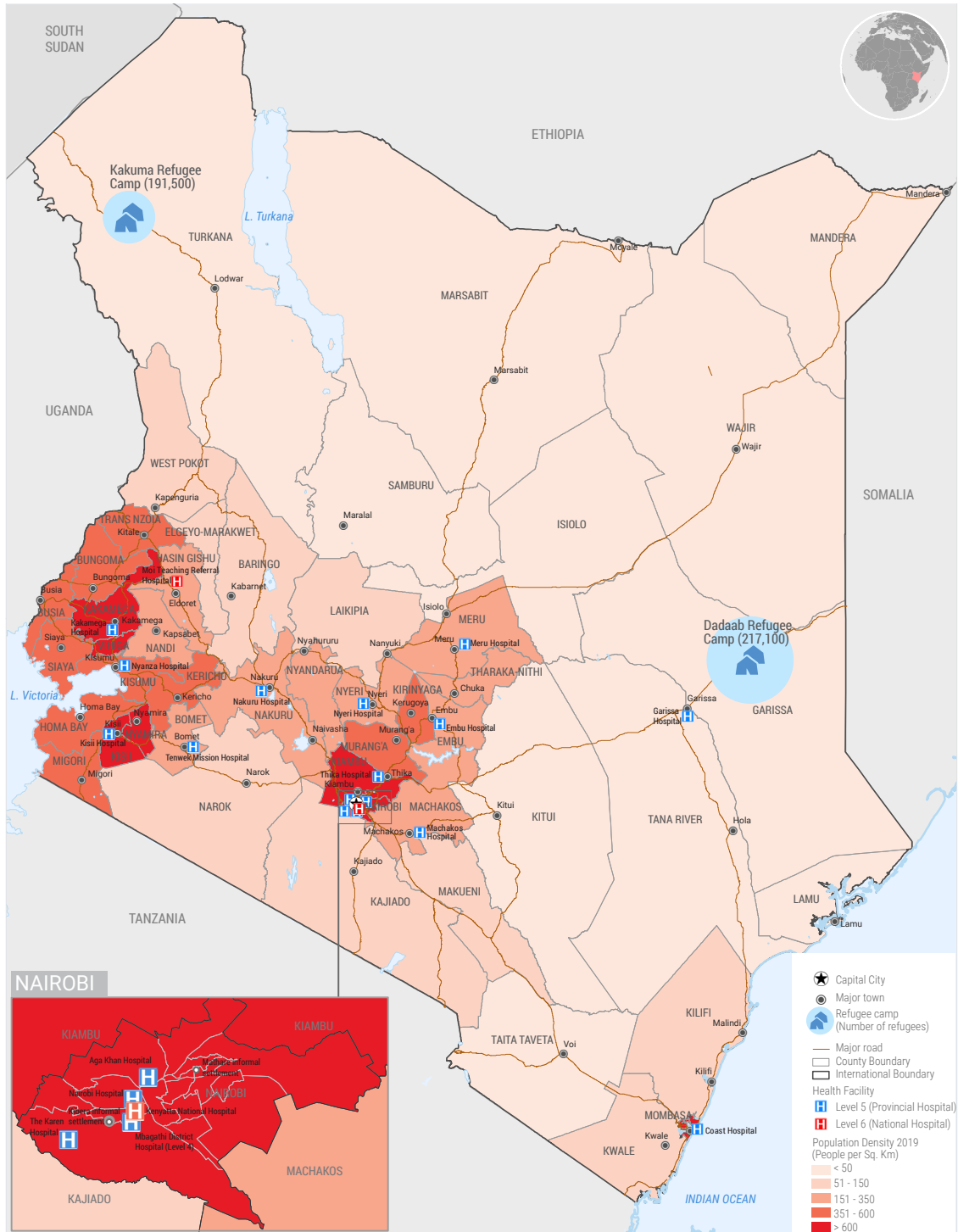


EMERGENCY APPEAL KENYA

April -
September
2020



Overview Map



The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

COVER PHOTO

A child practices handwashing at a UNICEF-supported water station in the informal settlement of Kibera in Nairobi in response to the COVID-19 outbreak.
Photo: © UNICEF Kenya/Michael Ilako

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Emergency Appeal at a Glance

PEOPLE IN NEED

14.3M

PEOPLE TARGETED

10.1M

REQUIREMENTS (US\$)

