HIGHLIGHTS (15 May 2020)

- Increased food insecurity and protection risks are reported in urban settlements as a result of COVID-19 related movement restrictions and social distancing measures.

- Shortage of protective equipment is impacting the ability of aid workers to effectively respond to needs, in particular health services.

- Fear of stigma as well as an increasing reports of defying Government directives of social distancing and movement restrictions are key challenges to the COVID-19 response.

- Since the beginning of the country’s 'long rains’ season in early March, more than 233,000 people have been affected, including over 116,000 displaced.

- The livelihoods of 3.1 million people could be at risk due to desert locust infestation.

KEY FIGURES

- People in Need: 14.2M
- People Targeted: 10.1M

FUNDING

- Requested (April - Sept 2020): $267.5M
- Received or committed: $31.8M

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INTERACTIVE (14 May 2020)

Emergency Appeal Financial Tracking
BACKGROUND (15 May 2020)

Situation Overview

The COVID-19 pandemic—which is occurring against a backdrop of increased humanitarian needs due to back-to-back drought, floods and a desert locust upsurge—is already exacerbating vulnerabilities across Kenya, particularly for the urban poor.

Kenya reported its first case of COVID-19 on 12 March 2020 and, as at 14 May, 758 cases had been confirmed and 39 deaths reported. Out of the country's 47 counties, 19 have reported COVID-19 cases.

Mandatory quarantine of people who have come into contact with a person who has contracted COVID-19 or of people who had traveled outside of the country was instituted on 25 March with testing of all quarantined people starting on 29 March. Mass testing of high-risk populations in identified geographical areas is also ongoing. It is expected that more cases will be confirmed overstretching the already fragile system especially in counties outside the capital.

The COVID-19 pandemic is unfolding at a time when 21 counties are battling a desert locust infestation which is threatening livelihoods and food security conditions. The locusts were brought by heavy rains during the short-rain season (October-December 2019), coupled with tropical cyclones in the Indian Ocean, which created conducive conditions for the spread of desert locust. The current long rains season (March-June 2020) are conducive to the further breeding of desert locusts in Kenya. The Kenya Food Security Steering Group (KFSSG) and County Steering Groups estimate that pasture and crop losses from desert locust so far are 1-5 per cent in south-eastern Kenya and 5-15 per cent in northern Kenya. About US$ 18.5 million out of the $21.4 million required for the response has been received and has enabled aerial and ground control operations. According to FAO's Desert Locust Watch and confirmed by the KFSSG's short rains assessment, there is ongoing hatching of locust nymphs and formation of immature swarms in northern and central counties.

Since the start of the ‘long rains’ season, flooding has been reported in more than three quarters of Kenya’s counties (36 out of 47), with landslides reported in the Rift Valley and the central and coastal regions, according to the Government’s National Disaster Operations Centre. More than 233,000 people have been affected, including over 116,000 people who have been
displaced from their homes, according to the Kenya Red Cross Society. The Kenya Meteorological Department forecasts above average rainfall throughout May in parts of the Rift Valley, and in the central, western and coastal regions of Kenya, which could result in further flooding. The heavy rains have also increased the risk of health emergencies. There is concurrent cholera outbreak in Marsabit county which also calls for immediate response amidst the limited resources available.

While access is generally possible in the country, movements restrictions necessarily imposed by the government to contain a COVID-19 outbreak, affect the time and modalities of the response. The lack of a system and clear procedures for movements authorization can cause delays and inefficiencies, while regulations are applied differently in different counties. National NGOs are especially concerned of security implications, should emergency response occur during curfew hours. Furthermore, the suspension of humanitarian flights for passengers to the refugee camps, has had a significant impact on the ability of staff to prepare for COVID-19, to maintain existing services, to refer critical patients and to rotate staff.

A number of mitigation options have been put in place by partners to ensure the continuation of the humanitarian response while contributing to the government's effort to contain the virus. Humanitarian partners, in coordination with UN agencies, have developed guidance on standard operating procedures (SOP) to ‘do no harm’ during the activities in the refugee camps and in the rest of the country.

