased food prices and malnutrition among children, increase in disease outbreaks due to lack of water to sustain healthy hygiene practices, constrained management of COVID – 19 outbreak and other health conditions by health providers, increased resource-based conflicts and adaptation of irreversible coping strategies by the affected communities. From the integrated phase classification for acute malnutrition (IPC-AMN) conducted in 2021, the malnutrition status remained critical in several ASAL counties. Even if the long rains of 2022 come to near average, that would not be sufficient to enable communities to bounce back quickly and resume their normal lives. It is important to also note that despite the severe drought, there were areas of the country that experience sporadic flash rains that caused the displacement of about 55,000 people in Western Kenya, Rift Valley and Nairobi's urban informal settlements in June and another 2,500 households in Garissa, Kitui and Tana River in November and early December 2021.

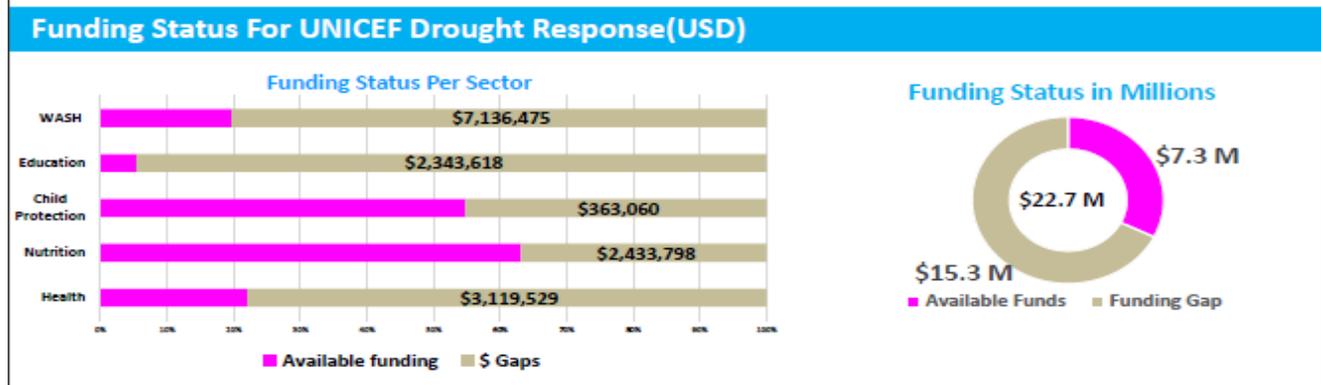
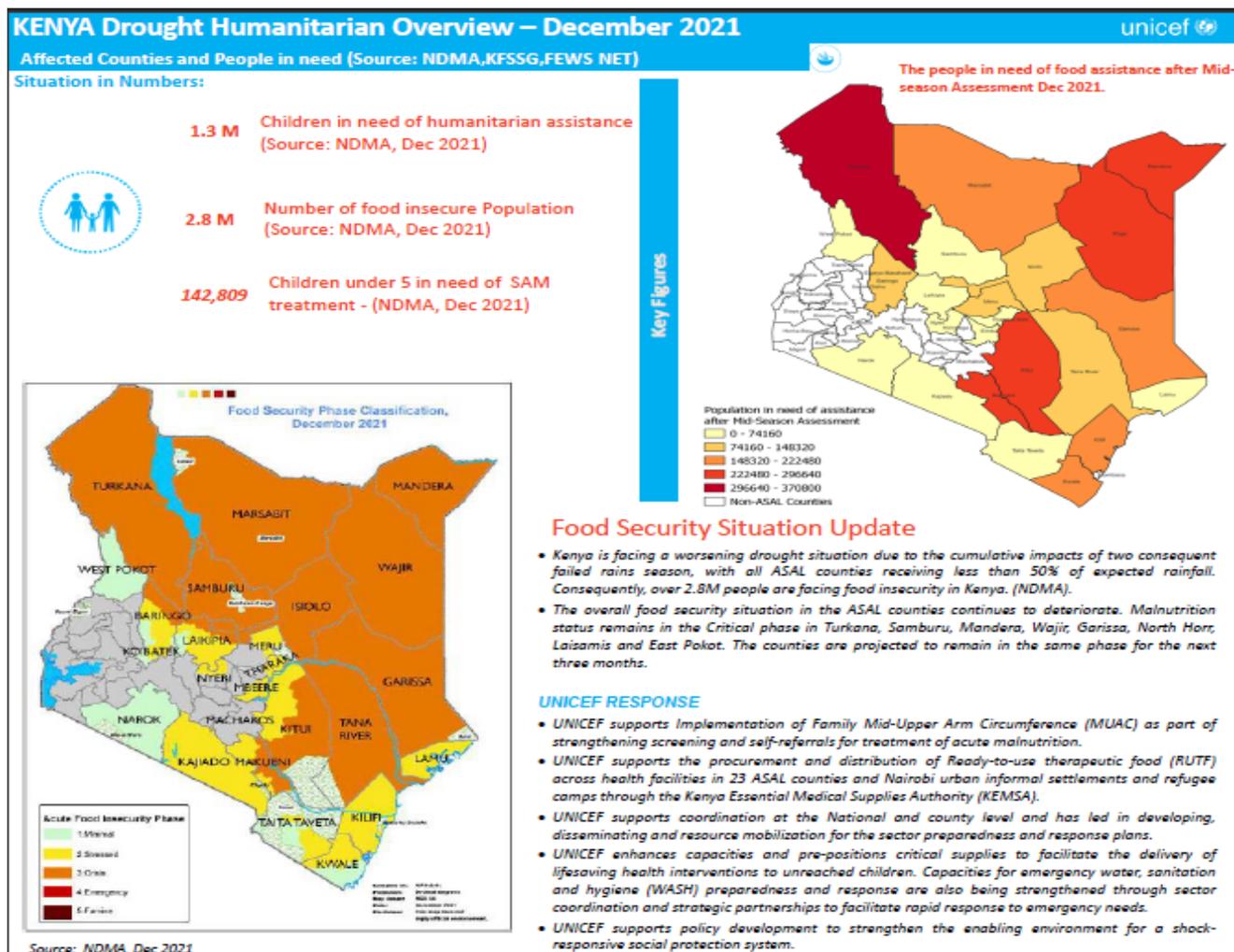
Since the first COVID-19 case was reported on 13 March 2020, COVID-19 continued to disrupt lives and livelihoods in Kenya. Schools were disrupted at the beginning of the year with pro-longed closures leading to loss of learning time and this exposed children to increased violations when they remained out of school. School closures and reduced family incomes have exacerbated child protection needs, disrupted learning for 16.1 million children and increased risks of gender-based violence for children and women. COVID-19 continued to negatively impact child and maternal health indicators during the year under review. While the containment measures were implemented, the restrictions in movements with increasingly limited access to basic social services had a significant negative impact particularly on vulnerable populations, resulting in increased levels of unemployment, poverty, and inequity. UNICEF and partners have invested hugely in COVID-19 preventive measures and support towards vaccination of the population

In 2021, the Resident Coordinator's Office and UNOCHA led the coordination of humanitarian action for UN and partners support to the government response to the multiple threats of COVID-19 pandemic, flooding, locust invasion and drought in Kenya and support to Government structures to strengthen national disaster management capabilities to improve resilience and disaster risk reduction. The government (national and counties) with support from UNICEF and other partners are undertaking multi-sectoral response to mitigate the effects of drought and ensure early identification and treatment of children with acute malnutrition. UNICEF is also supporting the Resident Coordinator's Office (RCO) in advocating for the DRR and resilience agenda on drought and floods response through the UNCT. UNICEF provided programme oversight as sector lead role, as well as support to county-level preparedness and response the zonal offices. UN agencies and NGOs (both national and international) have a program and operational presence all over the country in support of both development and emergency response. UNICEF actively participates in interagency coordination mechanisms, including the Kenya Humanitarian Partnership Team (KHPT) forum and Kenya Red Cross Partners' forum and is supporting the county hub coordination structure by leading the Kisumu and Garissa hubs through the UNICEF zonal offices. UNICEF is leading the Nutrition, Education and WASH sectors and the Child Protection sub-sector, as well as the Education sector with Save the Children. UNICEF provides technical and financial support to line ministries at the national and county level to support sector coordination and leadership. UNICEF-led sectors are all part of the Inter-Sector Working Group (ISWG) led by UNOCHA at the national level.

UNHCR reports that Kenya hosts 540,068 refugees and asylum seekers spread across 3 camps and in urban areas as of 31 December 2021. About 54% of them are from Somalia, 24.5% from South Sudan, 8.9 % from Congo and 5.8% from Ethiopia. With the ongoing conflict in the Tigray region of Ethiopia, Kenya remains on alert for a possible influx. The notice to close the refugee camps announced by government on 23rd March 2021, has caused enormous anxiety to all stakeholders especially children, on the potential loss of opportunity to access education, child protection, health, and other basic social services as well as the likelihood of non-voluntary return to insecure conditions in their home countries. The Government of Kenya and UNHCR are working together to implement a roadmap for the Dadaab refugee camp, which has been expanded to include the Kakuma refugee camp based on the 2016 and 2019 solutions strategies is being implemented until June 2022. In December 2020, UNICEF formalized the partnership with UNHCR in Kenya through the signing of a Letter of Understanding. In November 2021, the legal framework for sustainable solutions to refugee interventions was strengthened through the accentuation of the Refugee Bill 2019 to law by the President of Kenya. The Refugee Act 2019 provides opportunity for refugees to be integrated in national and county plans.

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

F. Humanitarian Context



In 2021 Kenya encountered two major risks of COVID-19 pandemic and severe drought emergency that largely affected effective delivery of basic social services by government and its humanitarian partners. During this period, the National Disaster Management Authority (NDMA), has undertaken two rain and food security assessments (i.e., the short and long rain seasons in February and July respectively) and reported that the 2021 drought was a result of the cumulative impacts of three consecutive failed rain seasons, where all the drought prone Arid and Semi-Arid Land (ASALs) counties received less than 50% of the expected rainfall. As a result of this situation, the number of food insecure population doubled from 1.4 million reported in February 2021 to 2.8 in December 2021. Additionally, in most ASAL counties, the two risks above were further compounded by intermittent sporadic resource-based (water and pasture) conflicts or insecurity among the pastoral communities especially in Baringo, Turkana, West Pokot, Isiolo, Marsabit and Garissa. At least in 2021 FAO stated that there was no locust invasion in Kenya, as of December 2021, attributable to the intensified outbreak control efforts, hence this did not compound the drought situation. On 9 September 2021 the country had declared drought a national disaster with approximately 1 million children affected directly with over 2.1 million people in 11 most hit ASAL counties affected at the time. Out of these children, some 653,000 aged 6 to 59 months urgently required treatment for acute malnutrition, out of which 142,000 were severely malnourished. According to integrated phase classification for acute malnutrition (IPC-AMN) conducted in August 2021, Malnutrition status remained in the Critical phase in Turkana, Samburu, Mandera, Wajir, Garissa, North Horr, Laizamis and East Pokot and in the Serious phase in West Pokot and Tana River. A mid-season assessment conducted in December 2021 showed a worsening nutrition situation across most arid and semi-arid areas. The main driver of acute malnutrition is poor dietary intake with reduced milk production and consumption which forms the main diet for children in arid areas. Other drivers include morbidity, poor childcare practices, poor sanitation, and health environment.

As regards to water access, by August 2021, there was below-average recharge of surface water sources, meaning that water access at the household level was 80 percent above the long-term average in all the 23 ASAL counties. Additionally, 20 ASAL counties reported above-average distances to water sources for households and 17 counties for livestock¹, thereby leading some counties to be affected by 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 Camps². By August 2021, a total of 625 measles cases were reported in West Pokot and Garissa counties.³ There was insufficient public information to sustain preventative behaviours, including correct wearing of masks and social distancing.⁴ In addition, insufficient access to water due to the drought constrained basic hygiene practices such as handwashing. However, it is important to also note that due to heavy seasonal rains in some areas, a total of 55,002 people were displaced by floods in seven counties in Western Kenya, the Rift Valley and in Nairobi informal settlements, in June 2021. Also,

¹ National Drought Management Authority, National Drought Early Warning Bulletin, July 2021.