\$267.5M

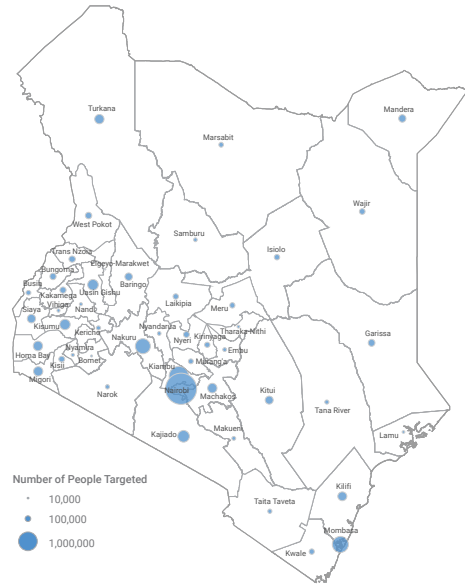
OPERATIONAL PARTNERS

38

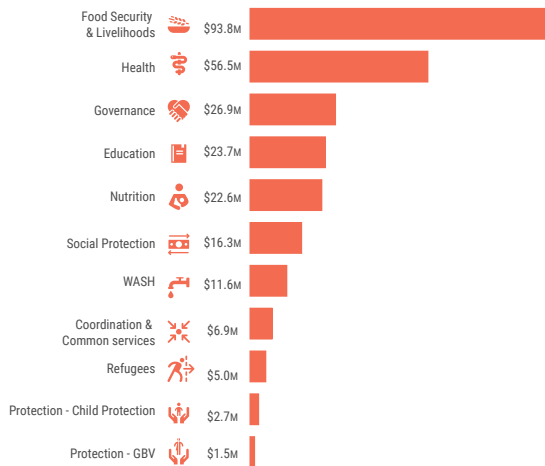
People in Need



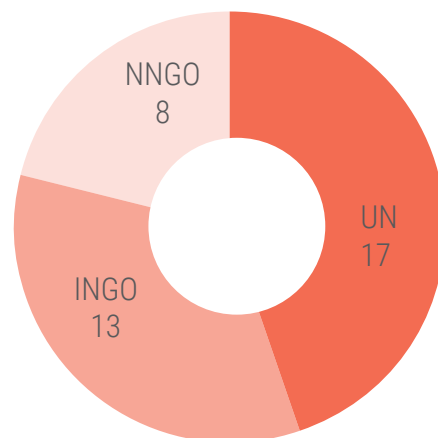
People Targeted



Requirements by Cluster



Operational Partners by Type



Overview of the Crisis

Kenya reported its first case of COVID-19 on 12 March 2020 and, as at 7 April 2020, 172 cases had been confirmed and 6 deaths reported. The Government of Kenya has taken a number of measures to curb the spread of the virus, including implementing a curfew, restricting movement out and into four counties, including Nairobi Metropolitan, and closing most of the urban and rural markets to enforce social distancing. However, these measures, along with the global economic shock caused by the pandemic, are expected to generate new needs, requiring an immediate and urgent response.

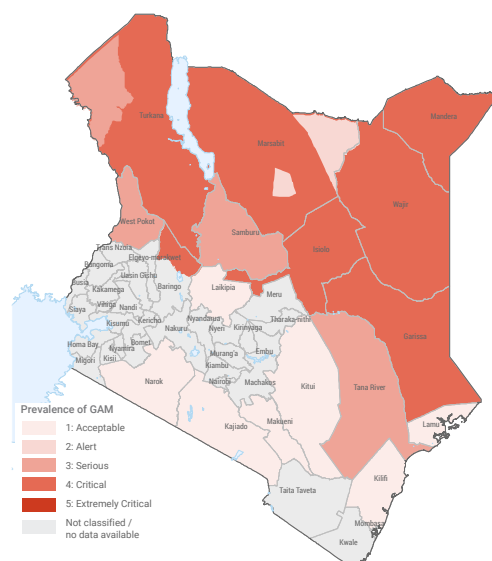
The COVID-19 pandemic—which is occurring against a backdrop of increased humanitarian needs due to back-to-back drought, floods and a locust upsurge—will exacerbate existing vulnerabilities across Kenya, particularly for the urban poor, migrants, refugees and asylum seekers. Some 56 per cent of Kenya's urban population live in informal settlements and are at increased risk of contracting COVID-19 due to inadequate access to water and sanitation services and cramped living conditions. 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. There are about 19.5 million poor people in Kenya (14 million in rural areas, 1.3 million peri-urban and 4.2 million core-urban and informal settlements). Female-headed households who constitute 30.2 per cent of the poor population are at particularly 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.

Women, people with disabilities, the elderly and people living with HIV all face unique challenges due to the outbreak, requiring immediate gender-sensitive and age-sensitive action. Women, who already shoulder the majority of care work in Kenya, are facing increased demands as more families stay home due to quarantine and containment measures, including children who have returned home in the face of school closures. If family members fall ill, women are more likely to provide care for them, putting themselves at higher risk of exposure as well as sacrificing their time. People with disabilities (particularly girls and women) may be at heightened risk of exposure to COVID-19, due to inaccessible information about prevention and assistance, barriers to accessing health services, and difficulties accessing WASH services to ensure the use of prevention measures

such as handwashing. Further, people with disabilities may be disproportionately affected by social and economic impacts due to a reliance on service providers for daily tasks of living, a lack of access to remote/distance-learning options, and pre-existing isolation and marginalization. People living with HIV in Kenya may face challenges in accessing treatment.

