HIGHLIGHTS (10 Aug 2020)

- The number of COVID-19 cases have doubled in the last 21 days, bringing the total to 26,436 cases with 420 deaths, as of 9 August.

- All the 47 counties have now reported COVID-19 infections with Nairobi City and Mombasa County continuing to have the highest attack rates.

- Risk communication, laboratory testing, and contact tracing are among the key challenges identified in the COVID-19 response.

- Turkana has reported a fourth wave of the cholera outbreak, while measles outbreaks remain active in West Pokot, Garissa, Wajir, Tana River and Kilifi counties.

- Rising gender-based violence has been recorded since measures were imposed to contain COVID-19.

KEY FIGURES

<table>
<thead>
<tr>
<th>People in Need</th>
<th>People Targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.2M</td>
<td>10.1M</td>
</tr>
</tbody>
</table>

FUNDING

- $286.8M requested (April - Sept 2020)
- $99.2M received or pledged

34.6% funded or pledged

CONTACTS

- Guiomar Pau Sole
  Head, Communications Unit, OCHA
  ROSEA
  pausole@un.org

- Saviano Abreu
  OCHA Public Information Officer
  deabreuisidoro@un.org

INTERACTIVE (20 Jul 2020)

Emergency Appeal Financial Tracking
BACKGROUND (10 Aug 2020)

Situation Overview

Since 12 March 2020 when Kenya reported the first COVID-19 cases, the Ministry of Health (MoH) has confirmed a total of 26,436 cases with 420 deaths (case fatality rate (CFR) of 1.6 per cent), as of 9 August. Overall, 65 per cent of the confirmed cases are males, with 33 per cent of the total being in age group of 30-39 years old. Of the total cases, 98 per cent are local transmissions, including at least 733 infections among health workers. MoH attributes the high rate of infection among private health facility health-care workers to inadequate adherence to infection prevention and control (IPC) guidelines and inadequate supply of personal protective equipment (PPEs). All the 47 counties in the country have now reported COVID-19 infections, with Samburu reporting nine cases for the first time in July. Nairobi City with 60 per cent of the reported cases, and Mombasa county (9 per cent) continue to have the highest attack rates of COVID-19 at 360 and 178 per 100,000 people respectively, when compared to 55.6 per 100,000 for the whole country.

COVID-19 infections in the refugee camps have reportedly more than doubled from 23 cases on 21 July to 52 confirmed cases, with two deaths and at least 16 recoveries as of 6 August. Dadaab refugee camps have recorded two additional cases since 21 July, bringing the total to 19 with the two deaths. Sixty-four people are reportedly in quarantine in Dadaab. In Kakuma, the COVID-19 infections have more than quadrupled from six to 26 cases, of which four have reportedly recovered.

On 27 July, President Uhuru Kenyatta announced the extension of the night curfew for another 30 days, following a spike in the COVID-19 infections. Kenya recorded its highest single-day COVID-19 cases, with 796 new cases on 24 July. The President further directed a ban on the sale of alcoholic drinks in all restaurants for a further 30 days and resumed commercial international passenger flights on 1 August.

Risk communication, delayed laboratory testing, lack of contact tracing/reporting and emerging stigma and discrimination against people discharged from quarantine centres, are among the key challenges identified in the response. The long turnaround time for relaying laboratory results to clients is causing delay in public health action. Uptake of other essential health services has reportedly reduced since the COVID-19 pandemic, with preliminary results from an MoH Study (yet to be released) recording a 30 per cent decline in outpatient visits between March and May, and 20 per cent decline in immunisation services, particularly Diphtheria-tetanus-pertussis (DPT3). Attendance at health facilities by those with chronic conditions reportedly reduced by 40 per cent, raising concerns over the impact of COVID-19 on management of HIV, TB,
diabetes, and other conditions. The study further records a significant rise in gender-based violence during the COVID-19 pandemic. Over 5,000 rape survivors reportedly received medical treatment at various health facilities across the country from March to June, of whom 70 per cent are children, with 95 per cent being female. In some counties, including Wajir, Turkana, Kisii, Nandi, Lamu, Homabay and Kisumu, there was a 30 per cent increase in incidents of violence since the beginning of the COVID-19 pandemic, according to information provided by MoH during the daily government COVID-19 briefing. Rising gender-based violence has been a serious concern in Kenya since measures were imposed to contain COVID-19. On 6 July, the President ordered the National Crime Research Centre to probe the escalating cases of gender-based violence and “the worrying trend of cases where the girl child has been disempowered”.

A new cholera outbreak is active in Turkana County, with 36 cumulative cases reported since June, out of which 19 were reported in July. This is the fourth wave in the county since the beginning of the year, bringing the total cholera cases in Turkana in 2020 to 273 cases with 1 death (CFR 0.4 per cent), out of the total 705 cumulative cases and 13 deaths that were reported countrywide since 1 January 2020 in Garissa, Wajir, Turkana, Murang’a and Marsabit. The outbreak is reportedly under control in all other counties, according to MoH. The national government in conjunction with implementing partners continue to support affected counties with cholera supplies and has operationalised Cholera treatment centres in the affected areas to support timely treatment of cases and minimize further spread of the disease.

Outbreak of measles are still active in five counties: West Pokot, Garissa, Wajir, Tana River and Kilifi, with a cumulative 447 cases reported, including 48 confirmed and two deaths (CFR 0.5 per cent), according to MoH. Interventions by the County Health Departments in the affected counties include contact tracing, stocking of adequate doses of measles – rubella vaccines and vitamin A, maintenance of cold chain equipment, sensitization of the public and health workers and treatment of the cases.