² OCHA Kenya, Drought in the Arid & Semi-Arid Lands Humanitarian Snapshot & Drought Response Dashboard, August 2021.

³ WHO Africa, Weekly Bulletin on Outbreaks And Other Emergencies, Week 36: 30 August - 5 September 2021

⁴ WHO Kenya COVID-19 Update to the Kenya Humanitarian Partnership Team, 16 September 2021.

intermittent flooding was experienced in parts of Garissa, Kitui and Tana River counties in late November and early December 2021 due to heavy flash rains, affecting 2,500 households.

According to the Ministry of Health, by 31 December 2021, Kenya had experienced the fourth wave of the COVID-19 pandemic with 295,028 confirmed positive cases from the 3,030,272 tested cases, 253,715 recoveries and 5,378 deaths and case-fatality rate of 1.8 per cent⁵.⁶ Kenya launched the COVID19 vaccination campaign on 5th March 2021 across all 47 counties and as of 31 December 2021, a total of 10.1 million vaccines had been administered across the country, of which, 5.9 million were partially vaccinated 4.2 million fully vaccinated, the proportion of fully vaccinated adults being 15.4 per cent. By the end of 2021, the Government was working towards vaccinating a targeted population of over 27 million people. The socioeconomic ripple effects of COVID-19 have exacerbated the humanitarian needs situation for the entire period of 2021.

By June 2021, there were 5,453 (51.1 per cent) of child protection cases 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 drought⁷. Poverty levels were substantially higher, particularly among urban households⁸, since pandemic control measures continued to hinder economic recovery.⁹ There was constrained access to essential services in the context of COVID-19, with 360,000 children, adolescents and pregnant or breastfeeding women needing HIV care and treatment.¹⁰ When schools reopened in January 2021 after a 10-month closure due to the pandemic, 53 per cent of learners demonstrated learning loss, with girls in lower grades more impacted than boys¹¹. Malnutrition levels had surpassed the emergency threshold, with global acute malnutrition rates of 15 to 30 per cent in the 8 arid counties due to drought.¹² Nationally, 652,960 children¹³ aged 6 to 59 months, of which 465,000 are in ASALs, and 96,480 pregnant or lactating women, required treatment for acute malnutrition¹³. Of these children, 142,809 were severely acutely malnourished.

According to UNHCR, Kenya hosted 540,068 refugees and asylum seekers as of 31 December 2021, out of which 236,254 (44%) resided in Dadaab and 219,875 (40%) in Kakuma refugee camps/settlement areas and 83,939 (16%) in urban areas¹⁴. In March 2021, the Government of Kenya had announced its intention for the closure of all refugee camps by 30 June 2022, impacting protection of refugees in the COVID-19 context¹⁵.¹⁶ During the year 2021, the Government of Kenya intensified calls for the closure of the Dadaab and Kakuma refugee camps. This created anxiety to refugees and host communities, especially children, on the potential loss of opportunity to access education, child protection, health and other basic social services as well as the likelihood of non-voluntary return to insecure conditions in their home countries once the camps are closed. The Government of Kenya and UNHCR continued to work together to implement a roadmap for the closure that is based on voluntary, durable, safe, sustainable, and orderly solutions and in line with Kenya's national and international obligations.

Lastly, the continued strengthening of devolution of Kenya's government services remains the most important and progressive reform agenda witnessed since 2010. It has strengthened local governance and economic development within counties. The transformative devolution agenda has promoted greater investment at the grassroots level, strengthened accountability and enhanced the delivery of public services. Devolution, however, is challenged by strained relations between the national government and the counties and weak capacity of counties to effectively deliver basic services.

⁵ Covid-19 case-fatality rate: 2.02 per cent. Ministry of Health, COVID-19 Updates, 21 September 2021.

⁶ NERCC-MoH-CS-COVID 19 Updates 31.12.2021

⁷ Government of Kenya CPIMS data for July 2020 to June 2021.

⁸ Macro-Poverty Outlook; World Bank, April 2021.

⁹ Kenya Economic Update; World Bank, June 2021

¹⁰ Kenya HIV Estimates Report, 2020 - National AIDS Control Council and National AIDS and STI Control Programme.

¹¹ Measuring the Impact of COVID-19 on Learning in Rural Kenya, Whizz Education, April 2021.

¹² OCHA Kenya, Drought in the Arid & Semi-Arid Lands Humanitarian Snapshot & Drought Response Dashboard, August 2021

¹³ National Drought Management Authority, 2021 Long Rains Food and Nutrition Security Assessment National Report, August 2021.

¹⁴ UNHCR Kenya Infographics 31 December 2021

¹⁵ UNHCR Statement on the Government of Kenya's intention to close Dadaab and Kakuma refugee camps, 24 Mar 2021

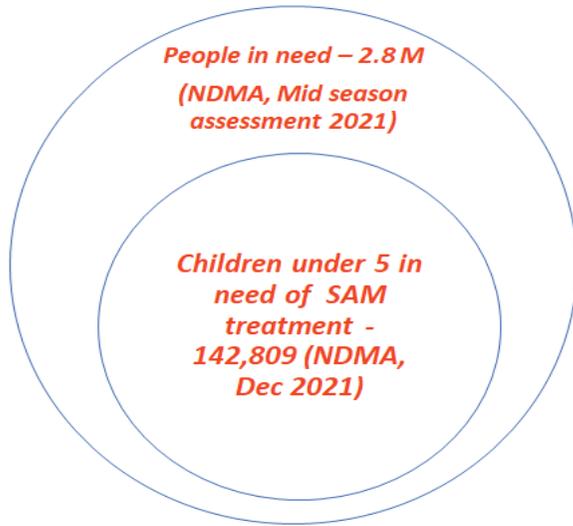
¹⁶ The Government of Kenya, UNHCR and partners are working together to implement the roadmap for the closure of the Dadaab and Kakuma refugee camps that is based on voluntary, durable, safe, sustainable, and orderly solutions and in line with Kenya's national and international obligations, by 30 June 2022

KENYA Drought Humanitarian Overview – December 2021

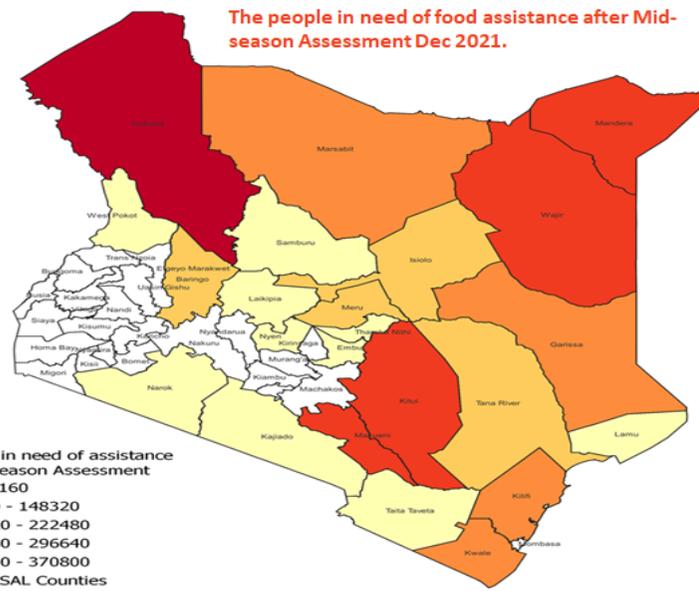


Affected Counties and People in need (Source: NDMA, KFSSG, FEWS NET)

Key Figures

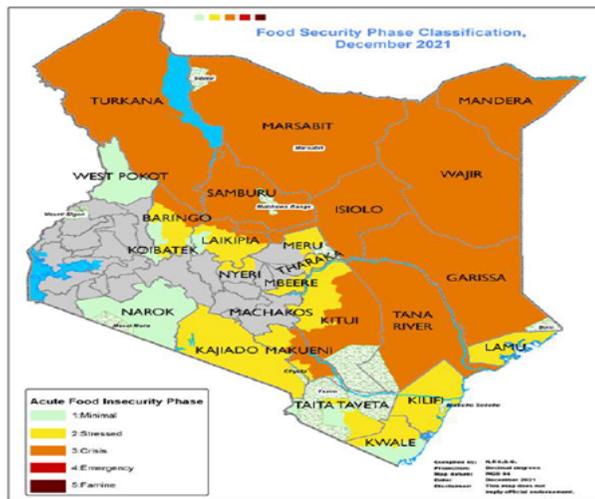


Key Figures



Source: NDMA, Dec 2021

Food Security Situation Update



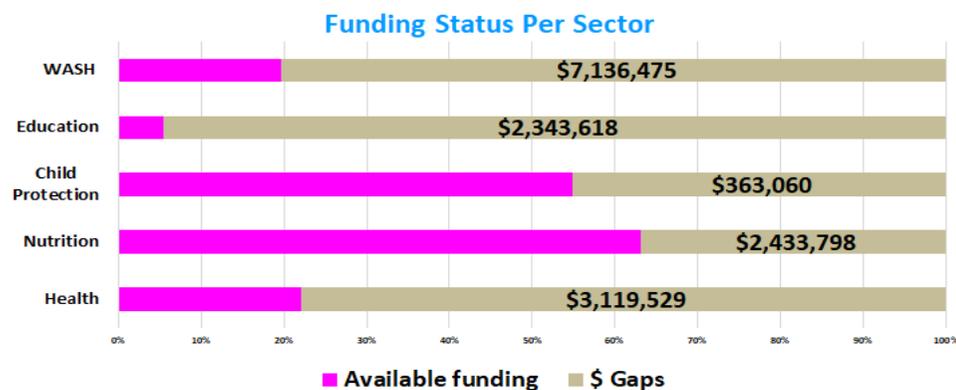
Source: NDMA, Dec 2021

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

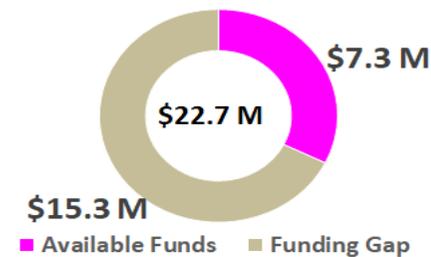
UNICEF RESPONSE

- UNICEF supports implementation of Family Mid-Upper Arm Circumference (MUAC) as part of strengthening screening and self-referrals for treatment of acute malnutrition.
- UNICEF supports the procurement and distribution of Ready-to-use therapeutic food (RUTF) across health facilities in 23 ASAL counties and Nairobi urban informal settlements and refugee camps through the Kenya Essential Medical Supplies Authority (KEMSA).
- UNICEF supports coordination at the National and county level and has led in developing, disseminating and resource mobilization for the sector preparedness and response plans.
- UNICEF enhances capacities and pre-positions critical supplies to facilitate the delivery of lifesaving health interventions to unreached children. Capacities for emergency water, sanitation and hygiene (WASH) preparedness and response are also being strengthened through sector coordination and strategic partnerships to facilitate rapid response to emergency needs.
- UNICEF supports policy development to strengthen the enabling environment for a shock-responsive social protection system.