The pandemic is expected to exacerbate existing humanitarian needs, including food insecurity, due to economic downturn and loss of income, particularly for the most vulnerable. An estimated 1.3 million Kenyans are already severely food insecure (IPC Phase 3 or 4), and in need of immediate humanitarian assistance, according to the 2019 Short Rains food security assessment (SRA 2019) conducted in February 2020 in the 23 Arid and Semi-Arid Land (ASAL) counties. Out of 7.22 million children under age 5 across the country, nearly 1.8 million are stunted (26 per cent); 290,000 are wasted (4 per cent); and 794,200 (11 per cent) are underweight. Nine counties have a prevalence of stunting above 30 per cent, while children in Nairobi face significant acute malnutrition, with 44,237 children in Nairobi identified as acutely malnourished (80 per cent in the informal settlements), according to March 2020 SMART survey, and one in three children under age 5 in the Nairobi informal settlements stunted. Measures undertaken to contain the spread of COVID-19 will likely lead to loss of income and disruption of access to food, with particularly adversely affects for people living in informal settlements. The closure of markets and business ventures has also impacted the rural population and made it difficult for agro-pastoral communities to access

Nutrition Projection (March - May 2020)



agricultural inputs, such as seeds and fertilizers, at a very critical period of the planting for the long rain season.

Protection risks are likely to increase as people adopt negative coping mechanisms—such as transactional sex; early marriage and child labour—due to loss of livelihoods. The closure of schools as part of measures to control the COVID-19 outbreak could lead to increased incidents of sexual and gender-based violence (SGBV), teenage pregnancy and child marriage, and may result in more permanent school dropout rates, particularly of girls. An increase in domestic and gender-based violence has already been reported, with a 35.8 per cent increase in sexual offences recorded since the virus reached the country.

The closure of schools for an extended period will impact children's well-being and have a longer-term impact on inequalities, as the most vulnerable families may not send children (particularly adolescent girls) back to school. Over 15.2 million learners have been affected by the closure of schools. While distance-learning mechanisms are being attempted, they will not reach all children and youth, and those without internet access or adult supervision will be disadvantaged. Children on the move are already disproportionately affected by learning disruptions, and they are at risk of exclusion from online or other alternative learning options. As schools close, school lunches and other support services are no longer available for the poorest children, with potential consequences for their nutrition status.

The COVID-19 situation and response may expose populations to human rights abuses and further harm. There is a risk that heavy handed enforcement and failure to respond to the basic needs of

the people, especially food and water, might trigger protests, civil unrest and violence. Prevention and response strategies and actions therefore require strong observance of human rights standards and gender equality standards, guarding against the use of excessive force by law enforcement agencies and ensuring that the needs of most vulnerable populations -people with disabilities, youth and women- are integrated into COVID-19 planning and response at national and county levels.

The period ahead—which will see Kenya facing the consequences of COVID-19, an elevated risk of flooding and the spread of desert locusts —will be precarious and challenging. At the same time as COVID-19 cases are rising, the Kenya Meteorological Department forecasts above-average rains through to May, which could cause floods and mudslides, further heightening the risk of water and vector-borne diseases, in addition to affecting access to clean water, sanitation and health care for affected households. More than 1,100 households have already been affected by floods in Kisumu, Homabay, Siaya and Busia counties, and parts of central region as of April 2020, according to the Kenya Red Cross Society. The heavy rains have also created conducive conditions for a new upsurge of desert locusts, which could pose a threat to the livelihoods and food security of an estimated 3.1 million vulnerable people—especially if the locusts spread further into key production regions.



KAKUMA, TURKANA

South Sudanese refugees have their temperature taken before accessing a food distribution at Kakuma camp. Photo: UNHCR

Strategic Objectives



Strategic Objective 1

Support public health responses to contain the spread of the COVID-19 pandemic by decreasing morbidity and mortality.

The key focus under this Strategic Objective is to ensure that humanitarian partners are prepared and ready to support the government and the most vulnerable population to respond to COVID-19 in the 47 counties of Kenya and specifically in the more at-risk high density urban and peri-urban areas as well as in refugee camps. The actions are focused on containing the spread of the COVID-19 pandemic and decrease morbidity and mortality. This will include strengthening preparedness measures to decrease risks, and protect vulnerable groups, including older people and those with underlying health conditions, as well as strengthening health services and systems. In addition, support will be provided to detect and test all suspect cases while supporting efforts to improve the understanding of COVID-19 epidemiology. National and local emergency coordination mechanisms will be stepped up throughout the country and appropriate level of expertise and capacity to deliver advanced supportive care. Another key element of this Strategic Objective is risk communication and community engagement, including a specific focus on urban and peri-urban communities and refugee camps. As frustration among the general public rises, this appeal aims to prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, migrants, IDPs and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at community level.



Strategic Objective 2

Provide life-saving humanitarian assistance and protect livelihoods, prioritizing the most vulnerable and those most at risk.

Under this Strategic Objective the aim is to preserve the ability of the most vulnerable population -including refugees, IDPs and migrants- to meet any additional food security, nutrition and other needs caused by the pandemic, including through productive activities and access to social safety nets and humanitarian assistance. This will include securing the continuity of the supply chain for essential commodities and services such as food and time-critical productive and agricultural inputs for the food insecure and those at risk of flood and locust impact including through spraying efforts to contain locust outbreak. Actions under this Objective will also ensure the continuity and safety of essential services delivery—including health (immunization, HIV and tuberculosis care, reproductive health, psychosocial and mental health, gender-based violence services), water and sanitation, food supply, nutrition, protection, and education—for the communities and groups most exposed and vulnerable to the pandemic and its consequences. Partners will work to ensure that life-saving services, such as caesareans, essential newborn care, treatment of severe diarrhoeal disease and pneumonia, and immunization are not interrupted.