SECTOR STATUS (10 Aug 2020)

Education

20M

40

out-of-school children due to COVID-19

agencies in the COVID-19 response

Needs

- The Ministry of Education has announced the postponement of face-to-face learning to January 2021. At least 20 million children have been affected by the school closure since March, with Education and Protection partners reporting increased cases of child abuse, defilement, mental health, and unwanted pregnancies among school-going children.

- Education partners, in collaboration with the Government are in the process of identifying interventions to provide access to quality, equitable and inclusive education to learners during and after the crisis, to ensure continued learning.

- Learners from poor, vulnerable and marginalized households have limited access to online/remote mediums of learning due to lack of devices and internet connectivity at home; different levels of parental knowledge and attitude; hence further widening the poverty and inequality gap, inequity, access and quality of education.

- Need to facilitate production of online teaching and learning materials, and to expand existing distance learning programs and teacher training to effectively support distance learning, including monitoring and assessment of learning outcomes.
- The indefinite closure of schools due to COVID-19 from March 2020 to January 2021 coupled with restricted movements with acute challenges around space among poor households may exacerbate child abuse cases.

- Children with disabilities and special needs face extra challenges because many encounter significantly higher chances of neglect, abuse, segregation leading to loneliness, hence predisposing them to possible psycho-social challenges including depression hence need additional support.

- With the closure of schools, children from ASAL and vulnerable households who rely on school feeding programs are experiencing hunger with detrimental nutritional effects.

- Refugee, migrant children, and internally displaced learners, among other vulnerable groups continually face distinct challenges during the COVID-19 pandemic that need to be addressed

- Need to provide psychosocial support to learners, teachers, education officials and other education stakeholders to address the anxiety and mental health issues arising out of the lack of clarity on the school opening programme and activities.

Response

- More than 81,000 children (38,971 boys and 42,120 girls) have been reached, including more than 63,135 children (33,551 boys, 29,634 girls) from primary schools and 8,765 children (4,650 boys, 4,115 girls) from ECDE/pre-primary.

- At least 41,246 children (33,885 boys and 7,391 girls) were reached through remote learning, of whom 488 (1,295 boys and 1,193 girls) were children with special needs.

- Education partners reported 19,682 children (4,948 boys and 14,734 girls) reached, while 16,606 (3,271 boys and 13,389 girls) were provided with psychosocial messages/services.

- About 4,280 children (2,303 boys and 1,977 girls) were reached to assess the access of approximately 1,000 children to on-going TV/radio lessons and internet accessibility during the COVID-19 pandemic.

- Some 5,626 children (1,381 boys and 4,245 girls) were reached with conditional household cash transfer.

- About 119 (88 male, 31 female) teachers and educational officials were reached; of whom 88 (63 male, 25 female) were provided with financial support.

- At least 43,584 children (21,678 boys, 21,906 girls) were reached with Water and Sanitation support. Of these, 10,680 (6,957 boys, 6,675 girls) were provided with improved handwashing facilities, while 3,392 (1,820 boys, 1,572 girls) were provided with soap and hand sanitizers. Apart from this, there were also 1,572 girls who benefited from menstrual support/dignity kits. It should also be noted that there were no schools that had been disinfected.

- About 14,422 (7,366 boys, 7,056 girls) were reached through surveys and assessment on protection needs. Out of these, 1,496 (744 boys and 752 girls) were assessed on the impact of COVID-19 on education, while 10,430 (5378 boys, 5052 girls) were reached in monitoring and evaluation activities.

- A proposal submitted by Education Partners to Education Cannot Wait on COVID-19 First Emergency Response (ECW) has been approved. ECW will finance two consortia; UNHCR with LWF, Windle International and Futbol Mas, and other consortia led by Save the Children with Humanity Inclusion and Xavier Project. The proposal seeks to increase access to education for crisis-affected girls and boys in the refugee camps in Kakuma, Kalobeyei, Dadaab and in the urban informal settlements for the urban refugee children in Nairobi (Kawangware, Kitengela, and Umoja), Nakuru, Mombasa counties respectively. The two consortia will contribute to continued access to quality remote learning for 108,333 crisis-affected boys and girls and children with disabilities through the provision of radios, smart phones, extension of free access to e-learning and SMS-based platforms, and provision of airtime for teachers before schools resume fully in January 2021.

Gaps
Limited number of partners offering Mental Health and Psycho-Social Support, Social Emotional Learning, mentorship, life-skills for girls and boys, teachers, and support staff.

Inadequate resources to adhere to the MoH guidelines on social distancing in schools and support the fumigation, clean up, rehabilitation and renovation of education infrastructure used as quarantine centres as a result of COVID-19 pandemic ahead of school reopening in January 2021.

Inadequate resources to implement COVID-19 Education in Emergencies response plans, including monitoring the reach of the radio and television lessons.

Limited programs to improve access to online learning opportunities by children in Early Childhood Development level.

Ongoing long rains across the country are likely to continue to destroy the school infrastructure, which might hamper reopening of schools in the affected areas in January 2021.

### SECTOR STATUS (10 Aug 2020)

#### Food Security & Livelihoods

**3M**

food insecure people in June/July

**390k**

people supported to improve their livelihood

### Needs

- About 1 million Kenyans are currently severely food insecure (IPC Phase 3 or 4) according to the latest [IPC report](https://reports.unocha.org/en/country/kenya/). Planned assessments in July/August are expected to confirm increased food insecurity with some estimates projecting approximately 3.5 million severely food insecure people in July/August.