Funding Status For UNICEF Drought Response(USD)



Funding Status in Millions



COVID - 19 Situation in Kenya in 2021

Epidemics Key Figures :COVID-19 Situation Overview as of 31st December 2021 (Source: Ministry of Health press release, COVID-19 OUTBREAK IN KENYA, DAILY SITUATION REPORT) 



Key Figures

 **295,028** # of
Cumulative case cases

 **5,378** # of
deaths

 **1.8%** CFR



COVID-19 Vaccination Updates

5,820,951 # Vaccine's dose administered

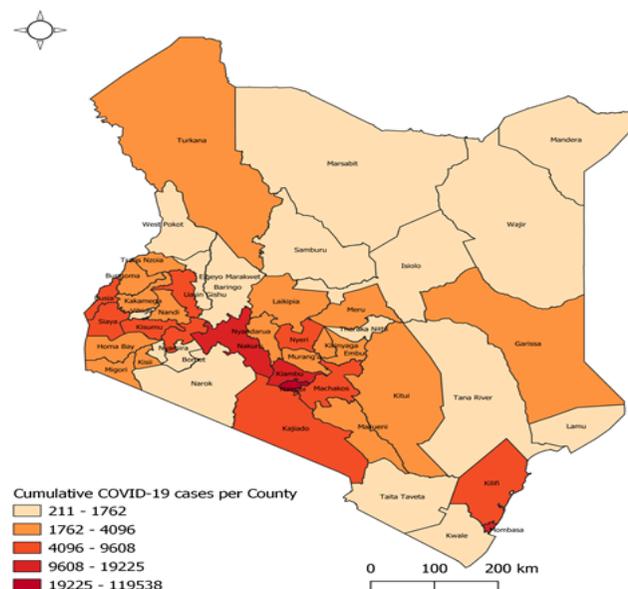
4,155,832 # Total fully Vaccinated

2,114,752 # Fully Vaccinated-Male

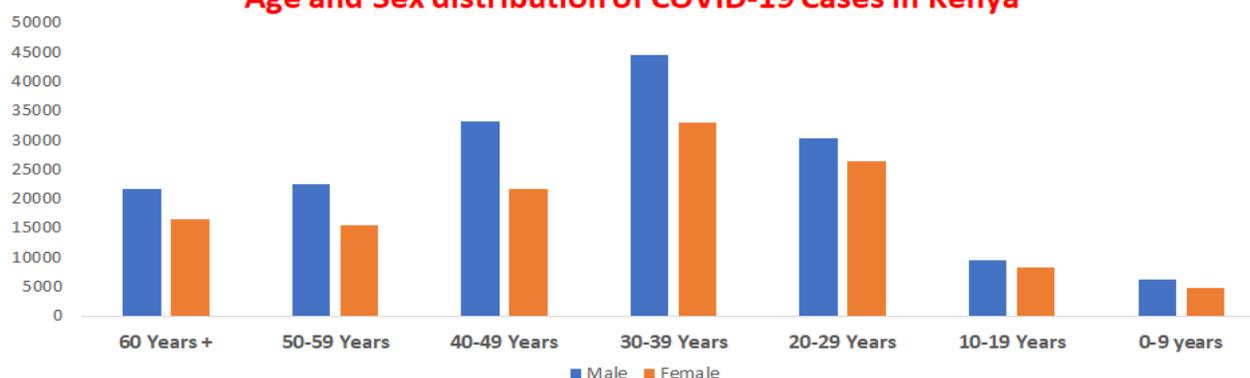
2,038,292 #Fully vaccinated-Female

COVID-19 Situation Update

- The City of Nairobi and Mombasa County have the highest attack rates of COVID-19 at 2718.6 and 1406.2 per 100,000 population respectively when compared to 620.3/100,000 for the whole country and need enhanced interventions.
- The COVID-19 outbreak has so far spread to 100% of the counties in the country.
- 168,171 (57%) are males and 126857 (43%) are females. Most of the cases; 77503 (26%), are in the age group of 30-39 years
- By 31st December, 3,03,272 samples were tested across various laboratories of which (295,028) samples turned positive for COVID-19. A positive rate of 9.7%
- Kenya has reported the first case of Omicron variate on 15th December 2021 and the government has enhanced surveillance protocols including quarantine and repeat testing to all passengers from all these countries reporting the new variant and passengers transiting through the same.



Age and Sex distribution of COVID-19 Cases in Kenya



UNICEF COVID-19 RESPONSE

WASH

- Provision WASH supplies
- Hygiene promotion
- WASH sector coordination

HEALTH

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

NUTRITION

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

EDUCATION

- Hygiene awareness in schools
- Provision of face masks to 713,066 learners to adhere to COVID-19 school safety
- Sensitization on COVID-19 protocols in schools
- UNICEF has contributed 300 (20-liter Jerricans) for handwashing stations to 28 learning institutions in the refugee camps benefiting over 50,000 learners. This formed part of the other resources required for safe reopening as stipulated in MoE COVID-19 guidelines.

CHILD PROTECTION

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

SOCIAL PROTECTION

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

COORDINATION & OPERATIONAL SUPPORT

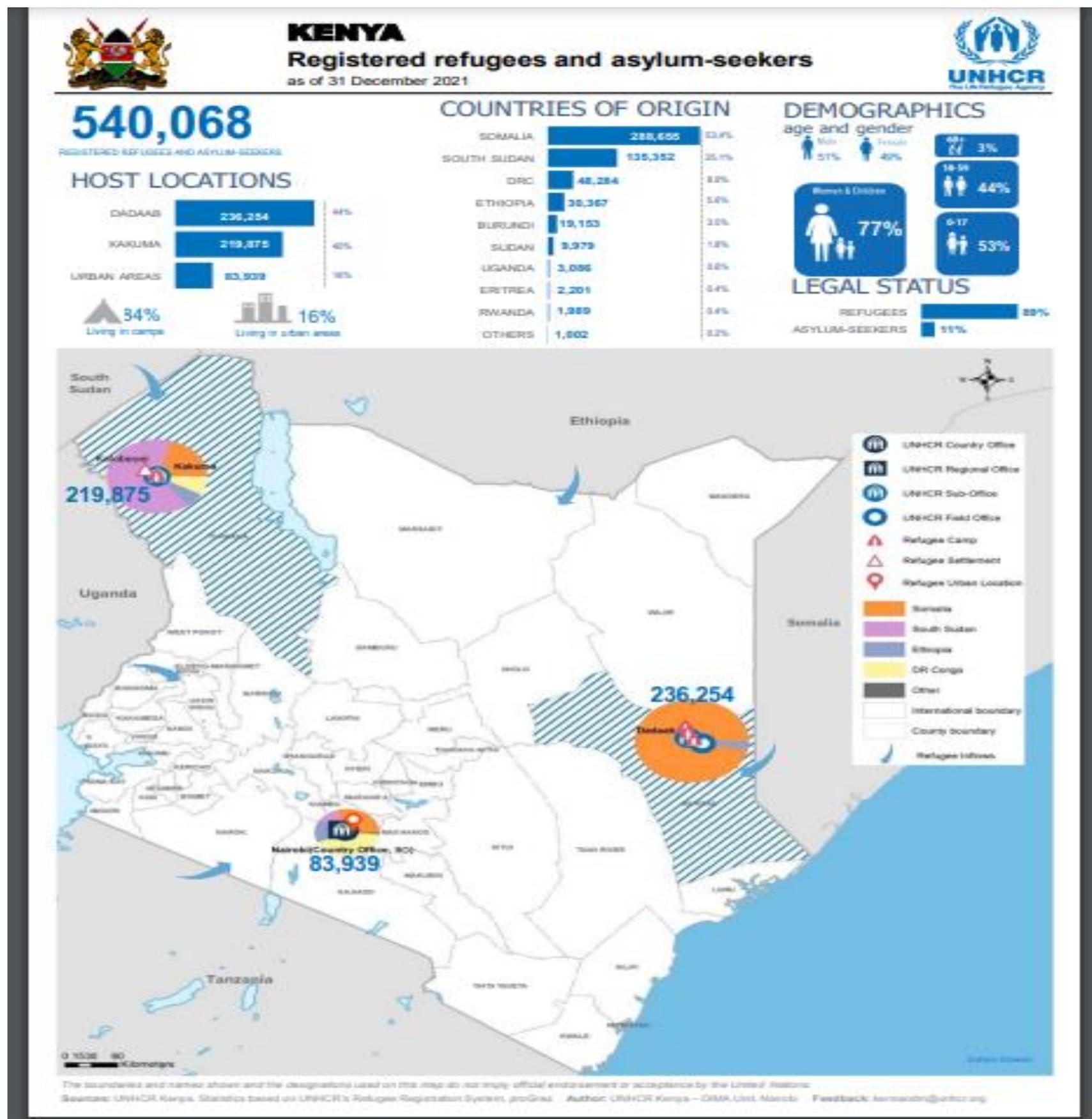
- UNICEF KCO Logistics has supported the Ministry of Health (MoH) in clearance and delivery to MoH Central warehouse of AstraZeneca COVID-19 Vaccines under the COVAX facility.
- UNICEF provides technical and financial support to line ministries at national and county level to support sector coordination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

COMMUNICATION FOR DEVELOPMENT & ADVOCACY

- Support to development and dissemination of Information, Education and Communication (IEC) materials
- Support for Community mobilization.
- Support to development and dissemination of Public Service Announcements (PSAs)

Credit: UNICEF Kenya January – December 2021 humanitarian SITREP

Refugee Situation in Kenya: Kakuma Refugee Camp & Dadaab Refugee Camps.



Link: <https://www.unhcr.org/ke/wp-content/uploads/sites/2/2022/01/Kenya-Infographics-31-December-2021.pdf>;

Credit: UNHCR 2021 Data 31.12.2021

G. Humanitarian Results

Nutrition

In 2021, out of the 147,000 identified by the sector to be children in need of nutritional services and a planned target of 96,751, UNICEF was able to reach a total of 63,843 (32,994 girls and 30,849 boys) malnourished children who were admitted for treatment of Severe Acute Malnutrition (SAM) between January to December 2021 in arid, semi-arid (ASAL), urban areas and the refugee camps. The number admitted was higher compared to the same period the previous year where 58,369 (29,846 girls and 28,523 boys) were admitted between January and December 2020 which was mainly attributed to the substantial interruption of health and nutrition services by COVID-19 pandemic and scale up of interventions in response to the ongoing drought emergency. Severe Acute Malnutrition program performance indicators are within the SPHERE standards for recovery and death (79.8 and 0.8 percent respectively). However, the proportion of exits through defaulting is at 15 percent mainly attributed to stock out of commodities experienced during 2021 period¹⁷.

UNICEF prioritized lifesaving, vulnerability mitigating humanitarian needs of children and women in the refugee camps. A total of 26,891 moderately malnourished and 10,573 severely malnourished children required treatment. Of these, UNICEF targeted to support treatment access for 10,573 severely malnourished children through provision of therapeutic supplies while supporting supply chain, nutrition information systems and coordination. A total of 6,594 severely malnourished children were admitted for treatment in 2021. Additionally, UNICEF procured 1,436 cartons of RUTF for distribution to targeted children in the camps despite pipeline gaps faced during the year. As of 31st December 2021, the RUTF stock out rate stood at 29.2%.

UNICEF supported effective coordination of resource mobilization efforts thus ensuring that government secured from donors a continuous pipeline of life saving commodities for treatment of severe acute malnutrition. UNICEF received funding including from USAID Bureau of Humanitarian Affairs (BHA) for procurement of therapeutic supplies for children in the Arid and semi-arid lands (ASALs), urban informal settlements and the refugee camps. Additionally, GoK has shown commitment through allocation of KES 26,658,288 to support this. UNICEF through the matching fund mechanism topped up an equivalent amount and 10,600 RUTF cartons will be procured within the first quarter of 2022. The funds have gone a long way in complementing the 2022 RUTF supplies pipeline. The implementing partners and health facilities staff involved in implementation of IMAM were trained on supply chain management and reporting systems to enhance effective and efficient supply chain management for nutrition.

UNICEF is the sector lead for nutrition and supported national and county level coordination systems. At field level, UNICEF has positioned field-based nutrition specialists in Lodwar and Garissa offices supporting implementation of nutrition programs within the counties including the refugee camps. The field-based teams were critical in supporting coordination mechanisms and technical guidance during implementation of nutrition programmes. UNICEF worked closely with UNHCR and implementing partners including international rescue committee (IRC) in implementation.