Strategic Objective 3

Create an enabling environment for the COVID-19 response through immediate interventions to improve governance, human rights and gender equality, coordination, social cohesion and service provision at county level.

Under this Strategic Objective, the priority will be to ensure continuity of governance in selected key sectors to support delivery of essential services and enable the government COVID-19 response to be fully implemented. Priority will be e-governance support to key institutions including Finance, Parliament, data, Judiciary and Police among others. Equally important will be actions to ensure that the COVID-19 response respects human rights, addresses the gendered impacts of the pandemic and responds to needs and rights of vulnerable groups including women, the elderly and people with disabilities, including through engagement of law enforcement agencies to curb excesses in enforcement of movement restrictions and other conditions established by government. Civil society groups and the media will be supported to monitor, document, report and engage on human rights, gender equality and promotion of positive communication on COVID-19. Support will also be prioritized around averting civil unrest, riots, protests and violent conflict that may arise from the enforcement of lockdown, lost incomes and livelihoods, lack of access to food, water and other basic amenities. The response will leverage the existing peace architecture to engage state and non-state actors with a view to prevention of conflict and promotion of social cohesion. Support will be provided towards enhancing the recently established COVID-19 coordination structure that brings together multi-sector and multi-stakeholder players at national and county level, taking a vertical and horizontal coordination approach to ensure an efficient all of government and all of society COVID-19 response delivery. The capacity of selected county governments to ensure continuity of basic services to their populations, including services related to the COVID-19 response, will also be prioritized under this Strategic Objective.

Response Approach

This Emergency Appeal for Kenya prioritizes the most urgent and life-saving interventions to be carried in the next six months (April to September 2020) in support of the Government-led response to COVID-19. The Appeal addresses both the immediate public health crisis and the secondary impacts of the pandemic on vulnerable Kenyans, including children, the elderly, women, people living with disabilities, people living with HIV, refugees, migrants, and those displaced by natural disasters.

The Appeal complements the Government of Kenya's response by focusing on: 1) the direct public health impacts of the COVID-19 outbreak, including through health programming, risk communication and community engagement, as well as infection control and prevention and availability of water supply and heightened hygiene and sanitation intervention; 2) ensuring continuity of life-saving essential services and humanitarian action; and 3) providing an enabling environment to address COVID-19 and its consequences including through supporting: business continuity and enhanced coordination for government institutions and public service, including continuity of decentralized services by county governments; strengthening a human rights-based and gender-sensitive approach; leveraging existing peace architecture for social cohesion and conflict prevention.

Reflecting the adaptability of the United Nations and humanitarian and development partners in Kenya, the Emergency Appeal presents a combination of:

- strictly re-prioritized activities from the United Nations Development Assistance Framework (UNDAF) for Kenya, which have been identified as most time-critical and urgent in support of the COVID-19 response; and
- new activities identified as immediately required to stem the outbreak and mitigate against its consequences.

To maximize efficiency and effectiveness, wherever possible, activities included in the Emergency Appeal build on, augment, adapt and expand activities and initiatives already being implemented, including through social protection platforms, cash transfer programmes and peace architecture in Kenya.

The Appeal reflects the centrality of protection and a Rights Up Front approach to COVID-19, which is imperative to prevent stigma and discrimination at this critical juncture. Community engagement and accountability to affected people will be at the heart of the response, both to enhance understanding of the additional impact of COVID-19 on people that are already vulnerable and to inform and adjust programming approaches and priorities as the response continues. Prevention of Sexual Exploitation and Abuse (PSEA) will be prioritized across all aspects of the Appeal's implementation, including through ensuring that all people receiving assistance are aware that it is unconditional and know how to access complaints mechanisms and survivor-centred services.

Recognizing that local actors will play a central role in the response to COVID-19, the Emergency Appeal prioritizes the principles of partnership. All actors engaged in the Appeal commit to working closely with established networks of community-based organizations to reach people in need in a principled manner.

Humanitarian Capacity & Access

Under this Emergency Appeal, 38 partners will implement urgent activities, including 17 UN entities, 13 international non-governmental organizations and 8 national non-governmental organizations (NNGOs). In order to effectively implement the activities in the Appeal, the United Nations Resident Coordinator will engage with the Government to: ensure sustained humanitarian access to particularly vulnerable hotspot areas, including refugee camps and urban informal settlements; facilitate internal movement of humanitarian supplies and workers in case of lockdown; and facilitate the operation of humanitarian flights between Nairobi and the refugee camps. Partners engaged in the Appeal commit to respecting all public health measures necessary to ensure community's safety, alongside effective localization measures. This will help reinforce community acceptance and reduce the risk of spreading the coronavirus while helping those in need. Humanitarians will employ only personnel that are trained on implementing activities in the era of social distancing and equipped, as appropriate depending on relevant guidance for the specific activities carried out, with the necessary PPE to contain the spread of the virus.

Sectoral Objectives & Response

KAKUMA, TURKANA

South Sudanese refugees practice social distancing as they wait to access a food distribution at Kakuma camp. Photo: UNHCR



Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
7.9M	3.6M	\$23.7M	11	11

Response Priorities

The main priority for the education sector will be to provide children, families and teachers with relevant education and psychosocial support (PSS) through the use of different channels and avenues including radio, mobile phone and TV.