Community engagement has increased with high awareness levels of COVID-19 among communities. However, adoption of preventive practices has not been optimal; risking reversal of gains already made. When possible, food distribution has been substituted by cash transfers, which respect social distancing while allowing communities to define their priorities.

### SECTOR STATUS (14 May 2020)

#### Education

20M

out-of-school children due to COVID-19

#### Needs

- A considerable number of children from disadvantaged households; including from refugee camps and slum areas have no access to radio hampering them from accessing the radio lessons offered by Kenya Institute of Curriculum Development (KICD).

- Psychological disturbance in children as a result of disruption of the lifestyles and practices (that include not attending school) due to COVID-19.

- About 20 million children have been affected by the nationwide closure of schools, according to the Ministry of Education.

#### Response

- Education sector partners continue with sensitization of community on available learning options and training of teachers and health workers on psychosocial support (PSS).
Education sectors partner continue engagement with community radio stations in airing radio lessons for learners in Primary and Secondary to increase reach in hard to reach areas like Isiolo, Wajir, and Baringo and in the refugee camps (Kakuma and Dadaab).

Monitoring and follow up of home-based learning is ongoing including the provision of psychosocial support through messaging and services to children.

Targeted hygiene and sanitation messaging through radio and mobile phone is ongoing.

### Gaps

- The lack of digitized curricula content for: 1) early childhood development, 2) the Technical and Vocational Education and Training for children and youth with disabilities is especially severe. There is limited digital content that aligns to the curriculum in these two sectors.

- The closure of schools coupled with restricted movements and acute challenges around space among poor households have exacerbated cases of exposure to drug and substance abuse, rape, gender-based violence (GBV) including defilement of children. Further, prolonged closure of schools could lead to increase in numbers of out-of-school children owing to child labor; school dropouts; child pregnancies and early marriages.

- Inability to find out real time information on the actual reach of the radio lessons

- Hampered movement across the country affects monitoring.

### SECTOR STATUS (14 May 2020)

**Food Security & Livelihoods**

5M people in need of food & livelihoods support

62K ha of desert locust infested areas sprayed

### Needs

- About 1 million Kenyans are currently severely food insecure (IPC Phase 3 or 4) according to the latest IPC report. This number is projected to go up to 3.5 million by the end of the rainy season in June (KFSSG).

- Approximately 1.7 million people in urban informal settlements are projected to be food insecure due to an increase in food prices and decrease in income or the loss of a job, as a result of measures put in place to control the spread of the COVID-19 pandemic. Female-headed households, who constitute 30.2 per cent of the poor population, are at particular high risk. Likewise, 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 recent knowledge, attitude and practice (KAP) survey, over 80 per cent of residents interviewed from five informal settlements in Nairobi reported to have experienced a loss of income (36 per cent complete loss; 45 per cent partial loss) while at the same time, 87 per cent reported increases in household expenses and 77 per cent reported increases in food prices. Participants in the survey mentioned food as the single biggest need, with 68 per cent of them reporting having skipped a meal or eating less in the two weeks preceding the survey because they did not have enough money to buy food due to COVID-19.

In addition, social distancing and hygiene measures to combat COVID-19 are associated with an increase in the urban poor's expenditures. The cost of public transportation has reportedly doubled, while those living in informal settlements—about 56 per cent of urban residents—pay a premium to access water. This is on top of the closure of markets, a partial lockdown, and businesses and establishments in both formal and informal sectors forced to scale back their operations including laying off of staff—most of them the casual waged laborers who amount to approximately 27 per cent of the total urban population. In addition to the poor casual waged laborers, dependents (beggars/borrowers/remittance receivers) who constitute three percent of the urban population are also facing a reduction in income as the senders of remittances also experiencing a reduction in income due to reduced earning opportunities and a reduction in expenditure in recognition of the uncertain times. With the loss of incomes and opportunities to the poor urban households, their food expenditure share—which is over 50 per cent of their total expenditure—is likely less than half the cash equivalent of a minimum food basket suggesting a significant food gap and will result to consumption and livelihood based coping strategies.