Health

Throughout the reporting year, a total of 200,606 people were reached with health basic services out of the planned target of 266,662. Out of the people reached, 104,264 are children (53,014 girls and 51,250 boys) and 5,992 are pregnant/lactating women, 54,460 are other women and 35,890 are men, having accessed essential health services through integrated health outreaches in Turkana, Wajir, Garissa, Tana River, Marsabit and Mandera Counties (98 per cent of the target). UNICEF's focus on drought response entailed accelerating delivery of life-saving interventions and maintenance of essential health services through integrated outreach services, delivering a package of life saving interventions, enhancing communities' awareness and preventive practices to minimize the impact of drought and related disease epidemics as well as cholera and COVID-19 prevention and control in target counties. UNICEF's technical and financial support resulted in cushioning vulnerable children and women from dying and getting severe illness. Additionally, the health management teams, sub-county personnel, implementing health workers and community health assistants had their capacities increased to plan better, respond to health emergencies and in creating capabilities to withstand shock in subsequent emergencies within the county and among beneficiaries. Additionally, UNICEF procured and distributed life-saving health commodities including Acute Watery Diarrhea kits, Oral Rehydration Salts (ORS)+Zinc, Ringers lactate and assorted antibiotics, COVID-19 Personal Protective Equipment (PPE) including N95 respirators, surgical masks and gowns, which were distributed to the targeted counties and used to implement life-saving interventions during the integrated health outreaches sessions.

UNICEF in partnership with Kenya Ministry of Health (MoH) at national level, County Departments of Health and Kenya Red Cross Society (KRCS) has implemented life-saving health interventions (immunization, treatment of pneumonia, diarrhoea, antenatal care, nutrition monitoring, issuance of supplementary foods, health education, demonstration to community members participating in outreach services on household water treatment, and referral of complicated cases for specialized management in higher level health facilities) in response to the protracted drought emergency, disease outbreaks and COVID-19 pandemic. UNICEF provided technical support and funds for the deployment of health workers and community health volunteers who delivered the life-saving interventions through integrated outreach services. Through technical and financial support to community mobilization sessions, community messaging on key household practices for prevention and control of cholera in Turkana, Tana River, Wajir, Garissa, Mandera and Marsabit Counties were disseminated, reaching 197,146 out of a target of 146,203 (118,288 females and 78,858 males) people.

A total of 150 community health volunteers from six counties (Turkana, Marsabit, Wajir, Mandera, Tana River and Garissa) were identified and sensitized on drought related disease epidemics and COVID-19. They were deployed to conduct community awareness to improve the skills and practices of communities on disease prevention at the household level, and referral of sick community members for treatment at the outreach sites. The achievements were realised through UNICEF partnership with county governments and Kenya Red Cross Society (KRCS). UNICEF also supported the National COVID-19 Taskforce and COVID-19 vaccine Taskforce the technical sub-committees and in the development and roll-out of event-based surveillance for COVID-19 in learning institutions. Additional technical support continued to be provided in strengthening coordination mechanisms between the Ministry of Health and Ministry of Education on the development and implementation of a multi-sectoral plan for continuity of safe learning in the COVID-19 context.

At the county level, UNICEF supported strengthening coordination mechanisms for emergency drought response in the 6 counties through bi-weekly coordination mechanisms involving the leadership of the 6 County Departments of Health and Kenya Red Cross Society, which greatly contributed to the implementation of the interventions, identifying, and responding to areas where there were gaps, hence leading to attainment of results. The coordination mechanisms had standing agenda items on the status of implementation of integrated outreach service and community mobilization for increased uptake of the life-saving interventions. UNICEF further directly supported the 6 counties departments of

¹⁷ Proportion of discharges died <10 percent, proportion of discharges defaulting <15 percent and proportion of discharges cured >75 percent

health to undertake supervision sessions for implementation of drought-related health emergencies and impact of Covid-19, update of the emergency preparedness and response plans and quarterly performance review meetings.

Water, Sanitation and Hygiene

During the year under review, the WASH sector reached a total of 560,000 people (274,400 male and 285,600 female) out of the planned target of 1,800,000 people. They were reached with hygiene promotion, COVID-19 prevention messages, and essential WASH supplies in nine counties, while 47,864 school (29,884 boys and 17,980 girls) children benefited from handwashing stations and hygiene promotion in three drought-prone counties (Garissa, Wajir and Marsabit). UNICEF contributed to the enabling environment for WASH programming by helping to train and capacity build 11,666 (4,666 males and 7,000 females) local government workers, CHVs, artisans and youth on WASH service delivery, monitoring, and evaluation. When UNICEF concluded on the project “*WASH Services in Informal Settlements of Nairobi and Nakuru*” as part of the WASH COVID-19 response, a total of 210,000 people (102,900 males and 107,100 females) accessed sustainable safe water from water connections in health care facilities in vulnerable informal settlements of Nairobi and Nakuru counties. This was through the construction of public water kiosks, water storage facilities, and installation of new water points. This safeguarded adequate access to sanitation and hygiene services amongst vulnerable communities thus increasing the prevention of spread of the COVID-19 pandemic. A total of 325,332 people (159,413 males and 165,919 females) against a target of 300,000 people (147,000 males and 153,000 females) accessed temporary safe water from household water treatment and storage in 13 drought-affected counties. Access to basic sanitation was provided to 119,772 people (58,688 males and 61,084 females) in the informal settlements in Nairobi, through a network of 3,623 active container-based toilets against a target of 4,500. sanitation products, coupled with the distribution of essential WASH commodities, including soap, hand sanitizers, handwashing stations, surface disinfectants and PPEs, for use in public spaces, health facilities, and residential compounds. Furthermore, 200,000 people (were reached with hygiene promotion campaigns with a focus on the COVID-19 safety measures. Alongside the dissemination of key messages on COVID-19, capacity building support we provided to a total of 5,000 vulnerable girls and women on MHM, with the provision of MHM kits.

UNICEF has provided of WASH supplies in Wajir and Diff areas to support health hygiene and to alleviate socio-economic impact of Covid-19 to vulnerable border communities targeting 11,000 households in total 55,000 people (Women 14,867, Girls 13,184, Men 14,284, Boys 12,667) with WASH/COVID-19 supplies and hand washing facilities. The rehabilitation of 18Km pipeline to ensure 30,000 people in Diff gained access to safe and adequate water supply. COVID-19 messaging to community and in schools and Risk Communication and Community Engagement (RCCE) reached 55,000 people (Women 14,867, Girls 13,184, Men 14,284, Boys 12,667) in DIFF and Dadajabulla areas. For hygiene promotion with COVID-19 and Menstrual Hygiene Management messaging, 255,128 participants were reached through various campaigns that included in person, door to door campaigns and small educational groups. In addition, the messages were posted on the Facebook page “The Period Talk”: <https://www.facebook.com/EmpowerGirlsPeriod>. These postings attracted 1,401,408 total impressions and indirect reach of 831,367 people from the project sites. During the same reporting period most, vulnerable girls were identified and educated 5,435 were supplied with MHM kits of reusable sanitary pads and girl panties. UNICEF has also supported the implementation of climate-smart water services to improve the resilience of communities to the effects of recurring droughts. In total, 116,898 people (23,744 females, 25,290 males, 35,591 boys and 32,273 girls) have improved access to safe water supply through drilling and solarization of 53 boreholes in Turkana. Through the COVID response, a total of 210,000 people (102,900 male and 107,100 female) accessed sustainable safe water from water connections in Nairobi and Nakuru informal settlements and another 325,332 people (159,413 male and 165,919 female) accessed temporary safe water from household water treatment and storage in 13 drought-affected counties. Access to basic sanitation was provided to 119,772 people (58,688 male and 61,084 female) in the informal settlements in Nairobi, through a network of 3,623 active container-based toilets. A total of 560,000 people (274,400 male and 285,600 female) were reached with hygiene promotion, COVID-19 prevention messages, and essential WASH supplies in 14 counties, while 47,824 school (29,884 boys and 17,980 girls) children benefited from handwashing stations and hygiene promotion in three drought-prone counties, representing 123.9% of the annual target

Close coordination with government counterparts and sector partners was instrumental in delivering harmonized WASH emergency responses. Despite the challenges of organizing in-person meetings due to COVID-19, UNICEF continued to support in hosting virtual WASH sector coordination platforms, co-chaired with MoH and MoWSI, which provided technical support to sector partners and facilitated information management for critical decision making. Moreover, UNICEF supported the development of an online WASH IPC response monitoring tool, replacing the manual Who's doing What, Where, When and for Whom (5W) matrix. In 2022, UNICEF will focus on the operationalization of the online tool to facilitate effective information sharing with the availability of real-time data. The online platform is expected to guide UNICEF's WASH humanitarian actions with a continued focus on reducing the vulnerabilities of communities in informal settlements and those affected by La *Niña* droughts.

Child Protection

In 2021, UNICEF reached a total of 58,897 children (33,525 girls, 25,372 boys) and 735 adults (393 men, 342 women) affected by the COVID-19 pandemic, drought, as well as displaced children living in Kakuma, Kalobeyei and Dadaab Refugee camps. In partnership with NGO partners in Dadaab and Kakuma, a total of 9,028 children living in refugee settings (3,431 female, 5,597 male) were reached with UNICEF-supported case management services in 2021, including 424 children living with disabilities and 5,901 (3,430 boys, 2,471 girls) unaccompanied and separated children.

A large proportion of the children supported in 2021 were identified by community-based Child Protection Volunteers (CPVs) who UNICEF has continued to train and support, in partnership with the Directorate of Children Services (DCS), since the onset of the COVID-19 pandemic. The Child Protection Volunteers work in the affected communities, where they also reside, which aids the early identification of vulnerable children and survivors of violence and abuse, and the CPVs provide basic Mental Health and Psychosocial Support (MHPSS) services to the children as well as refer children surviving or at risk of child marriage, female genital mutilation, neglect, violence and abuse. Over the course of the year, UNICEF supported the training and deployment of an additional 320 CPVs (98 female, 222 male) in refugee settings, host communities and in five drought affected counties. By continuing to collaborate with trained community workers, UNICEF has been able to provide child protection outreach services, support and referral to case management services to children in the refugee context, despite the ongoing COVID-19 restrictions in place. This has further validated the strategic direction taken by UNICEF Kenya in 2020, in light of the public health measures to combat the COVID-19 pandemic – and UNICEF and partners will continue to work to strengthen community-based protection mechanisms to enhance the protective environment and the accessibility of preventive and responsive child protection services in humanitarian settings. The results achieved in 2021 demonstrate the

continued and future relevance of an expanded child protection model whereby the community-based frontline services providers are engaged and leveraged as a way to strengthen the resilience of communities and enhance the protective environment for children.

In addition to working with CPVs, UNICEF also engaged other community-based actors to enhance the protective environment and to improve access to psychosocial support services by training 435 Lay Volunteer Counsellors and 115 Social Development Officers from 15 ASAL counties on the provision of Psychological First Aid (PFA), how to recognize signs of abuse and making referrals, achieved through joint partnership between UNICEF, Directorate of Social Development, DCS and the Ministry of Health. Other community-based COVID-19 interventions for children include UNICEF and AMREF Health Africa partnership through which 416 (141 males, 275 females) volunteers in Dagoretti urban informal settlement in Nairobi were trained on child protection and another 111,913 (43 per cent female, 57 per cent male) children and adults reached with radio messages on child protection.

In addition to supporting CPVs who play a lead role in community outreach and identifying at-risk children, UNICEF continued to partner with Childline Kenya who provide free tele-counselling and protection referral support to vulnerable children and survivors, as well as children experiencing stress due to the impact of the COVID-19 pandemic. The number of children supported by CLK in 2021 represented an 84% increase when compared to the pre-pandemic data from 2019 as Childline Kenya (CLK) reached a total of 14,854 children and caregivers (5,653 female, 4,972 male and 4,229 gender undisclosed) with child protection support, including psychoeducation, basic counselling, information sharing, and referral to child protection services in cases of violence, neglect and abuse. By working closely with CLK, CPVs and Children Officers from the DCS, a total of 23,428 children (11,306 girls, 11,657 boys) and 1,758 caregivers (889 female, 869 male) were reached with UNICEF-supported Mental Health and Psychosocial Support Services (MHPSS) in 2021.