The following would be the priority areas:

- Increased access to radio education. This will provide children, youth, families and teachers with relevant education and psychosocial support (PSS) through engaging radio and social media content. This will involve partnering with the Ministry of Education (MoE) to use existing MoE educational content to ensure all learners access the programmes.
- Increased teacher capacity, including support teachers and administrators to use of online learning programmes. This will equip them with the skills they need to establish emergency remote teaching and distance learning programmes for learners.
- Improve coordination mechanisms at the county level to ensure children are protected while at home— close collaboration with the Child Protection sub-sector.
- In collaboration with MoE, prepare guidelines for safe schools reopening including sanitization/fumigation of schools.
- Improvement of WASH facilities in schools in readiness to opening.
- Support back to school campaigns in areas with low level of attendance a week after opening.

Contact information

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Food Security & Livelihoods



PEOPLE IN NEED

5M

PEOPLE TARGETED

1.7M

REQUIREMENTS (US\$)

\$93.8M

PARTNERS

6

PROJECTS

6

Priority Actions - Food Security

Unconditional in-kind and cash transfers will enable poor household to access food and basic needs during the COVID-19 crisis. The scope of interventions includes: 1) Urban poor populations living in informal settlements (affected by lock downs); 2) Refugees affected by in-kind pipeline breaks due to shipping delays attributed to COVID-19; 3) Livelihoods affected by locust infestation and COVID-19 market disruption.

In providing relief assistance, priority will be given to populations in informal settlements, urban areas and special groups (street families, children's homes and homes of the elderly).

- Purchase, store, handle and transport in-kind commodities (with possible NFIs from the Government included in household packages) to meet the food security needs of the most vulnerable people living in informal settlements (approx. 725,000 people) for a period of three months (during lockdown scenario). WFP will work with the Government to make safe distributions utilizing partnerships with Posta and private sector telecom provider Safaricom with door-to-door deliveries.
- Provide locally purchased in-kind and/or cash transfers for 380,000 refugees in Dadaab and Kakuma for six months, particularly to cover June, July and August 2020, when in-kind deliveries have been delayed due to COVID-19 restrictions in port operations.
- Store and transport of protective gear for staff and beneficiaries to enable safe distributions to refugees.
- Provision of cash transfers for May and June for 390,000 food insecure people in Arid counties to: a) contribute to food security and nutrition status; b) protect investments in resilience and productivity to date; c) mitigate against negative coping strategies including irregular migration that would contribute to COVID-19 infection transmission risks; and d) mitigate the humanitarian caseload and burden on Government.

Priority Actions - Livelihoods & Agriculture

- Support the long rains food security assessment in August 2020 to assess the food security situation in the 23 ASAL counties following the impact of both the COVID-19 and the desert locust invasion.
- Supporting target vulnerable households (60,000) to access seeds and fertilizers for the timely planting of the long rains crops to reduce the impact of the food insecurity.

- Integrate COVID-19 in messaging in the desert locust ground surveillance and control operations using digital apps.
- Create awareness and sensitize communities on COVID-19 under the national zoonotic disease control programme using the One Health approach.
- Provide livestock emergency response teams, meat inspectors, artificial inseminators and lab technicians with sanitary materials, gloves and PPEs to reduce risks on transmitting COVID-19.
- Promote use of data and digital platforms to enhance access to agriculture inputs and extension messages during the period of COVID-19 crisis.
- Expand access to social protection safety nets to smallholder farmers, pastoralists and fisherfolk threatened by COVID-19.
- Intensify awareness creation and sensitization on food and feed safety among food value chain actors during the period of COVID-19 crisis (with the disruption of food systems and commodity supply chains, there is a risk of actors compromising on the quality and safety of food and feeds).
- Promote innovative technologies for agricultural production, value addition, preservation and storage of nutritious and safe foods and feeds among value chain actors across rural-urban communities.
- Provide support to pastoralists affected by closure of livestock markets to maintain an income during the COVID-19 crisis through procurement of sheep and goats and slaughter for distribution to most vulnerable (payment through mobile apps) while training on COVID-19 control.
- Provide support to farmers affected by the invasion of locusts through provision of farm inputs and training on desert locust surveillance and control including support with DL ground control equipments.
- Support pastoral communities to weather the impact of desert locusts on pasture and browse through provision of animal health and livestock feeds to core breeding and milking herd left in households during migration for pasture resources.
- Establishment of kitchen gardens and small poultry units, small fishponds, Nutrition education trainings and demos on preservation of milk, meat, vegetables and fruits. Development and dissemination of guidelines for guiding households on healthy eating and food safety, preventing food wastage and maximizing on available food.

Contact information

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Governance



PEOPLE IN NEED*

14.3M

PEOPLE TARGETED

10.1M

REQUIREMENTS (US\$)

\$26.9M

PARTNERS

11

PROJECTS

5

Strategic Priority

Create an enabling environment for the COVID-19 response through immediate interventions to improve governance, human rights and gender equality, coordination, social cohesion and service provision at county level. These will be achieved through multisectoral and multi-stakeholder partnerships, bringing state and non-state actors together to support and deliver the strategic interventions.