- Approximately 1.7 million people are projected to be affected in the urban informal settlements because of the COVID-19 pandemic. In urban areas, the most significant shocks usually faced affecting food security are an increase in food prices and a decrease in income or the loss of a job. Female-headed households, who constitute 30.2 per cent of the poor population, are at particularly high risk.

- Government and partners have identified 725,000 urban poor in COVID-19 hotspots, including Nairobi, Kwale, Kilifi, Mombasa and Nakuru to be targeted through government response.

- Workers in the informal economy may not be able to stay at home when they are sick without paid sick leave. People living in or near poverty often lack disposable cash and cannot easily stockpile food in times of pandemics. Hunger, malnutrition, pneumonia and other forms of health-related shocks and stresses compound vulnerability to the COVID-19 pandemic. In a context where up to 84 per cent of all jobs are in the informal sector (which excludes small-scale farming and pastoralist activities) and the urban poor spend an estimated 50 per cent of daily income on food, the slowdown in economic activity due to movement restrictions has affected their ability to buy their minimum food and non-food needs (KNBS, 2019; KFSSG, 2010).

- The number of counties infested with desert locusts has reduced from 28 to 2: Marsabit and Turkana. Turkana South is the most hit, followed by Turkana West, Turkana Central and Loima sub-counties.

### Response
The Sector supports 390,000 vulnerable Kenyans to diversify and improving their livelihood through food assistance and support. Food distribution in nine counties (Mandera, Wajir, Turkana, Garissa, Tana River, Marsabit, Isiolo, Samburu and Baringo) is in progress with beneficiaries expected to receive their entitlements before the end of July 2020.

An additional 2,561 households (12,800 people) affected by COVID-19 have been supported, bringing the total number of households supported to 3,675 out of a targeted total of 70,500 households in the informal urban settlements. Targeting and validation of beneficiaries for the urban response in Nairobi county commenced on 16 July and is projected to continue until 27 July. In coordination with local authorities and stakeholders, the exercise will facilitate verification and cleaning of data received from the Ministry of Devolution and ASALs with the objective of significantly increasing the number of households reached by end of July 2020.

Logistics and food assistance towards flood response activities were concluded in all the targeted counties (Mandera, Turkana, Garissa and Tana River) reaching 9,000 households with 1,000 tons of assorted commodities (cereals, pulses and vegetable oil).

Structural improvement and construction of additional rainwater harvesting structures to support both crop and livestock production in Turkana County is underway. An environmental and Social Impact Assessments (ESIA) to inform the construction of three 50,000m3 irrigation water pans has been undertaken.

Food Security partners are providing support to county's food security situation rooms to monitor and report on the food security situation on a weekly basis.

Gaps

- Funds are insufficient to sustain the monthly provision of a full food ration to refugees in camps. Refugees currently receive 75 per cent of the recommended minimum of 2,100 Kcal dietary food basket.
- Lack of data sharing agreements and systems is causing delays in accessing the list of beneficiaries supported by Government and other humanitarian actors in the informal settlements of Nairobi to enhance proper beneficiary targeting. This is causing a lag in the implementation plan for the urban response to COVID-19.
infection prevention and control (IPC) guidelines and inadequate supply of personal protective equipment (PPEs). Risk communication, delayed laboratory testing, and lack of contact tracing or reporting are some of the key challenges impacting needs in the COVID-19 response.

- Health institutions have reported insufficient medical facilities including, personal protection kits for frontline health workers and community health workers, laboratory testing kits for the mass testing of the targeted communities and high-risk groups, logistical support for the quarantine facilities, and establishment of new quarantine and Isolation centres to respond to the increasing numbers of new cases and contacts across the country.
- Provision of referral services in the 12 counties to ensure referrals 24/7 for emergency sexual and reproductive health cases, for women and girls in COVID-19 isolation centres, quarantine centres and quarantine neighbourhoods.
- There is need to establish testing at the port of Mombasa to ensure truck drivers are tested prior to the onset of their journey in order to reduce the need for further testing at the borders and facilitate movement of goods. The current demand for testing at Malaba and Busia border is approximately 150 to 300 tests per day resulting in significant delays impacting effective prevention. Health authorities have reported reduced uptake of other essential health services amid the COVID-19 pandemic, including for chronic conditions and immunisations services threatening to reverse investments made towards control of communicable diseases, including TB.
- New cholera cases have been reported in Turkana County, where health partners had on 21 July reported that the situation was under control. The county is reporting the fourth wave since the beginning of the year, bringing the cases in the county in 2020 to 273 cases with one death (CFR 0.4 per cent). Countrywide, 705 cumulative cases and 13 deaths have been reported since 1 January 2020 in Garissa, Wajir, Turkana, Murang’a and Marsabit. The outbreak is reportedly under control in all the other counties, including Marsabit that had reported five cases in Nroth Hor Sub-County in July. Health authorities attribute the recurrence of the outbreak to poor health seeking behaviours of affected communities and low latrine coverage with open defecation being practiced in some of the affected areas.
- Measles outbreaks are active in five counties: West Pokot, Garissa, Wajir, Tana River and Kilifi. A total of 447 cases have been reported, out of which 48 were confirmed and two deaths (CFR 0.5 per cent), according to MoH. There is need for continued sensitization of health workers on the disease and its management and treatment, and distribution of guidelines on measles disease in the health facilities. Improved outreaches visits are also needed to improve immunization coverage for the affected areas.
- The Ministry of Health has since January 2020 reported an outbreak of visceral leishmaniasis in Marsabit, Garissa, Kitui and Baringo counties, where a total of 141 cases with seven deaths (CFR 5 per cent) have been recorded, as of 28 July. Health authorities have reported a stock out of visceral leishmaniasis commodities especially rapid test kits, in addition to lack of vector control chemicals and IEC materials, including standard guidelines. There are limited drugs for proper treatment coupled with inadequate knowledge and lack of guidelines and protocol for healthcare workers on case management. Lack of community awareness and knowledge about the diseases and preventive measures has also contributed to its spread.