In 2021, UNICEF also provided technical support on the alignment of policies on alternative family care for unaccompanied children in refugee camps to the national alternative care guidelines. Implementation of harmonized alternative care arrangement will ensure alignment with national laws on foster care for children and the long-term safety and well-being of forcibly displaced children separated from their parents. Additionally, UNICEF successfully supported the set-up of the inter-agency Primero CPIMS+ in Dadaab refugee camp, thereby strengthening data security and case management systems for children. Furthermore, UNICEF also carried out a study in the protection risks of unregistered children in Dadaab refugee camp to inform advocacy plans that in 2022 will focus on ensuring that unregistered children have access to protection services and other lifesaving interventions in the camp settings.

Lastly, UNICEF made significant investment and efforts in 2021 to enhance skills and create opportunities for the most disadvantaged adolescents and youths in refugee camps and surrounding areas where more adolescents and youths have enrolled in the contextualized UPSHIFT programme – through which they gain valuable transferable skills, including problem solving, critical thinking, creativity, collaboration and leadership, and are empowered to identify challenges in their communities and create entrepreneurial solutions to address them. During the reporting period, 185 (86 female, 99 male) adolescents and youths participated in a 4-day training on UPSHIFT of whom 90 (47 female, 43 male) were from Dadaab and 95 (39 female, 56 male) from Kakuma/Kalobeyei. Through participation in this programme, the young people learn to generate new ideas and turn these ideas into solutions that meet social needs in their communities.

Education

During the reporting period, UNICEF reached 229,354 (97,576 girls and 131,778 boys) children and adolescents affected by conflict and natural disasters by enabling them to access quality education (formal and non-formal education) in a protective and safe learning environment. This represents 39% of the humanitarian planned target for the year. In formal education, a total of 222,833 children (106,960 girls and 115,873 boys) were supported through pre-primary, primary and Secondary Education. The intervention covered provision of teaching and learning materials including education bag kits to improve the quality of learning and reduce the burden of some indirect cost for schooling borne by vulnerable families. Capacity building for teachers was provided to enable them to deliver instruction in line with the new competency-based curriculum. To improve children's wellbeing, teachers were also trained on class-based Mental Health and Psychosocial Support. The interventions also included rehabilitation/set up of learning spaces, repairing of school furniture and provision of education supplies to improve the physical learning environment. Secondary school learners were provided with skill development activities through the mentorship program which improved their transferrable and employability competencies. To enhance the quality learning in Science, Technology, Engineering and Maths (STEM) program, secondary schools were provided with laboratory materials and equipment, textbooks, supplementary revision materials, ICT materials, deployment, and training of STEM teachers. Moreover, career talks were held for the newly enrolled learners in STEM program to enable them to take an informed decision on the STEM related elective subject matters (i.e. chemistry, biology or physics) to select for form 2 (grade 9) and above.

Out of school adolescents aged 10-18 years were trained on various skills including inclusive entrepreneurship and business skills and some of them were placed on apprenticeship programs with 541 youth (216 girls and 325 boys) being trained on basic ICT and communication skills (coding, Microsoft Word and Excel). They also benefited from career mentorship and counselling, as well as the media mentorship program. 200 refugee adolescent mothers were mentored in kitchen gardening through permaculture approaches and on fashion and design through apprenticeship. All these trainings and mentorship programs aimed to enhance transferable skills for beneficiaries which is expected to contribute to better prepare adolescents for further training and eventually employment.

In response to COVID-19, UNICEF support ranged from provision of alternative learning program (home base learning, remote learning through radio and tv, etc) during the long school closure, and support to safe school reopening, including distribution of face masks to 713,066 vulnerable children (50% boys, 50% girls), printing and distribution of assessment tools to assess the learning loss caused by school interruption, and provision of handwashing stations benefiting 50,000 (boys and girls), children enrolled in refugee camps and settlements. These interventions aimed to reduce the impact of long school closure on children's wellbeing and learning and contribute to paving the way for safe schools re-opening and operations amid COVID-19 pandemic.

UNICEF in partnership with Save the Children continued to support the Ministry of Education in coordination of the Education in Emergency working groups at national level and played a critical role in the refugee education working groups at national and camps' level. This coordination facilitated better allocation of resources and support to children who are in emergency/ humanitarian situations including refugees. In terms of challenges, the protracted closure of schools in 2021 led of enormous loss of learning time by children and their exposure to COVID-19 restrictions that limited play activities in schools increased their stress levels (both for teachers and learners) hence constraining efforts being made towards effective provision of mental health and psychosocial support in educational institutions.

Social Protection

Over the reporting period, UNICEF reached a total of 12,004 persons out of the planned target of 10,000 people. This consisted of 3,926 households and 8,078 children prioritized by their vulnerabilities e.g. children living with severe disabilities and their families, those living in counties most severely affected by the Covid-19 pandemic and reached with cash transfer assistance. This was done in close collaboration with the State Department for Social Protection, Senior Citizens Affairs and Special Programmes of the Ministry of Public Services, Gender, Senior Citizens Affairs and Special Programmes (MPSG) (formerly Ministry of Labour and Social Protection) to ensure sustainability and continued systems strengthening. In Garissa, Kajiado, Kilifi, Kakamega, and Migori Counties, UNICEF continued to support COVID-19 cash response through the horizontal expansion of the National Safety Net Programme (NSNP) by providing 2,000 Kenya shillings to 865 households per month, of which about 60 per cent were female headed. This cushioned them against adverse effects of the Covid-19 pandemic and enabled them build resilience to protect the financial health of most vulnerable families, with nutrition counselling as well as key messaging on nutrition and HIV/AIDS. Additionally, UNICEF supported a cash top up for existing 3,061 (51% males and 49% females) beneficiaries of the Persons with Severe Disabilities Cash Transfer (PwSD-CT) in the national safety net programme in Mombasa, Lamu, Kwale, Taita Taveta, and Kilifi counties with a transfer value of 2,000 Kenya shillings for 3 monthly payments. UNICEF is advocating for the utilization and adequate sustainable funding of the Kenya National Hunger Safety Net Programme (HSNP) scale-up mechanism to respond to shocks beyond the drought, such as the locust invasion and COVID-19. This is in addition to support for the National Social Protection mechanism enhancing shock-adaptive social protection systems through the operationalization of the existing shock-responsive pillars of the government-led National Safety Net Programme (NSNP).

On coordination, UNICEF and Foreign, Commonwealth and Development Office (FCDO) continue to chair the Sectorial Group for Social Protection (SGSP) with participation of the major Social Protection actors (e.g., SIDA, EU, USAID, Japan, World Bank, WFP, ILO and FAO). UNICEF has started the Universal Child Benefit (UCB) pilot in close collaboration with the State Department for Social Protection, Senior Citizens Affairs and Special Programmes of the Ministry of Public Services, Gender, Senior Citizens Affairs and Special Programmes (MPSG) (formerly Ministry of Labour and Social Protection) to provide 8,078 children in Kisumu, Kajiado, and Embu counties with transfer value of 800 Kenya shillings per a child. This 12-month pilot aims to cushion children and their families from the long-term adverse effects of the COVID-19 pandemic and generates evidence to support the introduction (in both the design and advocacy aspects) of a long-term, regular UCB in Kenya.

UNICEF continues to collaborate with the National Hospital Insurance Fund (NHIF) to expand health insurance coverage for most vulnerable groups and a new innovate NHIF product has been developed to complement the community-based health insurance (CBHI) in Garissa and the communication support of the universal free maternity programme known as Linda Mama Programme aiming to improve uptake and utilize of the programme to pave the way of Universal Health Coverage in Kenya has been finalised. The major challenge under this sector is the lack of adequate resources allocation by government to manage disbursement of the various cash transfer programmes effectively and regularly amid challenges witnessed in the transfer modalities in some remote counties where banking and connectivity services are limited.

HIV/AIDS

UNICEF has continued to support essential HIV services targeting vulnerable population living positively with HIV in emergency contexts directly reaching 607 people of the planned of 2000 in 2021. Kenya was marred by multiple stockouts of essential HIV testing and treatment commodities. This contributed to a decrease in the number of pregnant and breastfeeding women living with HIV who received antiretroviral treatment from 44,376 (75%) in 2020 to 43,769 (70%). The erratic provision of supplies contributed to a decrease in the number of HIV exposed infants who received a virologic test within two months of birth from 38,578 (86%) to 21,369 (60%) in 2021. In response, UNICEF on behalf of other UN agencies coordinated an emergency procurement of 47,040 packs of life saving paediatric anti-retroviral (ARV) drugs (paediatric DTG 50mg) and 710 units of Early Infant Diagnosis testing supplies for the Government of Kenya to bridge the supply chain gap. Of the 47,040 emergency paediatric drugs procured by UNICEF and distributed nationwide, a total of 217 children living with HIV in ASAL counties were reached with the lifesaving paediatric ARV medicine.

To respond to the high Mother to Child Transmission (MTCT) rate in Turkana and Laikipia, UNICEF supported the procurement of 1200 Early Infant Diagnosis Point of Care HIV testing reagents for children born to HIV positive mothers in Turkana County reaching 400 HIV exposed infants (0-18 months). To strengthen the community led HIV response, UNICEF provided financial and technical support towards community Prevention of mother-to-child transmission (c-PMTCT) through the orientation of community HIV champions in the seven humanitarian ASAL counties of Turkana, Garissa, West Pokot, Wajir, Isiolo, Tana River, Isiolo and Lamu whose MTCT rates have increased to alarming levels in the recent past. With UNICEF's support, a total of 320 (227 males and 93 females) community HIV champions (Mentor Mothers, CHVs, CHEWs, and CHMT) were trained on C-PMTCT.

In response to the sub-optimal quality of paediatric HIV care in the ASAL counties resulting from minimal HIV donor support, UNICEF facilitated the capacity building of 31 (19 males and 12 females) health care workers and 25 (15 females and 10 males) community members in Garissa County on the use of Paediatric DTG 10mg, a new drug that will improve viral suppression and avert AIDS-related deaths among children living with HIV. UNICEF also supported the continuity of essential PMTCT, Adolescents and Young People (AYP) services through the development and dissemination of HIV/COVID IEC prevention materials reaching 30 (15 males and 15 females) health care workers and 157 (60 males and 97 females) people living with HIV in Wajir county. The participation of health workers and facilities in the management of COVID-19 pandemic has strained the existing personnel and facilities in supporting other basic health services such as HIV AIDS, vaccination for children among others.

Communication for Development (C4D) and Accountability to Affected Populations (AAP)

Social and Behaviour Change (SBC) technical and financial support for COVID-19 prevention and vaccination demand creation initiatives integrating multi-media social advocacy, social mobilization, and community engagement, ensured greater leadership in Risk Communication and Community Engagement (RCCE) across all emergency areas enabled UNICEF reach more than 15,000,000 people against a target of 1,623,062 people. SBC technical leadership and support to the national Advocacy, Communication, Social Mobilisation (ACSM) committee leveraged a strategic direction, resulting in clear guidelines for co-ordinated COVID-19 SBC response at national and county level. The ensuing ACSM strategy with various implementation streams (advocacy, capacity development, social mobilisation, infodemic and rumour tracking and co-ordination) and the development of the national ACSM strategy for COVID-19 vaccination and key messages to support multiple COVID-19 vaccine deployment culminated in the launch of accelerated COVID-19 vaccination campaign across counties. A partnership with the Inter-Religious Council of Kenya (IRCK) for a 3-month vaccination scale up drive, "Imani na Chanjo Ya Covid 19," opened places of worship as vaccination sites. The review of the Covid-19 Risk Communication and Community Engagement (RCCE) strategy and the mapping of partners supporting covid-19 interventions across counties, strengthened community engagement coordination mechanisms and prevented duplication through implementation of agreed SBC county-level

activities. Innovative SBC engagement approaches explored through the Centre for Behaviour Change and Communication (CBCC), partnership, successfully implemented innovative radio-led community engagement approaches through the “back to school” and the multi-media COVID-19 vaccination campaign, “Pata Chanjo, Kaa Chonjo,” culminating in the formation of a cumulative 120 radio listening groups for sustained engagement across 43 counties country wide. The Digiredio platform has been effective in educating, amplifying community voices, catalyzing action, creating social accountability, and enhancing public participation and will be upscaled nationally as a platform for effective social accountability. To mobilise the 2021 target 10 million people for vaccination, various acceleration strategies were employed including the design, printing, and dissemination of various COVID-19 IEC materials in 47 counties (8,153 health facilities). The campaign’s call to Action, *Pata Chanjo, Kaa Chonjo* is now a national slogan adopted by all agencies supporting COVID-19 and continues to run on various media channels with support from the civil society and private sector. The campaign ran for 6 months, reaching approximately 4.2 million people daily drawn from 47 counties and was effective in developing the capacity of 201 radio presenters, engaging 342 community trusted persons, organizing 153,491 interactive segments, creating 59 radio listening groups and generating 1,498,955 social media engagements.