Food security is also affected by recent floods experienced in more than 30 counties across Kenya, resulting in displacement of over 116,000 Kenyans.

Response

- About 725,000 urban poor in COVID-19 hotspots, including Nairobi, Kwale, Kilifi, Mombasa and Nakuru have been targeted by the Government response.
- UN and NGO partners have requested funding to complement the Government response through the Emergency Appeal, including through provision of logistics support, food and cash assistance for a three months period for the most vulnerable population.
- Since December 2019, FAO in close with the Government and development partners have mounted a response to mitigate the impact of the desert locust upsurge. By the end of March, 62,000 hectares of locust infested areas have been sprayed despite the work being hampered by floods and the COVID-19 pandemic.
- Cash transfers to vulnerable households in Kibera informal settlement are ongoing by KRCS, Oxfam, Acted and Concern World Wide.
- Provision of providing farm inputs and supporting kitchen garden to vulnerable households are ongoing by ACTED and Finnish Mission Kenya.

Gaps

- Limited funding is a major challenge with to address the flood and COVID-19 food security and livelihoods needs. Whereas, the Desert Locust response has received $19.5 million which has helped contain the spread of the DL so far, there is a gap of $100 million required to response as the risk on livelihoods increases during the rainy season.
SECTOR STATUS (15 May 2020)

Health

758

COVID-19 cases (as of 14 May)

Needs

- Continuity of HIV and Sexual and Reproductive Health service delivery.
- Procurement and distribution of emergency health kits in order to support the continuation service delivery despite COVID-19.
- Activation of community responders, including community health volunteers (CHVs) and community health workers (CHWs) for psychological first aid (PFA) and referral to services in the context of COVID-19 pandemic.
- Procurement and distribution of safety kits (PPE) for health workers and hygiene materials (sanitizers and decontaminants) to enable them respond to COVID-19.
- Training of community health workers such as nurses to prevent and care for COVID-19 patients—using Ministry of Health (MoH) protocols.
- Provision of technical assistance to MoH to conduct of assessments on COVID-19, including health-care workers orientation on COVID-19.
- Awareness campaigns on COVID-19 through partnership with the Boda Boda association and Imara TV digital platform.
- There is concurrent cholera outbreak in Marsabit county which also calls for immediate response amidst the limited resources available.

Response

- Procurement of Personal Protection Equipment (PPE) kits for health workers, community sensitization and orientation for health-care workers (HCW) in targeted counties. These included WHO donated PPEs, laboratory testing kits, thermos scanners to MoH for the management of the response.
- Mass testing of high-risk populations in identified geographical areas is ongoing. It is expected that more cases will be confirmed overstretching the already fragile system especially in counties outside Nairobi.
- Development of reproductive, maternal, newborn health (RMNH) guidelines and tools.
- Orientation of health-care workers is ongoing.
- Innovative modalities to disseminate information to community through digital platforms.
- WHO has deployed 17 dedicated technical officers to support the Government and MoH; the National Task Force and all the pillars, the national laboratories, Council of Governors and the various National Task Force sub-committees. Seven officers have also been deployed to support the counties across the country. Technical guidelines and updated tools for COVID-19 control is provided to government regularly. The Emergency Operations Centre (EOC) is also also supported for data management and information management.
• WHO provided technical and financial support for the training of 58 trainers for infection prevention and control, supported capacity building for 80 HCWs in five counties (Kilifi, Nairobi, Migori, Mombasa, Uasin Gichu and Nakuru), training of 90 National Rapid Response Teams (RRT) data managers as well as 100 county RRTs across the country.

• WHO, UNICEF and WFP are supporting the logistics committees whilst WHO and OCHA are supporting data analysis and information management. In order to enhance efficiency, WHO have automated the production of the daily SitReps with the technical assistance from the KEMRI-Wellcome Trust Research Programme. In collaboration with OCHA, the COVID-19 dashboard can be assessed on: https://bit.ly/KENCOVID-19-DC

• WHO, UNICEF UNAIDS and MoH participation conveyed the first working group (WG) meeting to discuss the continuation of essential health services in the context of COVID19. The WG will continue meeting on a weekly basis, to mitigate the secondary effects of the COVID19 outbreak on the health system.