Response

- Health sector partners are providing support to County Health Departments and public health teams in responding to the health challenges posed by the COVID-19 pandemic and other outbreaks, including cholera, malaria and measles reporting active transmissions across the country.
- Investigation of all COVID-19 alerts across the country by the Rapid Response Teams. Rapid response, contact tracing, case management, community mobilization for risk communication and health promotion is going on in all counties. Risk communication and community engagement is on-going to enforce hygiene and social distancing, to reduce increasing transmission.
A total of 306,935 cumulative tests have so far been conducted by the 32 laboratories including two mobile labs located across the country. As of 31 July, a total of 1,777 truck drivers had been tested to complement the ongoing testing by the government at Malaba and Busia border.

Eight Epidemiologists and five Risk Communication and Community Engagement officers deployed to support COVID-19 response in key eight most affected counties: Kilifi, Mombasa, Nairobi, Nakuru, Embu, Kisumu, and Eldoret. Garissa and the refugee camps to support critical areas of health sector coordination, laboratory testing, rapid response and contact tracing teams as well as risk communication.

Conducted capacity building for Case Management and IPC (Isolation capacity, quarantine facilities, admissions, discharges, PPEs etc.) for 450 case managers and quarantine managers in ten counties. Participants included doctors, pharmacists, nurses, laboratory, clinical officers, surveillance and public health officers. They were selected from public and private health facilities and isolation centres.

Completed capacity building for sub-county Rapid Response and contact tracing teams in the 22 most affected COVID-19 counties. Similarly, over 112 health promotion officers have been given reorientation on risk communication and community engagement.

Health sector partners are supporting MoH to roll out of the new Kenya COVID-19 Home-based Care, Community Isolation, Laboratory testing strategy and contact tracing. The MoH is rolling out the home and community-based isolation and quarantine protocols focusing on Nairobi and Mombasa and other most affected counties across the country to reduce excess loads on the current facilities considering the increasing number of cases most of whom are asymptomatic.

About 26,000 COVID-19 testing kits and accessories donated to MoH and supply of 119,000 sets of masks for use by the frontline health workers during management of COVID-19 patients.

More than 9,300 people in 15 Nairobi informal settlements were supported with integrated services including: child immunization, nutrition services, curative services, ante-natal care, family planning, COVID-19 screening among other PHC services.

At least 540 community health volunteers in Migori County were supported to disseminate key COVID-19 preventive messages which has led to strengthened risk communication for COVID-19 and improved community involvement in prevention and control of COVID-19.

Supported 2,549 skilled deliveries in Kakuma and Kalobeyei refugee camps between January and June 2020.

Some 1.2 million people have been reached so far with information on sexual reproductive health through various media outlets including social media, webinars and print and electronic media. This included 79,350 adolescents and youth with integrated SRHR information by way of film disseminated through various social media platforms.

Delivered 500,000 vials of injectable contraceptives (im. DMPA) to KEMSA to be distributed to health facilities across the 47 counties.

A team from the Ministry of Health supported both Marsabit and Wajir counties to carry out field investigations for visceral leishmaniasis, while the national government has provided technical guidelines and fact sheets. The county health departments are undertaking enhanced surveillance activities, detection, confirmation and managing of cases and community awareness and sensitization.

Gaps

Stigma and discrimination against people who have been discharged from quarantine and isolation centres, as well as health workers, are emerging hindering case identification and reporting.
Inadequate resources for operations at the sub-national level for COVID-19 surveillance activities, this is glaring at the sub-county level.

The long turnaround time for reliable laboratory results to clients in most counties is causing delay in public health action.

Complacency by community despite established community transmission now a threat to prevention.

Commodity insecurity at the sub-national level of personal protective equipment.

Low uptake of integrated digital data management systems especially for the digital case investigation form in the CHT and Kenya EMR.

---

**SECTOR STATUS** (10 Aug 2020)

### Nutrition

- **370K** acutely malnourished children
- **79,765** children admitted to feeding programs

#### Needs

- Approximately 370,000 children are suffering from acute malnutrition, while about 66,300 pregnant and lactating women and 84,000 older people need services related to treatment of acute malnutrition.

- Over 5 million caregivers are targeted with key messages and support to access essential and lifesaving maternal, infant and young child services, including breastfeeding, complementary feeding, micronutrient supplementation and other essential services.

- Counties have continued to receive support for essential supplies for COVID-19 screening/testing and personal protective equipment (PPE) for continued service delivery at health facility and community level. However, counties have reported inadequate supplies for testing and PPE.

#### Response

- Nutrition Sector partners are currently involved in the 2020 Long Rains Assessments (LRA) data analysis and report writing process following successful field work in July. The exercise should be completed at the end of August. The findings are expected to give detailed insights on the status of food and nutrition security across the 23 Arid and Semi-Arid Land (ASAL) counties, Nairobi, Kisumu and Mombasa and will help review impacts of COVID-19, locusts, floods, conflict on overall outcomes. COVID-19 considerations are in place with the exercise largely being conducted virtually.