Media monitoring through Ipsos and social listening was upscaled through CBCCs Angaza Social Listening platform which collected, processed and analysed information from the community on weekly basis, generating community insights for contextualized messaging and cross-sectoral Covid-19 communication. The Platform evolved into a two-way engagement system/dashboard enabling feedback loop closure and catalysing social action. A pilot of the GOK UNICEF COVID-19 Rumour Tracking Mechanism in 22 out of 47 counties with the Centre for International Health Education and Biosecurity (Ciheb)-Kenya supporting a further 10 counties has informed the need to create a national social listening and rumour tracking mechanism for countering infodemics across all disease outbreaks and emergencies.

In addition, two mass Polio immunization campaigns with supplementary immunization activities (SIAs) undertaken in May and July in 13 high-risk counties, successfully reached a total of 3,552,029 children under the age of five years, achieving a 102.8 percent coverage. Six polio social investigations and response in Garissa (Dadaab refugee camp), Nairobi, Mombasa and Isiolo were a culmination of Polio Social Investigation Training of Trainers for CHMT members from 17 Polio high-risk counties. Further 36 advocacy stakeholder meetings were held enlisting 220 Social Influencers drawn from 15 Polio high-risk counties in supporting county level message dissemination using community platforms. In addition, 3.8 million children were vaccinated during the Measles and Rubella campaign held in 22 high-risk counties July. While cholera cases have decreased partly due to the increased hygiene measures and practices to prevent COVID-19, a partnership to implement COVID-19 sensitive water, sanitation and hygiene, Risk Communication and Community Engagement (RCCE) interventions facilitated by Waso Resource Development Agency, WARDA is in being explored. Even with a greater focus on Covid-19, successes have been realised in supporting SBC institutional strengthening through anchoring a co-ordination mechanism that will be applied across all emergencies. This, with the upscaling of the Digi-redio platform as a mechanism for accountability to affected populations and the piloting of a national rumour tracking mechanism, are innovations that will sustain future resilient SBC response in emergencies.

Results Table

Sector/Indicators	Cluster/Sector Target 2021	Cluster/Sector Results 2021	UNICEF 2021 Target	UNICEF Total Results
Health				
children and women accessing primary health care in UNICEF-supported facilities	N/A	N/A	266,662	200,606
Children (boys and girls), their caregivers and communities are aware of behaviour change for drought-related disease prevention	N/A	N/A	146,203	197,146
Nutrition				
children aged 6 to 59 months with severe acute malnutrition admitted for treatment	147,000	96,751	147,000	63,848
Child Protection				
children and caregivers accessing mental health and psychosocial support	36,664	56,897	36,664	9,454
Education				
children accessing formal or non-formal education, including early learning	589,434	229,354	589,434	229,354
WASH				
people accessing a sufficient quantity of safe water for drinking, cooking, and personal hygiene	1,800,000	413,954	1,800,000	413,954
C4D				
people reached with messages on access to services	1,623,062	15,000,000	1,623,062	15,000,000
Social Protection				
households benefiting from new or additional social transfers from governments with UNICEF technical assistance	N/A	N/A	10,000	12,004
HIV/AIDS				
pregnant and lactating women living with HIV receiving antiretroviral therapy	N/A	N/A	2,000	607

*Results table reference link: <https://www.unicef.org/media/115576/file/Kenya-Year-End-Humanitarian-SitRep-31-December-2021.pdf> - Page # 12

** Results are achieved through contribution against appeals, as well as resources from UNICEF's regular programmes where necessary.

Cross-Sectoral Results Achieved from Humanitarian Thematic Funding

During the reporting period, UNICEF continued to provide critical technical, financial, capacity enhancement support and championed in its coordination role among the UN agencies, the implementing partners and within government (both at national and sub-national levels). This has ensured that Over 5 million people affected by drought, floods and COVID-19, and refugees in Kakuma and Dadaab refugee camps received critical humanitarian assistance in 2021 through UNICEF support to sectoral and multi-sectoral coordination. Of these, approximately 2,350,000 are children (1,198,500 girls and 1,151,500 boys). Through its sector lead role for WASH, Nutrition, Education and Child Protection, and hub lead role for Kisumu and Garissa humanitarian hubs, UNICEF provided financial and technical support to the national government, county governments and inter-agency coordination mechanisms for humanitarian preparedness and response at both national and county level.

Additionally, UNICEF provided technical coordination oversight for the health, GBV and Shelter/NFIs sectors in collaboration with WHO, UNFPA, IOM and KRCS. UNICEF supported the National Drought Management Authority (NDMA), National Disaster Operation Center (NDOC), Kenya Humanitarian Partnership Team (KHPT) and UNOCHA in coordinating multi-sectoral preparedness, response, and resource mobilization for the drought at national and county level. Internal coordination of UNICEF humanitarian preparedness and response was maintained through Emergency Management Team and Emergency Focal Points meetings, updating the Emergency Preparedness Platform (100% score by December 2021) and development of humanitarian situation reports (SITREPs).

UNICEF Zonal offices in Kisumu, Lodwar and Garissa provided technical oversight for effective sectoral and multi-sectoral coordination of preparedness and response for flooding, COVID-19, and drought in the UNICEF-focus counties of Turkana, Baringo, West Pokot, Samburu, Garissa, Wajir, Mandera, Isiolo, Marsabit, Tana River, Kisumu, Migori, Busia, Siaya, Nyamira, Kakamega, Vihiga, Homa Bay and Bungoma. They also coordinated refugee emergency interventions in respective camps and refugee settlement areas. UNICEF Kisumu Zonal Office (KZO) as lead for Kisumu Humanitarian Hub, with World Vision as co-lead and Kenya Red Cross Society as Operational lead convened multi-agency and multi-sector meetings to coordinate COVID-19 and flooding preparedness and response. Technical leads for health, education and WASH in Kisumu Zonal Office supported county level sectoral coordination in high-risk counties of Kisumu, Siaya, Busia, Homabay and Migori through sub-county coordination forums. UNICEF Garissa Zonal Office (GZO) supported the Garissa humanitarian Hub to strategically coordinate drought and COVID-19 response through the Kenya humanitarian partners' platform, and coordination of Dadaab refugee response in collaboration with UNHCR and partners. GZO also supported cross-border coordination with Ethiopia and Somalia for refugee and conflict response. Development of Emergency information management products for Kisumu and Garissa Humanitarian hubs including 5W matrices and infographics enhanced coordination of humanitarian response by reducing duplication of humanitarian interventions. UNICEF Lodwar Zonal Office (LZO) supported coordination for adolescent health and the multi-sectoral platform for food and nutrition security. LZO also supported Turkana County Government to improve its humanitarian coordination capacity through advocacy, collaboration, and multi-sectoral approach to the Kakuma refugee response and services for host communities.

UNICEF supported development of the child-focused risk profiles on floods and drought in partnership with UNDP and UNWOMEN for Turkana, Baringo, West Pokot, Samburu, Mandera, Marsabit, Wajir, Isiolo, Garissa, Tana River, Kilifi, Migori, Kisumu, Busia and Lamu. This has enhanced risk-informed humanitarian coordination capacities in target counties. The profiles generated were disseminated at the county level through the training of 57 NDMA staff and partners (55 male and 2 female). UNICEF also supported Garissa County in training of technical staff on emergency preparedness and response for 25 sector technical leads (22 Men and 3 women) in collaboration with the National Disaster Management Unit. Overall, through the UNDAF outcome 2.8 there is increased coordination between the UN and the Government. The consequent joint programming initiatives have enhanced efficient prioritization & utilization of resources. For instance, the Joint Devolution Programme (JDP) that brings together UNICEF, UNDP and UN Women which made resource allocation more coordinated. There is also improved participation of government in planning, project implementation and coordination.

Thematic Funding Case Studies

1. Education Case Study: Support to Accelerated Education Programme (AEP) in refugees and host communities' areas.

Top Level Result:

Over aged girls and boys have access to a continuous, protective, safe and inclusive quality learning opportunities in Dadaab and Kakuma/Kalobeyei settlement refugee areas

Issue/Background:

In Kenya, inequalities in access to education persist. This is particularly true for displacement affected areas where refugees are living in camps with hosting communities, and in Arid and Semi-Arid Lands (ASAL) where access, attendance, retention, quality, and transition are still major challenges. Statistics show that in Kakuma refugee camps and Kalobeyei settlement, which are in Turkana West sub-county, more than 7,500 (52% girls; 48% boys) primary-aged children are out of school while 39% of those enrolled are overaged. In Dadaab refugee camps approximately 44,000 (60% girls; 40% boys) children are out of school. Key barriers to children accessing quality basic education and retention in schools include inadequate numbers of teachers, poorly qualified teachers; inadequate school infrastructure (classrooms and sanitation facilities); lack of civil documentation; lack of educational materials; lack of understanding of how to include children with disabilities. More broadly, in the targeted communities there are often weak parental support, poverty, parental preference for religious education over formal education, early marriages, child labour and negative socio-cultural factors that tend to prioritize boys over girls for education. To address the above challenges, UNICEF and its partners are focusing on providing opportunity to overaged children who struggle to join the formal education and learn with the younger children. This is done through improvement of access, quality, and inclusion in existing accelerated education programmes (AEP), ensuring that learning spaces/centres offer a protective environment and that children's educational experience is meaningful. For the same purpose, teachers' and educational professionals' knowledge, skills and attitudes were built, especially in learner-centred pedagogy, psychosocial support, inclusion of Children with Disabilities (CWDs), and gender.

Resources Required/Allocated:

Resources utilized in Education in emergency in 2021:

Total	OR	ORE
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\$	1,706,069.76	623,362.15 OR	1,082,707.61 ORE
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Progress and Results:

Partners operating in the refugee camps in Kenya and those working mainly in urban informal settlements are approaching AE delivery in a disjointed manner. There is lack of clear policy guidelines, lack of a harmonized curriculum, and lack of strategies for AE teacher training. To address this, UNICEF at the National level supported Ministry of Education to undertake stakeholder forums and provided technical assistance towards strategies for AE harmonization and establishment of harmonized AE guidelines/framework. To strengthen the collaboration of all partners and coordination leading to the development of AE harmonization framework, UNICEF supported mechanisms for the establishment of a national level AE technical working group (AE TWG) with a secretariat and clear terms of reference, membership and work-plan that will contribute to the realization of the strategies under the AE framework above. Additionally, UNICEF worked with partners to deliver AE programmes to children in refugee camps. This was done through enrolment campaigns for OOSC, learners' assessment and examination, provision of learning materials and support to teachers to run AEP classes.

In Dadaab and Kakuma, mobilization campaigns were conducted in the camps and host community with the participation of PTA/BOM, parents, community leaders, block leaders, and other education stakeholders. The mobilization entailed sensitization on the importance of education, Covid 19 responsive learning, discussing barriers to enrolment, school attendance, and retention. As a result, 1,652 (752 girls, 900 boys) were enrolled in the AEP in Dadaab while 2,085 (907 girls, 1,178 boys) were enrolled in Kakuma.

Criticality and value addition:

With the continuous support to the AEP activities in Dadaab, a total of 1,087 (525 girls, 562 boys) learners sat for the end of year exams for the 3 levels of AEP. Out of which 512 (229 girls, 283 boys) learners scored at least 250 or above out of 500. A total of 1,019 learners (490 girls, 529 boys) of those who sat the exam transitioned within AEP levels internally. In addition, 68 (35 girls, 33 boys) learners transitioned to secondary schools after sitting the Kenya Certificate of Primary Education (KCPE) exams in March 2021.