• With support from UNICEF and funding from Gavi, the Ministry of Health has trained 558 HCWs in 13 counties (Narok, Machakos, Embu, Trans Nzoia, Garissa, Busia, Wajir, Bungoma, Kiambu, Turkana, Meru, Muranga and Kakamega). The health-workers were trained on surveillance/immunization, infection prevention and control, and case management for COVID-19 in the Maternal and Child Heath. The training will enable the health-workers to identify, screen, isolate, diagnose and care for COVID-19 cases in addition to ensuring that health services are delivered in a safe environment.

• UNICEF has ordered PPEs, using reprogrammed GAVI funded ($804,000); and 50 oxygen concentrators from its core Rapid Response funding (worth approximately $95,000).

• UNICEF facilitated collaboration with WHO, UNICEF is conducting the District Health Information Systems 2 (DHIS2) data analysis to track utilization status of maternal, newborn and child health services in all 47 counties and at the national level, to understand the implications of the COVID-19 emergency on the continuity of health services.

• Supported the conduct of maternal and newborn health (MNH) quality of care (QOC) sensitization for Nairobi Metropolitan Health Management team, health-care providers form five health facilities (Pumwani, Mama Lucy, Mbagathi, Kayole and Mathare HCs) in Nairobi. Over 50 participants were sensitized. This is part of the initiative to ensure continuity of quality MNH services during this pandemic.

• UNICEF provided technical support to Ministry of Health in the design of guidelines for continuity of Reproductive Maternal New-born Health service including Information Education and Communication and the development of a pocket guide for Community Health Volunteers on Maternal New-born and Child Health continuity of service. 


• UNICEF provided technical support to the ministry in the finalization of the Continuity of Community Health Services in the Context of COVID–19.

• The Health sector is also currently responding to floods, internally displaced persons in the western parts of the country and along the major river banks, as well as refugees in two camps.

• Adventist Development and Relief Agency (ADRA) supported provision of public hand washing facilities and provision of personal hygiene kits including soap and sanitizers for special needs group including households with elderly persons, women who have just given birth—including girls, people with chronic illnesses and persons with disabilities who have mobility barriers and are not able to access the public handwashing facilities in Kibera informal settlement and support training on Surveillance and Training of Public Health Staff in Mandera.

• AMREF is supporting the Training of Community Health Workers; support to Isolation Units; Community sensitization; lab service; readiness for counties.
Catholic Relief Services, Diakonie Katastrophenhilfe are supporting Community senitization, hygeine promotion, enhance community-based surveillance in Nairobi, Kisumu, Isiolo, Marsabit counties. Busia, Samburu, Baringo, Marsabit, Mandera.

Help a Child Africa is supporting capacity building of community volunteers, health promotion and education, prevention messages in Machakos, Makueni, Narok, Kisumu, Homabay.

Save the Children is working with Wajir County department of Health to procure PPEs which include sanitizers, gowns, face mask.

WVI is supporting healthcare workers with PPEs and relevant medical supplies such as pulse oximetries, infrared thermometers, hand sanitizes, masks and gloves in various counties as well as supporting access to Psychological First Aid and psycho social support for healthcare workers.

Gaps

- Inadequate PPE kits for the HCWs to ensure their safety hinders their service provision.
- Home deliveries are increasing as women fear to go to health facilities.
- Low dissemination of guidelines and treatment protocols.
- Inadequate funding for a full response to the COVID-19 response plan to all the high risk and vulnerable populations across the country.
- The partial blockade within Nairobi and Mombasa has reduced access to the counties and communities affected.
- Lack of essential supplies (Personal Protective Equipment) and COVID-19 laboratory testing kits and accessories hindering the determination of the magnitude of the problem.
- Sub-optimal response and reporting to the Emergency Operations Centre to alerts and contact tracing at quarantine facilities, the sub – national level, observed in some of the affected counties including Nairobi.
- Sub-optimal reporting to PHEOC on alerts received in the counties.