- Sector partners at national level continue to support counties to review their data and enhance adoptability of their programmes in response to the COVID-19 Pandemic. Capacity building through trainings and sensitizations of health workers has been scaled up across counties mainly focusing on COVID-19 response and continuity of services. Nairobi County has seen an increased level of such capacity development initiatives given the ongoing expansion of the moderate acute malnutrition programme.
The Sector has supported through the Nairobi Metropolitan Services (NMS) with PPE equipment ranging from washable masks, overlap aprons, re-usable carrier bags, donor branded sanitizer, banners and branded posters.

Community mobilization and messaging is happening across counties through radio, talks, public address system and use of community health volunteers (CHVs) to relay messages, in addition to the use of talking walls and digital platforms (SMS messaging).

More than 27,300 and 52,375 children requiring treatment of acute malnutrition have been admitted to the Therapeutic Feeding Programme and Supplementary Feeding Programmes, respectively. Compared to a similar time last year, there is a notable reduction in admission of children to the integrated management of acute malnutrition (IMAM), mainly attributed to COVID-19 associated fears, anxiety and stigma as well as reduced growth monitoring activities for children and scaling down of outreach activities after the end of the sector supported drought emergency funding period. However, an upward trend has been observed in numbers seeking treatment for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) since May and June 2020 following continued community mobilization and messaging.

A 26 per cent reduction in the number of children seen at Child Welfare Clinic (CWC) has been noted between February and May. A similar trend was observed at community level with mothers counselled on exclusive breastfeeding by community health volunteers reducing by 19 per cent between February and May 2020 (90,648 and 73,845 mothers respectively). The national Vitamin A supplementation coverage was 30.4 per cent as at the end of May 2020, way below the national target of 75 percent. The sector is working an acceleration plan to improve the coverage through use of the community strategy to reach more children.

### Gaps

- Inadequate PPE to cover nutrition workforce in the counties as well as the community health volunteers.
- Inadequate funds and commodities to facilitate the scale-up of Integrated Management of Acute Malnutrition (IMAM), especially in the non-ASAL counties and to cover refugee operations fully remains a challenge.
- Inadequate funds to sustain continued risk communication and promotion of nutrition during the period.
- Poor routine data quality at community level.
- Sub-optimal use of ICT platforms to scale up services such as community mobilization, real time data collection and reporting

### SECTOR STATUS (10 Aug 2020)

**Protection (Child Protection)**

- **230k** children targeted
- **7,997** children & parents received MHPS since Mar

### Needs

https://reports.unocha.org/en/country/kenya/
Downloaded: 10 Aug 2020
Protection partners have reported an increase in emotional, physical and sexual violence against children, with cases of defilement, child labour and gender-based violence (GBV) on the increase as the children remain out of school and many adults out of meaningful employment. A report by MoH, documents 5,000 cases of sexual abuse in Kenya since the COVID-19 pandemic of which 70 per cent are children below 18 years old. There is need to upscale advocacy against violence, abuse and exploitation of children and expand community level surveillance, prevention and reporting of child abuse cases and increased support to children survivors of violence and abuse, including SGBV.

Need to upscale case management support to children affected by COVID-19, including provision of mental health and psychosocial support.

Several children displaced by floods still need support with family tracing and reunification with partners calling for strengthened measures to prevent family separation, where possible.

Facilitating community support, by working with Child Protection Volunteers and the link between volunteers and children officers, ensuring children at risk are identified, and provided with required support.

Provision of COVID-19 prevention supplies and social support to children in institutions.

Need to ensure social and economic mitigation measures to address immediate and long-term impact of COVID-19 on children, e.g. increased household poverty due to economic challenges will directly impact on children.

Response

Partners continued with the dissemination of messages on child protection through local radios. Child Protection partners conducted radio talk shows through Ata Nayeche FM station addressing SGBV and child protection emerging issues during COVID-19. FM station has a coverage of 40,000 listeners from both refugee and host community. Questions were addressed through call in and SMS.

A total of 1,179 dignity and relief kits were distributed to vulnerable households in Garissa, West Pokot and Turkana since May 2020. The Ministry of Health has reported an increase of 30 per cent in violence, particularly among children in parts of these counties since March.

Nearly 8,000 (4,269 female, 3,449 male and 279 gender undisclosed) children, parents and caregivers have been provided with mental health and psychosocial support since March 2020.

More than 1,180 refugee vulnerable children (581 girls) were supported with handwashing kits, notebooks and water tanks under the COVID-19 response and preventive measures in Kakuma/Kalobeyei.

At least 19 business community members were sensitized on various aspects of child labour amidst COVID-19 pandemic and oriented on COVID-19 prevention measures and the toll-free line for reporting child abuse and GBV in Kakuma/Kalobeyei.

About 18 newly reported SGBV cases (14 female, 4 male) in Kakuma/Kalobeyei were supported with initial counselling and cases captured in GBViMS tracker. Of these 22 per cent of the cases were physical assault and 78 per cent were of psychological/emotional abuse nature.

A total of 1,087 child protection cases (573 female, 514 male) were supported in Turkana, Samburu and Baringo, of which 397 (211 female, 186 male) were SGBV cases (emotional, physical and sexual violence).

Case management is hindered by COVID-19 restrictions, limiting face-to-face interactions and movement.