In Kakuma, out of 612 learners (255 girls;357 boys) who sat for the end of year exams for the level 1 and level 2 of AEP, 579 learners (244 girls, 335 boys) learners scored at least 250 or above out of 500. All those who sat for the end of year exams passed it. Among them,33 (11 girls, 22 boys) learners transitioned to the mainstreamed in class 8 in preparation to sit for KCPE examinations in 2022 while 579 learners (244 girls, 335 boys) transitioned within AEP levels internally.

Challenges and Lesson Learned:

Efforts to enrol more overaged children at the AEP faced a major challenge following the Covid-19 crisis causing long school closures and disruption of the 2021 school calendar. The impact was also extended to 2022 school year which was supposed to start in January 2022 but due to COVID-19 crisis it will start in April 2022. Other challenges include increased teenage pregnancy and early marriage amongst adolescent girls which led to increased dropout rate among girls and limited access to psychosocial support due to covid-19 restrictions which limited the interaction between affected adolescents and teachers or counsellors. Through community awareness sessions and community-based campaigns, teachers, parents, Boards of Management, community leaders were targeted to support education enrolment of out of school children in the upcoming school year. The non-inclusion of refugee children within the national system continues to negatively affect the use of strained resources as a considerable portion of the available resources have to be allocated to school running cost and teachers' incentives.

Moving Forward:

UNICEF will continue to provide technical support for the policy development, advocacy, and coordination efforts with the aim of including refugee children within the formal national education system in Kenya.

UNICEF will also continue to support access to/retention in the formal and non-formal education for the most vulnerable overaged children. Moreover, together with other education stakeholders UNICEF will continue to reinforce applying the integrated approach to child life cycle to address the issue of teenage pregnancy and early marriage as well as other cross sectoral issues.

UNICEF will continue to advocate and undertake resource mobilization efforts to secure funding for drought emergencies to increase the resilience of the education system and reduce the impact of drought on the education of vulnerable children living in ASAL.

Assessment, Monitoring and Evaluation

As a critical lead agency in various humanitarian emergency groups and as sector lead and co-lead for WASH, Education, Health, Nutrition and Child Protection UNICEF participated in undertaking sector assessments and analysis providing data and information to inform prioritization of needs and targeting of people in need of humanitarian emergency. UNICEF used information from field surveys and studies to influence the government leadership to allocate resources and prioritize interventions for vulnerable populations during emergency.

UNICEF has contributed both financial and technical support for the progressive monitoring and tracking of progress towards achievement of planned results for the ongoing emergency response. This was done through actual field visits, regular stakeholders consultative forums and programme review meetings with sector partners. Feedback from these review meetings was shared with partners in order to inform new strategies, correct where challenges have been experienced and to inform new policy directions for government both at national and county levels.

Financial Analysis

In 2021, UNICEF appealed for US\$ 32.7 million to sustain the provision of life-saving services for women and children in Kenya. The United Kingdom Committee for UNICEF, USA (USAID) OFDA, USAID/Food for Peace, European Commission / ECHO, USA (State) BPRM, Japan Committee for UNICEF, the Government of Japan and UNOCHA (CERF) have

generously contributed to UNICEF Kenya’s humanitarian response against the appeal. UNICEF expresses its sincere gratitude to all public and private donors for the contributions of US\$ 9.4 million received. However, the 2021 Humanitarian Action for Children (HAC) appeal had a funding gap of 47% by 31 December 2021. UNICEF continued to support resource mobilization efforts through its sector lead role for Nutrition, WASH, Education and Child Protection and its technical oversight role for Health and Social Protection, and re-allocated regular resources to meet critical gaps.

Future Work Plan

2022 Programme Targets¹⁸

Sector	Target
Nutrition	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 ¹⁹	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 144,299 children accessing formal or non-formal education, including early learning 6,819 children receiving individual learning materials
Social protection and cash transfers	<ul style="list-style-type: none"> 11,443 households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding
HIV and AIDS	<ul style="list-style-type: none"> 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
C4D, community engagement and AAP ²⁰	<ul style="list-style-type: none"> 1,000,000 people reached through messaging on prevention and access to services 400,000 people with access to established accountability mechanisms

¹⁸ UNICEF Kenya Humanitarian Action for Children (HAC) 2022

¹⁹ GBViE (gender-based violence in emergencies) and PSEA (prevention of sexual exploitation and abuse)

²⁰ C4D (communication for development); and AAP (accountability to affected populations).

Annex A: Financial Analysis

Table 1: Funding status against the appeal by sector

This table includes all resource partners and all types of funding received and available for emergency activities in the humanitarian appeals as defined in the UNICEF Kenya Humanitarian Action for Children (HAC) appeal and includes all resource partners and all types of funding received and available for emergency activities against the appeal.

Sector	Requirements	Funds available		Funding gap	
		Received Current Year 2021	Carry-Over	\$	per cent
Health and Nutrition	47,349,123	14,576,365	4,373,071		60%
WASH	46,355,000	14,638,232	3,542,307		61%
Child Protection	5,183,401	2,397,611	1,339,356		28%
Education	16,047,402	3,154,367	1,791,444		28%
Sector Coordination	8,859,136	1,424,449	1,877,059		63%
Total					

NB: * Funds available includes funds received against current appeal and carry-forward from previous year.

Table 2 - Funding Received and Available by 31 December 2021 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds		
Global - Thematic Humanitarian Response	SM/18/9910	115,656
Global - Thematic Humanitarian Response	SM/20/9910	56,659
Global - Thematic Humanitarian Response	SM/21/9910	147,427
b) Non-Thematic Humanitarian Funds		
Japan	SM/21/0067	1,397,290
USAID/Food for Peace	SM/17/0434	369
USAID/Food for Peace	SM/18/0338	4,052
USAID/Food for Peace	SM/20/0236	1,045,043
Bureau for Humanitarian Assistance	SM/20/0200	681,914
European Commission / ECHO	SM/21/0354	572,792
USA (State) BPRM	SM/21/0374	10,933
Total Non-Thematic Humanitarian Funds		
c) Pooled Funding		
(i) CERF Grants (Put one figure representing total CERF contributions received in 2021 through OCHA and list the grants below)		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc. (Put the figure representing total contributions received in 2021 through these various pooled funding mechanisms.)		
UNOCHA	SM/21/0772	2,551,019
d) Other types of humanitarian funds		
Japan Committee for UNICEF	KM/21/0016	51,290
Total humanitarian funds received in 2021 (a+b+c+d)		14,575,000
II. Carry-over of humanitarian funds available in 2021		
e) Carry over Thematic Humanitarian Funds		
Global - Thematic Humanitarian Resp	SM/18/9910	235,992
Global - Thematic Humanitarian Resp	SM/20/9910	5,062
f) Carry-over of non-Thematic Humanitarian Funds (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
UNDP - MDTF	SM/20/0841	317,757
The United Kingdom	SM/17/0463	1
European Commission / ECHO	SM/19/0213	1,616,812
USA CDC	SM/20/0759	277,778
Japan	SM/20/0337	3,180,915
USA (USAID) OFDA	SM/20/0200	374,129
USAID/Food for Peace	SM/20/0236	415,719
USA (State) BPRM US Bureau of Population	SM/21/0237	300,000
United States Fund for UNICEF	SM/2/00195	119,220
Japan	SM/20/0363	65,430
Total carry-over humanitarian funds (e + f)		6,908,815
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		

None	-	0
Total other resources		0

* Programmable amounts of donor contributions, excluding recovery cost.

** 2021 loans have not been waived; COs are liable to reimburse in 2022 as donor funds become available.

Please make sure to delete the red instructions noted in the table above while filling out the table for the forward information.

Table 3: Thematic Humanitarian Contribution Received in 2021 (USD):

Donor	Grant Number ²¹	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Global - Thematic Humanitarian Response	SM189910	115,656	115,656
Global - Thematic Humanitarian Response	SM209910	56,659	56,659
Global - Thematic Humanitarian Response	SM219910	147,427	147,427
Total		319,742	319,742

Table 4: Donor Statement (As of 31 December 2021)

No.	Grant Reference Number	Donor	Attachments
1	SM210067	Government of Japan	 SM210067.pdf
2	SM200236	USAID/Food for Peace	 SM200236.pdf
3	SM200200	Bureau for Humanitarian Assistance	 SM200200.pdf
4	SM210354	European Commission / ECHO	 Sm210354.pdf
5	SM210374	USA (State) BPRM	 SM210374.pdf

²¹ International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting. <http://iatistandard.org/>

Annex B: Two-Pagers for Non-Thematic Funding contributions only

(i) Two Pager Grant SM200236

- Donor name: **USA Government (USAID) Food for Peace**
- Assisted country: Kenya
- Grant reference number: **SM200236**
- Total contribution: USD 3,000,000
- Programmable amount: USD 2,777,536
- Cumulative Expenditure*: USD 2,777,536
- Commitments*:
- Period covered by the report: April 2020 – April 2021

Purpose of the Contribution

- The purpose of this funding was to contribute towards the reduction of acute malnutrition and associated morbidities and mortalities in children in 23 Arid and Semi-arid lands, urban informal settlements and refugee camps of Kenya. The main activities were: local procurement and distribution of Ready to Use Therapeutic Foods for treatment of severe acute malnutrition (SAM) in children under five years of age; support to on-the-job training of health workers working at the health facilities on the package of High Impact Nutrition Interventions (HiNi) including the management of acute malnutrition; support to information management and surveillance, coordination and planning of the nutrition sector and response in the Arid and Semi-Arid Lands (ASAL) and urban informal settlements of Kenya; rehabilitation of storage infrastructure in priority health facilities, capacity building of key supply chain staff on supply chain management and support RUTF end user monitoring.

Results

- In 2021, a total of 63,848 severely malnourished children (30,849 boys/ 32 994 girls) were reached between January and December 2021 in ASAL, urban informal settlement and refugee camps. This translates to an achievement of against 66 percent of the 2021 Nutrition sector target for treatment of severe acute malnutrition.
- UNICEF locally procured and distributed 39,050 cartons of RUTF with funding from USAID FFP to 2,182 health facilities offering integrated management of acute malnutrition services through the Kenya Medical supplies authority (KEMSA). The Local procurement of RUTF ensured timely availability of supplies for SAM management. The RUTF were branded with USAID logo at no additional cost by INSTA the local producers.
- UNICEF continued to engage in strategic partnership with the Kenya Essential Medical Supply Authority (KEMSA) to integrate the Ready to use Therapeutic Foods (RUTF) supply chain into the Government of Kenya health commodity pipeline for sustainability purposes. KEMSA ensured delivery of RUTF directly to 2,182 health facilities in twenty-three (23) ASAL with request and reporting through the Logistics Management Information Systems (LMIS). The LMIS reporting rates have been above 80% for most of the counties.
- In 2021, challenges were experienced in securing the RUTF pipeline. As of 31st December 2021, the RUTF stock out rate stood at 29.2%. UNICEF continued to support effective coordination of resource mobilization efforts to ensure resources from government and donors to secure the pipeline of life saving commodities for treatment of severe acute malnutrition. GoK has shown commitment through allocation of KES 26,658,288 to support this. UNICEF through the matching fund mechanism topped up an equivalent amount and 10,600 RUTF cartons will be procured within the first quarter of 2022.
- UNICEF supported shock responsive programming through the rollout of IMAM Surge Approach, a threshold setting model for action that anchors on the analysis of monthly caseload and the capacity to handle the increased load both at facility and sub-county levels. The model has been rolled out in 394 health facilities in 10 counties (53% of the health facilities in the ten counties).
- UNICEF as the sector lead agency for nutrition continued to work with the Government and partners to support the development and review of the national and county nutrition sector response plans. Coordination was ensured through regular coordination forums at national and subnational levels and largely focused around service delivery level, more so on the quality and transition of outreach support from partner funding to government funding. Constraints experienced during implementation of interventions include inadequate resources from government for nutrition both at national and county level, hindering effective nutrition programme delivery. The RUTF pipeline in 2021 was constraint leading to stock outs in health facilities. UNICEF ensured close monitoring of commodity management and interfacility distribution in sub-counties conducting integrated outreaches to mitigate the stock outs situation.
- **Future plans for utilization of grant balance**
The funds have now been fully utilized to support logistics for RUTF supplies and strengthen implementation of the package High Impact Nutrition interventions in Kenya.
- **Visibility**
UNICEF has recognized the support of USAID to the humanitarian response in Kenya through the 2021 Humanitarian Situation Reports that are published globally on the [UNICEF global website](#) and on [reliefweb](#). UNICEF distributed ready to use therapeutic feeds (RUTF) which were labelled with USAID logo. Communities were therefore made aware of USAID's support and are grateful for the therapeutic feeds which enabled their children to access timely treatment for acute malnutrition.