Response approach and strategy

The response approach and strategy will be centred around five specific intervention areas as outlined below.

1. Business continuity in national government institutions and public services:

- Support core executive, judicial and legislative institutions to develop and implement business continuity plans in furtherance of their governance, public administration and service delivery roles.
- Support e-governance among essential institutions such as the courts and parliament and executive bodies and constitutional commissions.

2. Human rights and gender equality monitoring, documentation and reporting in response to the COVID-19 crisis:

- Strengthening a human rights-based and gender approach to national and county responses through support for civil society and media monitoring, documentation and response.
- Strategic engagement of duty bearers including security sector institutions.
- Strategic engagement of youth in prevention and response strategy.

3. Leveraging the national and county peace architecture for national cohesion and conflict prevention:

- Support an integrated, multi-media and digital public information campaign promoting conflict prevention and social cohesion.
- Strengthen border management and the response capacity of key points of entry.

4. Strengthening the national and county institutional coordination mechanism in response to the COVID-19 crisis (SDG 3.3):

- Strengthen multi-level, multisectoral and multi-stakeholder responses to the Covid19 pandemic
- Review socio-economic impact analyses to determine emerging socio-economic trends and the appropriate policy responses
- Support the Council of Governors to effectively coordinate subnational government responses to the COVID-19 crisis as well as post recovery activities

5. Continuity of decentralized services by county governments:

- Rapid assessment of the impact of COVID-19 on service delivery by county governments and preparation of mitigation action plans.
- Strengthen county government capacity to deliver essential services during the COVID-19 pandemic including through recruitment of UNVs to support health, water and sanitation services.
- Support directed to most vulnerable communities including refugees, youth, women etc.

*** The Governance sector intervention will benefit the whole Kenya population. However under this Emergency Appeal, their People in Need and People Targeted figures coincide with the overall People in Need and People Targeted.**

Contact information

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Health



PEOPLE IN NEED

9M

PEOPLE TARGETED

9M

REQUIREMENTS (US\$)

\$56.5M

PARTNERS

10

PROJECTS

3

Response Strategy

The Ministry of Health (MoH) has activated its national response plan to combat COVID-19 and adopted various WHO Standard Operational Procedures including case definitions, guidelines, tools, and IEC materials. However, given the limited capacities of the health system and high burden of the disease, all efforts need to be optimally coordinated and harmonized to ensure timely and effective measures are put in place. All efforts should be strengthened in order to stop the human-to-human transmission of the virus, and provide quality medical care for those affected, while at the same time maintaining essential health services. Experience from the West Africa Ebola outbreak (2014-2015) has demonstrated the detrimental effect of an outbreak on essential health service delivery and the consequences on increased morbidity from common illnesses such as malaria, pneumonia, diarrhoea and TB and the resulting increased mortality, due to reduced access and reduced uptake of perinatal, maternal, newborn and child health services. It is also critical to transparently and effectively communicate with communities, health workers and the public as a whole what is known about COVID-19, what is being done, and most importantly on the behavioural adjustments and actions to be taken by all members of society—to ensure that this is a “whole society” response. There is a need for a strong surveillance system that can attain rapid detection and rapid contact tracing, case identification, monitoring of geographical spread of the virus, and assessment of impacts on healthcare services. Laboratories need to be well equipped, and with appropriate capacity. Healthcare facilities should prepare for expected increases in the number of suspected cases of COVID-19 and staff should be familiar with the suspected COVID-19 case definition, triage, and able to provide the appropriate quality medical care. Special considerations should be given to vulnerable populations: the elderly, patients with chronic diseases, pregnant and lactating women, and children.

Under this Appeal, the Health Sector will target 9,047,337 people who live in urban informal settlements in various counties.

Response Priorities

The overall goal of the health appeal is to ensure rapid containment and to reduce excess mortality and morbidity due to the COVID-19 outbreak in Kenya and its effect on the health system.

In support of this aim, UN agencies and partners have worked closely together to develop this joint Appeal in support of the Ministry of Health keeping in mind the close coordination with other sectors, in particular the WASH and protection sectors.

The COVID-19 proposed activities are aligned around 6 main pillars:

1. Case management
2. Surveillance, laboratory and diagnostics
3. Communication & Community Engagement
4. Coordination
5. Technical assistance
6. Procurement

The maintenance of essential health services are aligned around the following areas:

1. Maintenance of Immunization services
2. Maintenance of Maternal and Newborn Health services
3. Maintenance of Community Health services
4. Maintaining Mental Health services
5. Behavioural Change and Community Engagement

Contact information

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Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
856K	486K	\$22.6M	6	6

The Nutrition sector response strategy is anchored on three key priorities:

1. Nutrition management of COVID-19 patients,
2. Improving public awareness on nutritional recommendations in the context of COVID-19 and enhancing infection prevention
3. Ensuring continuation of essential and life-saving nutrition interventions with business continuity angle as malnutrition is a major child killer, and shock-responsive approaches need to be instituted to ensure continuation of service delivery.