SECTOR STATUS (14 May 2020)

Nutrition

370K
acutely malnourished children

Needs

- Approximately 370,000 children (boys and girls) with acute malnutrition; 66,299 pregnant and lactating women and 84,000 older persons need services related to treatment of acute malnutrition.
- Priority activities to address the needs include ensuring essential nutrition services continue, as well as COVID-19 specific nutrition response.

Response

https://reports.unocha.org/en/country/kenya/
Downloaded: 15 May 2020
• Over 5 million care-givers are targeted by nutrition sector partners with key messages and support to access essential and lifesaving maternal, infant and young child services which include breastfeeding, complementary feeding, micronutrient supplementation and other essential services.

• Emergency coordination enhanced at National level (sectoral and multisectoral) and with counties to monitor implementation of the Sector response plan.

• Development and dissemination of key guidance documents and IEC including: 1) guidance on continuity of essential nutrition services in the context of COVID-19; 2) nutrition guidance for relief programmes in the context of COVID-19; 3) guidance on sustaining healthy diets at household level (jointly done with Ministry of Agriculture); 4) developed IEC materials and training slides focusing on appropriate feeding and caring practices in the context of COVID-19.

• Resource mobilization and realignments undertaken to support supply chain for essential nutrition commodities (ready to use therapeutic and supplementary food, corn soy blend) and to support service delivery.

• UNICEF working on programme agreements with key partners to scale up service delivery adoption strategies like family MUAC that will sustain access to essential life-saving services.

• Ongoing development of Nutrition sector interim guidance on information management, surveillance and monitoring for sustained data collection, analysis and reporting in the context of COVID-19.

Gaps

• Inadequate PPE to cover nutrition workforce in the counties as well as the community health volunteers.

• Inadequate commodities to facilitate the scale up of IMAM especially in the non-ASAL counties and to cover refugee operations fully

• Inadequate funding for a full coverage of the sector response plan to reach high HIV burden non-ASAL areas as the likely co-existence of TB/HIV with malnutrition may increase the risk of severe disease.

• Floods emergency and its associated impacts on access to services for key populations as well as basic items like food and safe water that increases vulnerability of the affected population to malnutrition.

SECTOR STATUS (14 May 2020)

Protection (Child Protection)

230k children targeted

Needs

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

• Prevention of family separation for children displaced by floods, facilitate family tracing and reunification of where this has occurred.
Advocacy, prevention and support children survivors of violence and abuse, including SGBV.

Sensitization on child protection measures.

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.

**Response**

- Distribution of dignity kits to 450 flood-affected children in West Pokot and Samburu.
- Assessment of needs is ongoing.
- Dissemination of messaging on child protection through local radio stations.
- Coordination with government on support to children affected by COVID-19.
- Finalizing webinar series targeting capacity building for frontline child protection actors (children officers, child protection volunteers) on COVID-19 and child protection.
- Developed and disseminated messages on COVID-19 and child protection.
- Through partnership with Kenya Red Cross, providing PSS to children in 10 urban informal settlements in Nairobi.
- Liaised with UNICEF WASH and Nairobi County Government in distribution of sanitizers and soap to seven children institutions within Nairobi Metropolis. A total of 237 children benefited.
- CARA Projects and CISP (Comitato Internazionale per lo Sviluppo dei Popoli) are supporting in prevention, response and advocacy for child protection in Kajiado, Nairobi, Elgeyo Marakwet, Kakamega, Nakuru and Tana River.
- Terre des Hommes supports weekly live radio session to share child friendly information on Corona Virus pandemic in Dadaab refugee camps and surrounding host community villages.
- World Vision Kenya is engaging faith leaders to communicate child protection messages; sensitizing the community on prevention of gender-based violence across all 37 of WV Kenya Area Programs, and the mobilization of faith leaders (800) who will go through the online Personal First Aid (PFA) Training which will run for the next three weeks.

**Gaps**

- Inadequate funding for child protection to mitigate COVID-19 and floods related risks to children.
- Child protection sectors are not informed on children directly affected by COVID-19 hence, the capacity to assess their needs beyond health-related assistance is limited. This may result in secondary effects on children that can have long-term negative impact on their mental and social safety and well-being.