- **Expression of Thanks**

UNICEF Kenya wishes to thank USAID for providing this contribution to avert the excess morbidities and mortalities associated with acute malnutrition and poor hygiene in children and women in the affected parts of the country. UNICEF Kenya looks forward to continued collaboration with USAID to improve the lives of women and children in Kenya.

(ii) Two Pager Grant SM 210374

- Donor name: **USA (State) BPRM**
- Assisted country: Kenya
- Grant reference: **SM210374**
- Total contribution: USD 300,000.00
- Programmable amount: USD 277,777.78* (Education: \$74406.62; CP: \$ 92,595.60; Nutrition: \$110,775.6)
- Funds utilized: USD 276,891.28* (Education: \$ 74406.62; CP: \$49,001.85; Nutrition: \$ xxxx)
- Commitments: USD 39,187.07 (Ed: \$ 0.00; CP: \$38,204.9; Nutrition: xxxxx)
- Period covered by the report: January - December 2021
- Report Type: (Final)

Purpose of the Contribution

- For Nutrition, the purpose of this funding was to contribute towards the Covid-19 Response in Kenya through key interventions that included the following:
 - Local procurement and distribution of Ready to Use Therapeutic Foods (RUTF) for treatment of severe acute malnutrition (SAM) in children under five years of age.
 - Supported the implementation of the package of High Impact Nutrition Interventions (HiNi) including the management of acute malnutrition.
 - Coordination and information management in Dadaab, Kakuma and Kalobeyi refugee camps.
- For Education, the funds aimed to enhance Accelerated Education Program (AEP) for refugee children
- For Child Protection, the funds were used to secure the procurement of Personal Protective Equipment (PPE), recreation kits and dignity kits, which was distributed among UNICEF's child protection implementing partners in Dadaab and Kakuma refugee settings, to ensure that the provision of lifesaving child protection services could continue in a safe manner by limiting the spread of COVID-19 and ensuring that the most vulnerable children were provided with items that would support their psychosocial well-being and protection.

Results

The funding contributed to the achievement of the following specific results in 2021:

- Under Nutrition the key results were:
 - A total of 26,891 moderately malnourished and 10,573 severely malnourished children required treatment. Of these, UNICEF targeted to support treatment access for 10,573 severely malnourished children through provision of therapeutic supplies while supporting supply chain, nutrition information systems and coordination. A total of 6,594 severely malnourished children were admitted for treatment in 2021.
 - UNICEF procured 1,436 cartons of RUTF for distribution to targeted children in the refugee camps despite pipeline gaps faced during the year. As of 31st December 2021, the RUTF stock out rate stood at 29.2%.
 - UNICEF continued to support effective coordination of resource mobilization efforts to ensure resources from government and donors to secure the pipeline of life saving commodities for treatment of severe acute malnutrition. GoK has shown commitment through allocation of KES 26,658,288 to support this. UNICEF through the matching fund

mechanism topped up an equivalent amount and 10,600 RUTF cartons will be procured within the first quarter of 2022. The funds have gone a long way in complementing the 2022 RUTF supplies pipeline.

- UNICEF is the sector lead for nutrition and support national and county level coordination systems. At field level, UNICEF has field-based nutrition specialists in Lodwar and Garissa offices supporting implementation of nutrition programs within the counties including the refugee camps. The field-based teams were critical in supporting this implementation. UNICEF worked closely with UNHCR and implementing partners including international rescue committee (IRC) in implementation.
- Under Education the key results were:
 - 2,128 (1,307 boys; 821 girls) out of school children were enrolled and supported with the Accelerated Education program through a) provision of remedial classes to enable students catch-up with their lost learning, b) procurement of school materials including education bag kits, textbooks, etc. c) training of 27 (8 women; 19 men) teachers on the new national competence-based curriculum
 - 392 (238 girls; 154 boys)) learners, 34 (11 girls; 23 boys) from the host community engaged on sessions about detection and prevention of negative drivers of mental health and psychosocial wellbeing to enhance concentration in schoolwork and awareness of when to seek help and appropriate referrals
 - 1,241 adolescent girls received menstrual hygiene kits which are expected to contribute positively to girls' school attendance.
 - 168 (11 women; 157men) refugee parents attended awareness session to boost their knowledge and skills in supporting their children with disability through home-based care and referrals of children to schools.
 - Increased diffusion of policies through support to Ministry of Education (MoE) on dissemination of respective policies and enhanced coordination on the refugee education inclusion into national system of education.
- On Child Protection the key results were:
 - Children were protected from COVID-19 during outreach activities and the delivery of lifesaving child protection services through procurement of Personal Protective Equipment (PPE), including 12,500 packages of soap, 1,500 packages of 3-ply face masks, 1,000 bottles of 500ml hand sanitizers, and 100 plastic water tanks.
 - 50 most vulnerable children living in housing with leaking roofs also received one plastic tarpaulin sheet to protect them from the harsh climate with another 80 most vulnerable children (58 girls, 22 boys) identified by child protection case workers in Dadaab, including 38 Unaccompanied and Separated Children to benefit from supplies and lead dignified lives.
- Constraints experienced during implementation of interventions include inadequate resources hindering effective nutrition programme delivery. The RUTF pipeline in 2021 was constrained leading to stock outs in health facilities. The support from USA (State) BPRM was critical in securing the RUTF pipeline for the severe acute malnutrition (SAM) treatment programme in the refugee camps despite pipeline gaps faced during the year.

Future plans for utilizing grant balance

The remaining funds under child protection has been committed fully to cater for supply and logistical support on handling supplies procured through the grant.

Visibility

UNICEF has recognized the support of USAID to the humanitarian response in Kenya through the 2021 Humanitarian Situation Reports that are published globally on the [UNICEF global website](#) and on [reliefweb](#). UNICEF distributed ready to use therapeutic feeds (RUTF) which were labelled with USA/BPRM logo.

Expression of Thanks

UNICEF Kenya wishes to thank the USA (State) BPRM for providing this contribution to avert the excess morbidities and mortalities associated with acute malnutrition in children in the refugee camps. UNICEF Kenya looks forward to continued collaboration with USA (State) BPRM to improve the lives of women and children in Kenya and takes this opportunity to express its sincere appreciation to the people of USA for their generous financial contribution. On behalf of the entire UNICEF Kenya team, we thank you for helping to advance our shared commitments to protecting the rights and improving the well-being of children in Kenya affected by various emergencies comprising refugees, natural disasters and pandemics including COVID-19.

Annex C: Human Interest Stories and Communication

Sector	Human Interest Stories	Photographs and Videos	UNICEF Press Releases and Media articles with UNICEF Kenya mention	Social Media
Child protection		https://youtu.be/QUXiA00UV3k https://youtu.be/yUol0W38qpl		https://twitter.com/UNICEFKenya/status/1440285979105894401?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1437409236552765447?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1437408720821145603?s=20&t=EOq-xIGV1VrUOj42YhJy0A

				https://twitter.com/UNICEFKenya/status/1443572532385247233?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1355077507016499203?s=20&t=EOq-xIGV1VrUOj42YhJy0A
Education	https://www.unicef.org/kenya/stories/top-class-helping-adolescent-girls-return-school-turkana https://www.unicef.org/kenya/stories/mr-golden-sun-solar-powered-radios-support-remote-learning https://www.unicef.org/kenya/stories/linked-connecting-schools-internet-turkana	https://youtu.be/HAmvx_D6AA4		https://twitter.com/UNICEFKenya/status/1392491815564103682?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1389569315716976641?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1356955228810211330?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1356236129360601091?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1438427364694835202?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1428348313925947396?s=20&t=EOq-xIGV1VrUOj42YhJy0A
WASH	https://www.unicef.org/kenya/stories/handwashing-recipe-good-health	https://youtu.be/bcJfmxRAiM https://youtu.be/-8A_7NuVv-c https://youtu.be/zy711E_Y43c https://youtu.be/mxkMvVqDxjA		https://twitter.com/UNICEFKenya/status/1401132477863890946?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1401132483819757569?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1355181954367369218?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1407695030123433985?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1400423318407233537?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1446344207115956245?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1398297037062422533?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1362653205772009472?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1428347714845040653?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1426066260044009474?s=20&t=EOq-xIGV1VrUOj42YhJy0A
Health	https://www.unicef.org/kenya/stories/combating-covid-19-vaccine-hesitancy-garissa https://www.unicef.org/kenya/stories/getting-jab-routine-	https://youtu.be/F2RzFflyXo8 https://youtu.be/nzE1_vzR7To https://youtu.be/50cMJ6yskfg https://youtu.be/yxmGaixq23s		https://twitter.com/UNICEFKenya/status/1396821678529912835?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1411969483888119808?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1410880634638188544?s=20&t=EOq-xIGV1VrUOj42YhJy0A

	immunisation-during-covid-19-pandemic https://www.unicef.org/kenya/stories/covid-19-vaccinations-begin-kenyan-health-workers	https://youtu.be/fhF88Zczd7E https://youtu.be/ZrlrMI_3PIU https://youtu.be/wh7-5XAphYM	https://twitter.com/UNICEFKenya/status/1410873186531557377?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1410549015943524365?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1409825135675068418?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1408387925843316743?s=20&t=EOq-xIGV1VrUOj42YhJy0A
C4D		https://youtu.be/VJNWmUiji6U https://youtu.be/457eAYyOqIY	https://twitter.com/UNICEFKenya/status/1186548690451910657?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1452181496555622402?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1418179186347368448?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1418174002955264003?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1398155784383516673?s=20&t=EOq-xIGV1VrUOj42YhJy0A
HIV/AIDS			https://twitter.com/UNICEFKenya/status/1447806338969608194?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1411974446341136384?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1446370949050347523?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1442767926138916865?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1466019644788117507?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1445719149485780993?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1448173615900409856?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1466035781676544006?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1466011510002655235?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1411974457544089603?s=20&t=EOq-xIGV1VrUOj42YhJy0A
Nutrition	https://www.unicef.org/kenya/stories/bouncing-back-helping-children-affected-drought-garissa	https://youtu.be/46r3DdWqrgI	https://twitter.com/UNICEFKenya/status/1443609341119041543?s=20&t=EOq-xIGV1VrUOj42YhJy0A

			https://twitter.com/UNICEFKenya/status/1443197529588383759?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1418184050485964805?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1408352508444086272?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1441322092771766279?s=20&t=EOq-xIGV1VrUOj42YhJy0A
Social Protection	https://youtu.be/NJbyF0Qr2TU https://youtu.be/38hcRN-p8ik		https://twitter.com/UNICEFKenya/status/1492130653680320514?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1443124327885512704?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1364273318690492424?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1438820188766576644?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1408441396294557698?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1408412486219468802?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1407688969677062147?s=20&t=EOq-xIGV1VrUOj42YhJy0A https://twitter.com/UNICEFKenya/status/1374692644241219590?s=20&t=EOq-xIGV1VrUOj42YhJy0A
Cross-sectoral			https://www.unicef.org/kenya/stories/bouncing-back-helping-children-affected-drought-garissa https://www.unicef.org/kenya/stories/combating-covid-19-vaccine-hesitancy-garissa

ANNEX D: Donor Feedback Forms

[English version](#)