Several innovative approaches will be used on COVID-19 specific response action including use of media and social media and use of family screening of malnutrition approach using the Mid upper arm circumference (MUAC) tape. Nutrition will be integrated in home-based care approaches should the increase in caseload lead to recommendations of home-based care for non-severe cases of COVID-19. To ensure continuity of services in the face of COVID-19, all essential nutrition services will integrate triage and referral of suspected COVID-19 case, Infection Prevention and Control (IPC) actions in line with the Ministry of Health recommendations and integrating Information, Education and Communication (IEC) using all opportunities of contact with households and/or care takers of children. Capacity building efforts will be adopted to appropriate means including virtual training, videos and on-the-job demonstration at facilities where personal protective equipment's are available. Social mobilization and community engagement through diverse channels are key strategies to ensure nutrition messages are passed and feedback from communities also received as part of accountability. Cross-sectoral coordination, including food, WASH, protection and social protection, will be enhanced to ensure any unintended effects on the food system on nutritional status of key populations is well anticipated and managed in good time to avert a full-blown nutrition crisis.

Priority Activities

- Procurement, distribution of essential nutrition commodities: therapeutic milks, *resomal*, therapeutic and supplementary feeds, essential micronutrient supplies (Vitamin A, IFAS) and

contingency supplies of ready-to-use infant formula, nutrition anthropometric equipment: MUAC tapes for scale up of family own screening of acute malnutrition.

- Procurement, distribution of essential and minimum PPE kits (masks and gloves) for community volunteers engaged in nutrition action at community level.
- Integrate Infection Prevention and Control in all essential nutrition service provision points.
- Equip health workers and CHVs to provide counselling on appropriate Maternal, Infant and Young Child nutrition (MIYCN) practices.
- Monitor and enforce Breast Milk Substitutes (BMS) act.
- Capacity enhancement through a scaled approach through virtual sensitization and training of community level volunteers and health workers using interactive media, including videos.
- Coordination enhancement through the emergency nutrition advisory committee to include cross sectoral coordination for a more harmonized approach as well as enhanced coordination with county level teams (through virtual calls).
- Advocacy and development of key support guidance for relief sectors, including food assistance, social safety nets, WASH and protection.
- Enhanced nutrition information management and surveillance including market level monitoring, programme monitoring and monitoring of early warning systems to inform the sector response.
- Enhanced social mobilization and communication to reach communities with key messages (through various channels including radio, print, mobile phone messaging) on the programme delivery strategy, risk communication, as well as for feedback as a measure aimed at ensuring social accountability in the response.

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Protection



	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
GENDER-BASED VIOLENCE	5.7M	548K	\$1.5M	2	2
CHILD PROTECTION	626K	230K	\$2.7M	8	8

GENDER-BASED VIOLENCE

Response Strategy

The focus will be on strengthened availability and improved utilization of quality essential gender-based violence (GBV) services. This will be attained through awareness-raising of populations at risk especially in informal urban settlements, promotion of survivors' rights and availability of services, capacity-building of a wide range of service providers in the health, security and justice sector, implementation of clear protocols and guidelines for providing quality GBV services, and ensuring coordination and accountability mechanisms, including GBV committees.

Priority Actions

- Enhanced capacity of national and county institutions to provide quality GBV services: The intervention will provide technical assistance to relevant line ministries at national and county level to ensure that standards and guidelines on service provision across sectors are made available, adhered to, and are consistently applied to all survivors.
- Strengthened capacity of service providers to provide quality, coordinated services: This intervention will ensure capacity building to service providers, data collection at national and county level and technical support to service providers to enhance coordination and strengthen referral structures and mechanism for service provision.
- Improved accessibility of GBV services to survivors, including in conflict/emergency and humanitarian setting: This intervention will ensure that services are provided in a consistent, coordinated and in an integrated way country-wide available to key populations and vulnerable persons and people living with HIV.
- National and county institutions have capacity to generate, collect and avail evidence for advocacy, planning, implementation, monitoring and evaluation of the COVID-19 anti-GBV response: This will entail undertaking a situational assessment to provide information for strengthened and targeted programming.

CHILD PROTECTION

Response Strategy

Overall child protection strategy to mitigate negative short and long-term negative effect on children as a result of the humanitarian crisis resulting from outbreak of COVID-19 is to prevent harm, promote safety and well-being of children especially the most vulnerable in urban informal settlements, rural poor, in institutions of care and children living with disabilities.

Priority Actions

- Support Child Help Line and other partners to ensure counsellors capacity to provide mental health and psychosocial support to children in their homes/community in institutions and quarantine/isolation is sustained.
- Ensure community level child protection systems remain functional by working with Child Protection Volunteers, children officers and NGO partners in identification, rescue and support to at risk children.
- Through local radio stations (in local, Kiswahili and English languages), TV, social media platforms disseminate child friendly COVID-19 prevention messages as well as messages on prevention of children from Violence, Abuse and Exploitation.
- Facilitate rescue, access to health services, psychosocial support and referral for children survivors of sexual and gender-based violence.
- Prevent children from online abuse, including sensitizing children on precautionary and reporting measures accessible to them.
- Facilitate coordination with Health, WASH, Nutrition and other sectors in ensuring COVID-19 prevention services are accessible to the hard to reach children (in informal settlements, arid and semi-arid counties, in statutory and other care institutions).
- Facilitate parenting and child protection learning for parents and caregivers.
- Leverage on technology to promote child protection learning for children officers with a focus on preventing, protecting and supporting children during COVID-19 related humanitarian crisis.