Lack of dignity and relief kits, which are a high priority in counties affected by floods as people return since they lost their property.
SECTOR STATUS (10 Aug 2020)

Protection (Gender-based Violence)

500K
women&girl in need in informal settlements

Needs

- There has been a 13 per cent increase in GBV cases in Kenya between January and March 2020 compared to the same period in 2019, according to analysed data from the national GBV Hotline (1195). In addition, a study by the Kenya National Bureau of Statistics showed that 23.6 per cent of Kenyans have witnessed or heard cases of domestic violence in their communities since the introduction of COVID-19 containment measures. This is corroborated by a study undertaken by the Ministry of Health and Population Council (April 2020) on COVID-19 Knowledge, Attitudes, Practices and Needs, which showed that 39 per cent of women and 32 per cent of men were experiencing tensions in their homes.

- About 15,000 women and girls displaced and affected by floods need GBV related services and psychosocial first aid, according to GBV partners.

- About 670,000 women and girls in urban informal settlements need access to basic household supplies and dignity kits to reduce the risk of GBV.

- About 440,000 girls in counties with high prevalence of female genital mutilation (FGM) require social protection and psychosocial support, including dignity kits.

- At least 2,350 women and girls across the country need shelters and safe houses for protection from GBV and FGM.

Response

- GBV partners distributed 855 dignity kits to adolescent girls and young women in the counties of Bomet; Taita Taveta Kakamega and Kisumu and about 225 in the Kakuma Refugee Camp.

- Field missions conducted by GBV partners to Marsabit, Isiolo, Kilifi, Embu and Taita Taveta counties where 76 chiefs and sub-chiefs were sensitized on various acts of GBV especially FGM and early marriage.

- A total of 3,658 GBV cases received through the national GBV Hotline as at 30 July 2020 and provided with referral support and psychosocial first aid.

- At least 4.4 million people reached with messages on GBV through multiple platforms, including webinars, social media, radio stations and print media since May 2020.

- Six tele-counsellors hired and trained to support county GBV hotlines in Kwale, Kilifi and Mombasa, which have been set up by the county governments.

- Sustained provision of GBV services in three GBV recovery centres in Kakuma and Kalobeyi refugee camps.

Gaps

https://reports.unocha.org/en/country/kenya/
At least 3,000 health care workers and 1,500 police officers still need orientation on GBV and female genital mutilation.

Access to justice has been a challenge as the court system is not operating fully.

Reluctance by many survivors to officially report violations citing fear of repeated violence as due to uncertainty from enforcement actors.

Inadequate access to sanitary wear for over 1.2 million girls especially in rural locations and urban informal settlements.

SECTOR STATUS (21 Jul 2020)

Shelter & NFI

60K people in need of shelter support

6,100 HHs received shelter & NFIs in 17 counties

Needs

- Shelter and NFI partners estimate that over 300,000 individuals (roughly 60,000 households) are in immediate needs of shelter and settlement support in form of rental subsidies, provision of temporary shelter and non-food items (NFI) and shelter repair support, the needs are spread across the 33 counties affected by floods, landslides and evictions, and COVID 19 high-risk counties. People requiring assistance include over 45,000 households across different counties affected by the floods, and over 10,000 households in an informal settlement requiring rental subsidies for at least three months.

- In the long term, there is need for resettlement in alternative safer ground and shelter reconstruction for displaced population through build back better.

- There is urgent need to put floods mitigation measures in places in the floods prone counties where communities are at higher risk of exposure to protected community asset and infrastructures from severe damages by future floods.

Response

- Emergency shelter and non-food items have been distributed to 13,284 households in 17 counties affected by floods. In addition, supplies have been procured to support 6,000 households with NFI/shelter, leaving a gap of more than 40,000 households requiring temporary shelter and NFI support.

Gaps

- Government restrictions related to COVID-19 which have delayed procurement timelines and infrastructural damages will impair the access and efficiency of the service delivery.

- The critical funding gaps the Sector is facing is also impairing the capacity to conduct in-depth assessment to ascertain the level of damages to shelter and provide prerequisite technical guidance on resettlement and shelter repair.
SECTOR STATUS (21 Jul 2020)

**Water, Sanitation and Hygiene**

<table>
<thead>
<tr>
<th>Needs</th>
<th>Response</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.8M  ppl reached w/ WASH services or supplies</td>
<td>16M litres of water provided to informal areas</td>
<td></td>
</tr>
</tbody>
</table>

- Populations affected by the impact of the March-May 2020 long rains remain in several counties (West Pokot, Mandera, Garissa, Tana River, Busia, Kisumu).
- Enhanced WASH capacity at hospitals, clinics, reception and transit facilities, and schools.
- A total of 241 cases of teenage pregnancy were recorded in health facilities in Kakuma (145) and Kalobeyei (96) between March and June 2020 compared to 132 cases (82.6 per cent increase) during the same period in 2019.
- There has been a 30.5 per cent decline in contraception uptake between March and June 2020 compared to the same period in 2019 in Kakuma.
- Shortage of water treatment chemicals may lead to a closure of main water supplies in mid-size towns.

- The WASH sector supported services for 127,000 people including delivery of 10,000 household handwashing stations for vulnerable households (people living with disabilities, elderly, HIV/AIDS infected, cancer, orphaned).
- Newly developed water sources/rehabilitation sources served 435,962 people in counties outside Nairobi while 415,774 people were reached with water trucking to augment existing sources.
- At least 584 health facilities were also supported with the sector IPC materials.
- The sector is procuring 226 tons of aluminum and 7 tons of calcium hypochlorite to meet part of the water treatment chemicals shortage to support water utilities.
- Hygiene measures have been enhanced in the refugee camps, temperature screening has also been introduced at service delivery.