**SECTOR STATUS (14 May 2020)**

**Protection (Gender-based Violence)**

548K people targeted
Since the implementation of strict measures to control the spread of COVID-19, the national Council on Administration of Justice has reported a significant spike in sexual offences, including domestic violence, in many parts of the country.

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 analyzed data from the national GBV Hotline, 1195. 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. The Ministry of Health and the Ministry of Public Service and Gender have decried the spike in GBV cases in the country, urging citizens to be vigilant and law abiding while assuring them of State protection.

The sector has identified the following main needs: provision of COVID-19 and flood associated survivors of GBV with clinical management of rape; mental health and psychosocial support needs to be provided for women and girls at risk of GBV, including FGM and child marriage; provision of shelters / safe houses for GBV survivors and girls at risk of harmful practices; provision of dignity kits for women and girls of reproductive health affected by COVID-19 and floods; cash transfer for women and girls at risk of GBV and FGM and child marriage; and training / sensitization for GBV service providers and actor on Covid-19 response and mitigation protocols.

Supporting coordination within the UN system, national and county governments. Currently developing the National GBV and FGM COVID-19 Response Plan in collaboration with the State Department for Gender, UN Women and CSOs.

Technical and financial support to the National GBV Helpline by UNFPA and UN Women.

Access to essential services for survivors especially psychosocial support.

Development of a national communication and advocacy strategy.

Technical support to national and county governments: deployed Gender / GBV Specialists at the State Department for Gender and Council of Governors.

Planning to undertake a Gender Rapid Assessment in collaboration with UN Women and other actors in the private sector.

Service delivery in 10 counties affected by floods: clinical management of rape, psychosocial support and distribution of dignity kits.

National level advocacy and communication on links between GBV and COVID-19.

Procurement of PPEs for health care workers.

While there are ongoing to improve coordination at national and county levels including through improved data collection, regular coordination meetings and updating of partner mapping, effective coordination remains a challenge.

Limited data on occurrence of GBV during the Covid-19 response. UNFPA and UN Women are addressing this through strengthening national hotlines and undertaking a gender rapid assessment.


Limited resources for GBV survivors – safe houses, dignity kits, food supplies, communication.
• Access to services for GBV survivors and service providers.

SECTOR STATUS (14 May 2020)

Shelter & NFI

60K people in need of shelter support

 Needs

• The sector estimates that over 300,000 individuals (roughly 60,000 households) are in immediate needs of shelter and settlement support in forms 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. In the long term, there is need for resettlement in alternative safer ground and shelter reconstruction for displaced population through build back better.

 Response

• The Sector have so far responded with emergency shelter and NFI in 16 counties reaching 3,384 households through pre-positioned stocks. Reactivation of response teams (Red Cross Action Teams) and refresher training courses in camp set-up camp management training and county level coordination and rapid assessment is ongoing.

 Gaps

• Partners estimate that $5 million is required to meet the immediate shelter needs.

• Underfunding is critically undermining the sector's capacity to response adequately, the funding leaves roughly over 50,000 households without adequate urgent support needed across different counties due to flood emergencies and additional over 10,000 households in an informal settlement are in needs of support informs of rental subsidies for at least three months.

SECTOR STATUS (14 May 2020)

Water, Sanitation and Hygiene

83K people reached with COVID-19 IPC supplies

 Needs

•
Urgent needs for flood affected communities include: 1) access to safe water critical to prevention of diseases such as cholera already reported in some counties (e.g Marsabit); 2) improve access to water collection, storage and treatment facilities; e.g water treatment chemicals; 3) hygiene education promotion including distribution of soap for hand washing for prevent disease outbreaks.

In the Emergency Appeal, the WASH sector identified 1.1 million people in need across 45 of the most affected counties, this include 29 counties affected by the flood and 16 priority counties for the COVID-19 response.