- Menstrual hygiene management needs of 50,000 women and adolescent girls remain a challenge affecting their dignity.
- Overall inadequate funding to meet the needs remains a challenge.
- Gaps in access to safe water supply and safe sanitary facilities remain high.
SECTOR STATUS (10 Aug 2020)

Multisectoral Cash / Social Protection

2.4M
HHs in need of short-term cash transfers

Needs

- In most areas of the country, especially Nairobi and Mombasa, 86 per cent of Kenyans are worried about not having enough food to eat.
- Partners estimate that households in immediate need of short-term cash transfer support include 2,413,640 vulnerable households spread across the entire country; 761,165 households in the informal settlements of the major cities; as well as an additional 120,000 households already targeted under the regular cash transfer programmes but have not been included due to budgetary constraints.
- Majority of Kenyans (80 per cent) are working in the informal sector, making them vulnerable to different types of shocks, particularly the economic impact of the COVID-19 pandemic.
- At least 133,657 jobs in Kenya have reportedly been lost in the formal sector and potentially a similar number of even more in the informal sector due to COVID-19 economic impacts, with low income earner being the most vulnerable according to the Ministry of Labour and Social Protection.
- At least 19 per cent of people in Nairobi informal settlements are reportedly skipping meals per day and 64 per cent skipping meals several times per week, according to a COVID-19 KAP survey done in May 2020.
- Child Poverty has a high likelihood of increasing under the current COVID-19 situation and related compounding factors that have reduced economic activities, reduced employment opportunities, caused high food and commodity prices among other extenuating factors.

Response

- Through the joint devolution programme, 5,800 most vulnerable households, which are part of the National Safety Net Programme (NSNP) in Migori, Kajiado, Garissa, Kilifi and Kakamega counties, were supported with temporary cash top-ups of 2,000 Kenyan Shillings per household for two payment cycles.
- Support to the Ministry of Labour and Social Protection (MLSP) to develop an Application Programming Interface (API) to the Enhanced Single Registry (ESR) to facilitate linkage with other social protection COVIDd-19 response interventions by non-state actors and ensure effective utilization of resources.
- Partners will support the MLSP rapid assessment on the impact of COVID-19 on the informal economy and the coverage of social protection within the informal and rural economy. The consultancy for this work has been circulated for competent technical firms to express interest.
- About 3,000 children released from institutions supported on their reintegration into foster families. The families will receive an integrated package of child protection services and cash transfers for four to six months.
- At least 16,000 children and adolescents in street situations in the counties of Nairobi, Mombasa and Kisumu are supported with a temporary cash transfer and integrated package of services with a focus on housing, education and child protection. This is a six-month pilot which will be considered for expansion in 2021.
• Support to the Social Assistance Unit of the Ministry of Labour and Social Protection to carry out post-transfer monitoring and assess the adherence to the COVID-19 transmission prevention guidelines and hygiene protocols during the payments to the cash transfer programme beneficiaries.

**Gaps**

• Challenges with the Single Registry data, which does not have updated data on children. This poses challenges for further analysis for horizontal expansion and causes delays in finalizing the design of interventions and hence in implementing them.

• Stakeholders adopting a variety of approaches to meet the same objectives including different transfer values, targeting criteria, and duration which has implications for overall quality and effectiveness of the response including the potential to create conflict.

• Increased negative social and economic circumstances (such as loss of jobs, out of pocket medical expenses) affect most of the population. This has a strong impact and constrains the targeting mechanisms for social protection interventions to cushion the most vulnerable.

---

**SECTOR STATUS (10 Aug 2020)**

**Refugees**

495K

refugees in Dadaab and Kakuma

**Needs**

• Provide access to radio lesson broadcast and curriculum-aligned digital learning resources to 90,000 refugee children in Kakuma refugee camp and 108,855 school-age children in Dadaab, affected by the closure of schools to ensure continuity of learning. At least 90,000 textbooks are needed in Kakuma and 80,000 in Dadaab to support home learning.

• At least 52 schools in Kakuma and Kalobeyei Settlement and 76 schools across Dadaab refugee camps need improvements in water, sanitation and hygiene conditions.

• About 40,000 school-girls need sanitary kits in addition to cash grants to support girls and other vulnerable children in both Kakuma and Dadaab refugee camps.

• A number of children need access to psychosocial support to reduce exposure, especially of girls, to gender-based violence, early marriage, teenage pregnancy and other risks.

• Health-care personnel in the refugee camps have reported shortage of Personal Protective Equipment (PPE), especially the N95 masks and face shields, and facilities are in need of additional frontline healthcare workers and community health volunteers.

• Need of quarantine facilities at border points of entry to manage importation and transmission of COVID-19 and other communicable diseases.
An increased number of refugees and asylum-seekers have been returning to the Kakuma camps, as they can no longer support themselves in urban areas. This may result in shortage of beds in quarantine facilities. A 14-day quarantine is mandatory for anyone entering the refugee camps. Need to maintain appropriate WASH facilities and amenities (running water, latrines, bathing shelters, soap etc.) and regular disinfected of quarantine and isolation facilities.