**Response**

- About 83,000 people in 16 counties (Nairobi, Mombasa, Kilifi, Kwale, Kiambu, Kajiado, Machakos, Kitui, Garissa, Wajir, West Pokot, Baringo, Kisumu, Siaya, Turkana, Isiolo) have been reached by WASH sector partners with Covid-19 WASH Infection, Prevention and Control (IPC) supplies, including 20,000 bars of soap, 19,500 jerrycan, 15,000 buckets, 1,100 knapsack sprayers, 500 hand sanitizers, 500 gumboots, 500 gloves, etc.
- KRCS in partnership with UNICEF supported 15,000 vulnerable households in Nairobi Informal settlements to access soap for the next three months (May- July 2020) as part of COVID-19 prevention.
- About 4,000 flood displaced people in Garissa, Turkana and Busia counties received Water treatment chemicals and vessels to improve access to safe water.
- World Vision Kenya has supported the installation of handwashing facilities in public spaces, provision of soap, hand sanitizers and face masks in various counties. WVI is also engaging 655 faith leaders in championing COVID-19 prevention through behaviour change messaging and conducting demonstrations on handwashing as well as use of sanitizers.
- UNHABITAT is working with local partners in Mathare, Kibera and Mtwapa to scale up WASH facilities and is establishing 40 more hand washing stations in Nairobi, Kisumu, Kilifi, Mombasa, Nakuru, Nyeri and Mandera counties.
- UNHABITAT has trained 56 youth volunteers to manage the handwashing stations. Further, approximately 9,000 small informal sector traders in Kibera have activated handwashing stations within their business premises as a result of UN-Habitat's interventions.

**Gaps**

- Supplies are needed for both COVID-19 and floods emergency responses.
- Inadequate funding is hampering the response.
Nearly 500,000 refugees live in camps in the country. In the event of a potential spread of COVID-19 to refugee camps, including Dadaab and Kakuma, there is high concern that crowded living conditions and poor access to health, water and sanitation services could lead to high infection rates. Refugees, asylum-seekers and stateless persons in urban areas continue to be disproportionately impacted by the negative effects of restrictions in place due to COVID-19.

The priority activities identified are the following:

- Facilitate physical and electronic transmission of Kenya Institute of Curriculum Development (KICD) content and materials to learners.
- Support teachers to engage with and provide individual follow up to learners.
- Enable students to access e-learning platforms.
- Provide psychosocial support to learners and their families.
- Provide learners with textbooks and workbooks.
- Procure infection, prevention and control (IPC) material, including personal protective equipment (PPE), medical supplies and equipment.
- Communication with communities on COVID-19 prevention and response including referral pathways.
- Establishing isolation facilities in each camp.
- Surveillance, rapid response teams and case investigation.
- Training of rapid response teams.
- Training of lab techs on sample collection, handling and testing.
- Sourcing for COVID-19 testing kits.
- Procurement of equipment for isolation and treatment centres.
- Dissemination of information on COVID-19, including referral pathways.
- Protection, detention and border monitoring and response.
- Support persons with specific needs.
- Provide cash/in-kind support to vulnerable refugee and stateless households.
- Support to refugees whose businesses are struggling due to COVID-19.
- Enhance WASH capacity at hospitals, clinics, reception and transit facilities, schools and other communal facilities (incl. handwashing facilities, increased water supply and improved sanitation).
- Support ongoing hygiene promotion in the camps, incl. procurement of 5-litre jerrycans converted to leaky tins, functioning as hand-washing stations in households and provision of extra water to cover increased need of hand washing.
- Provision of 450mg of soap per person/month and sanitary kits to women of reproductive age.
- Provide washing stations for stateless persons in urban areas.
- Timely maintenance of water reticulation system.

**Response**

- Refugees and asylum-seekers are included in the Ministry of Education’s draft response plan. Stateless children are already included in the national system and are captured in the plan under other vulnerable groups.
A total of 104 camp-based schools have been identified for post-emergency support (i.e. teacher training and WASH). Another 500 schools that will receive support are located in urban informal settlements and therefore should cover some urban refugee learners.

The Kenya Institute of Curriculum Development (KICD) has provided UNHCR with audio content from the national radio education programme. UNHCR will facilitate broadcasting from local radio stations in the refugee camps.

UNHCR is expanding the provision of solar-powered radios, textbooks and other learning materials, aiming to finalize preparations before the beginning of the new term.

Teachers are being supported with mobile data to allow individual follow-up with their learners, while higher education students are receiving the same support to enable them to continue their studies online.

The Kenyan Ministry of Health has adopted an area-based response, which also includes refugees, asylum-seekers and stateless persons. UNHCR continues to work closely with the Refugee Affairs Secretariat (RAS), the Ministry of Health and other relevant authorities to ensure a coordinated response.

UNHCR has so far procured a stock of Personal Protection Equipment (PPE), medication, 67 thermo guns and eight oxygen concentrators with 40 splitters, among others.

About 135 UNHCR and partner staff have received training on COVID-19 response from the Kenyan office of the Centers for Disease Control and Prevention (CDC) and the Ministry of Health, supported by BPRM.

UNHCR has received 100,000 medical masks from its international supply and has already dispatched the majority to the camps. Some of the masks will be distributed to the counties.

Isolation facilities have been established in both camps. Additional facilities have been identified in the event of an overwhelming number of cases.

UNHCR, together with the Turkana and Garissa Counties, has set up structures in the refugee camps to ensure health screening and self-isolation of arrivals to the camps.

In order to support the host communities, in line with the Global Compact for Refugees (GCR), UNHCR has handed over to the Turkana County an ambulance, which will be used for the COVID-19 response in Turkana West. Another ambulance will be handed over to the Garissa County for the same purpose.

Both Kakuma and Dadaab camps are equipped with laboratories that can test for different conditions, such as HIV and tuberculosis. Discussions are ongoing to build the capacity of the labs to support COVID-19 Testing in Turkana and Garissa Counties, once the Ministry of Health decentralizes COVID-19 testing.

Refugees, both in the camps and in the urban areas, have been supported to start producing face masks, following the guidance and specifications of the Government of Kenya.

Responses to strengthen child protection and address the risk of abuse and exploitation given that the parents/caregivers are at home with reduced economic opportunities, individual case management is ongoing with required adaptation including remote counseling, and regular Child Protection Working Group meetings are being held remotely to identify trends and provide responses.

Information on available helplines to report SGBV is widely disseminated, including those operated by the government and other agencies.

SGBV prevention and mitigation services are ongoing through case management, availability of hotlines, remote counselling, supplementary feeding, material support, CBI through multi-purpose cash grants and skills building and women empowerment initiatives. Radio shows and megaphones on cars are being used to spread key messages on prevention and risk mitigation. Referral pathways have been updated.

Many protection activities in the camps continue remotely. For example, in Kakuma, resettlement interviews are conducted virtually to ensure that submissions move forward.
• Even though the Processing Centre in Nairobi remains closed, UNHCR is working closely with RAS to address urgent cases. Supplementary hygiene materials and PPE have also been provided to RAS offices in urban areas to allow for premises to re-open, when possible.

• Hygiene measures have been enhanced in public spaces, with additional soap procured, handwashing points installed around the camps and water supply increased. Temperature screening has also been introduced at service delivery points (e.g. food distribution centres, reception centres, out-patient clinics and hospitals).

Gaps

• The RAS Processing Centre in Nairobi remains closed. Therefore, there is no access to registration, documentation or Refugee Status Determination (RSD).

• Increasing restrictions on movements of people, goods and services, including supply chains, may impact UNHCR and its partners’ continued ability to service the refugee camp populations.

• Current resources are insufficient to meet the high demand for psycho-social support and mental health services.

COORDINATION (13 May 2020)

General Coordination

• The UN, NGO partners and the Kenya Red Cross launched an Emergency Appeal to complement the Government’s response efforts. The Appeal asks for $267.5 million to assist 10.1 million of the most vulnerable people across the country.

• Since the launch of the Appeal, sector coordination and inter-sector coordination platforms composed of UN, NGO, government and private sector have been meeting on a weekly basis at the national and county levels. At the county level, six humanitarian hubs have been activated to coordinate response efforts. These multisectoral platforms complement the Government’s Public Health response structures supported by WHO and partners. UN agencies have seconded staff to support the Government in coordinating and implementing its response.