The continued closure of schools has exposed children to risks, such as engaging in illegal activities and early childhood pregnancies. Identifying foster caregivers for refugee children continues to be challenging due to the negative economic impact of the pandemic. Spread of misinformation among refugees and asylum-seekers regarding quarantine and COVID-19 treatment centres leads to some resisting admission. Children are afraid of visiting medical facilities when they have flu as it might be mistaken for COVID-19. There is need for increased COVID-19 awareness through engaging additional hygiene promotors and producing more information materials.

**Response**

- Sector partners continued to facilitate radio lessons and interactive live sessions reaching 44,468 (40 per cent female) refugee children with a daily five-hour radio lesson broadcast in Kakuma and another 30,000 refugees benefitted from a daily two-hour radio lesson broadcast in Dadaab.
- At least 5,000 (35 per cent female) learners accessed learning materials in audio, video and print format shared through WhatsApp communication trees in Kakuma, while 8,000 learners, including 1,002 children with disabilities, were targeted in Dadaab.
- More than 340 (44 per cent female) children with disabilities were supported to access radio lessons through adapted methods in Kakuma.
- About 320 (120 in Kakuma and 200 in Dadaab) female teachers were trained in peer mentorship training. The teachers will reach out to female students, support their engagement in learning continuity interventions and provide counseling.
- More than 1,310 girls received a disbursement of 3,000 Kenya Shillings in Kakuma.
- All new entrants into the Kakuma camps from Nairobi are encouraged to self-admit in the quarantine facilities. At the same time, ongoing community-based surveillance has led to identification of Points of Entries coming to the Kakuma camps and Kalobeyei settlement without quarantining. All individuals currently in COVID-19 isolation and quarantine centers receive mental health and psychosocial support.
- More than 19,256 patients treated at the hospital in Kakuma, who meet SARI and ILI case definition have been tested for COVID-19 since March. All tests have returned negative.
- Some 203 individuals were tested for COVID-19 as part of targeted testing among both refugee and host population in Kakuma, while 132 were tested in Dadaab in the last two weeks.
- About 33 Sexual and Gender-Based Violence (SGBV) cases among refugees and asylum-seekers were reported in Kakuma, Dadaab and urban areas. All survivors received psychosocial counselling and referrals were made to the police and to hospitals, as appropriate.
- Two SASA! Sessions were conducted, with 64 activists from the refugee camps participating. The sessions covered issues such as domestic violence, prevention and response. Participants reported an increase in cases, since families are spending longer time together due to COVID-19. Two health talk sessions were also conducted in health posts, reaching 108 community members. In addition, 89 men were reached through two dialogues on SGBV and manhood. Following the dialogues, 29 activists reached 585 community members with information on prevention of violence.
• In Kakuma, 25 religious leaders (19 male, 6 female) participated in a three-day training on SGBV and HIV prevention. 300 people were reached through a mass awareness campaign on SGBV and COVID-19. One block forum with 30 participants (20 female, 10 male) was organized on SGBV.

• About 60,000 individuals were reached through awareness campaign on COVID-19 in Kakuma in July. In addition, 4,000 simple handwashing devices were installed in households without any such facilities. In Dadaab, hygiene promoters reached about 30,000 refugees and asylum-seekers.

• Provision of 22.61 litres of water per person per day in Kakuma and 19.71 in Kalobeyei, while 31 litres per person per day were delivered on average in Dadaab.

• A total of 3,600 kilograms of soap were handed over to the police and sub-county officials in Dadaab. The donation will support approximately 9,000 individuals in four refugee and host community quarantine centers, eight police stations and 12 police posts. The soap was produced by refugees and members of the host community.

Gaps

• Limited digital infrastructure and equipment to support online learning and distance education, especially for those who live in refugee camps. Further, the high cost of internet connectivity makes it prohibitive to deploy online learning at scale. Children with disabilities and those with other special education needs are particularly disadvantaged.

• Sectors partners have noted gaps in digital skills necessary for effective use of technology for learners, teachers and parents. Social distancing and other restrictive health measures presents practical challenges in deployment, use and monitoring of educational technology solutions.

COORDINATION  (10 Aug 2020)

General Coordination

• The Government has earmarked 40 billion Kenyan Shillings (approximately US$377.7 million) in funds for additional health expenditure, including enhanced surveillance, laboratory services, isolation units, equipment, supplies, and communication; social protection and cash transfers; food relief; and funds for expediting payments of existing obligations to maintain cash flow for businesses during the crisis.

• On 9 April, the United Nations and humanitarian partners launched an Emergency Appeal to support the Government's response to the COVID-19 pandemic in the country. The emergency requirements of the plan, nearly $260 million, have been included in the updated COVID-19 Global Humanitarian Response Plan released on 17 July.

• The Education in Emergency (EiE) Working Group chairperson and Coordinator are participating in the face to face Long Rains Assessment (LRA) report writing from 3 to 14 August in Nakuru. The EiE WG chairperson participated in the LRA field assessment in Tana River and Kilifi counties from 20 to 31 July, 2020. Save the Children has sponsored the EiE WG coordinator and one Principal Education Officer from the Ministry of Education to participate in the face to face LRA report writing.

• The EiE WG Coordinator and Information Management Officer were inducted on their new roles by the Global Education Cluster on Coordination roles and child safeguarding. Furthermore, the two participated in the task team meetings on mapping out the funding gap for COVID-19 response in the MoE basic Education Sub-sector, the KHPT, among others.
OCHA coordinates the global emergency response to save lives and protect people in humanitarian crises. We advocate for effective and principled humanitarian action by all, for all.

https://www.unocha.org/southern-and-eastern-africa-rosea/kenya
https://www.humanitarianresponse.info/en/operations/kenya