Contact information

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Social Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
3.2M	225K	\$16.2M	4	4

The Government, with support by the UN agencies, have prepared an expansion plan to assist the households in immediate need of short-term cash transfer support. They 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. To mitigate the challenges faced by these people, the Government plans to provide a one-off transfer to 2.5 million recipients with their allocated funds while mobilizing additional resources to aid the remaining populations in need. This assistance may not be enough and therefore the Government may need additional resources especially if the situation prolongs. To this end, strategic socioeconomic stimulus measures will need to be adopted as way of cushioning the general population from the effects of the pandemic.

As part of the state interventions to cushion Kenyans against the economic effects of the COVID-19 pandemic, the Government has allocated US\$100million for assistance to vulnerable people through cash-transfers by the Ministry of Labour and Social Protection. The UN partners estimate that the current gap for provision of the needed one-off cash transfer is at \$31.8million. Additional funds are also required in order to register new beneficiaries remotely and to deliver the cash transfers via an alternative mechanism.

Contact information

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Water, Sanitation & Hygiene (WASH)



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
5.8M	1.9M	\$11.6M	13	13

Response Strategy

The WASH sector response will be carried out under the overarching Strategic Objective 1: Public health response to reduce novel coronavirus transmission and mortality.

1. Strengthening risk communication and community engagement: Promoting effective handwashing and hygiene practices at household, public places and schools along with social distancing and other changes in behaviour are the key to slowing the transmission of the virus and combatting stigmatization. Efforts will focus on participatory interventions and messages through communication for development (C4D) targeted to key stakeholders (including adolescents, women and youth groups, health workers, social media influencers organizations of people with disabilities, and community volunteers at the National and county levels) and at-risk groups.
2. Providing critical WASH supplies and improving IPC: The sector will support IPC in communities by ensuring access to WASH services for vulnerable households living in affected areas, slum areas, at vulnerable collective sites, and in public spaces; by training health workers and teachers; and by ensuring WASH services are available when schools reopen. Support with WASH and IPC services and supplies will be given to health facilities, including through PPE (gowns, gloves, masks, boots etc.) to ensure the prevention and treatment of COVID-s well as disinfection of public places to reduce transmission of Corona Virus..

Priority Actions

- Procure and distribute critical hygiene and prevention items (including soap, hand-sanitizer, masks (as appropriate per latest guidelines), handwashing stations, disinfectant and personal protection equipment for use in schools, health facilities, and public spaces;
- Support implementation of infection prevention and control enhancements including coordination of IPC activities, training of frontline personnel, supply of disinfection equipment, dissemination of public health messages, and distribution of IEC materials in schools, health facilities, markets, and other public spaces;
- Support the Ministries of Education and Health to develop and implement guidelines for safe school operations during a COVID-19 outbreak (e.g. promotion of hand and respiratory hygiene, screening and referral of suspected cases, as appropriate), and education about COVID-19 prevention;
- Capacity building in non-clinical IPC linked to target health facilities receiving IPC supplies.
- Awareness creation campaigns and materials through communication for Development (C4D)
- Support sector coordination and information management for COVID-19 response.

Contact information

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Refugees



PEOPLE IN NEED

495K

PEOPLE TARGETED

495K

REQUIREMENTS (US\$)

\$5M

PARTNERS

1

PROJECTS

5

Response Strategy

The approach to the refugees response is to providing cash assistance and core relief items in the urban areas and camp settings, ensuring refugees, asylum-seekers and stateless persons particularly those vulnerable to the pandemic receive assistance in the form of cash-based interventions and core relief items. In addition, providing bridging support (livelihoods) to avoid the collapse of businesses run by refugees. Supporting education systems by working to expand access to home-learning opportunities by learning through radio supporting at least 157,000 learners in Dadaab, Kakuma and urban areas where UNHCR will procure additional radio sets and facilitating physical and electronic transmission of audio content enabling use of the national radio education programmes at both community/ local radios and at the household level. Developing home learning exercises, and mechanisms for regular follow up between at least 2,000 teachers and 100,000 students with the purchase of additional textbooks to support home learning/ revision prioritising examination candidates and secondary school learners, as well as providing airtime to support structured and informal teacher engagement (peer-to-peer) to enable follow-up and individual support remotely. Supporting higher education students to continue their studies online.

Priority Actions

- Facilitate physical and electronic transmission of content and materials to learners (local broadcasts, radios, SD cards, learning materials); 2) Support teachers to engage with, and provide individual follow up to learners; 3) Enable students to access e-learning platforms; 4) Provide psychosocial support to learners and their families.
- Advocacy with MoH/CDC on the inclusion of refugees into national response, including capacity building and training of health workers on COVID-19 as well as training of CHW/CHP on case definition, active finding and contact tracing;
- Risk communication and community engagement through community sensitization on COVID-19 outbreak;
- Establish 10-bed capacity isolation facilities in each hospital and identification of additional isolation facilities for use if hospitals are overwhelmed;
- Provide surveillance, rapid response teams and case investigation;

- Training of lab techs on sample collation, packing and handling up to testing site and to adopt and disseminate SOP for specimen collection, packaging and transportation for COVID-19 diagnostic testing;
- Procurement of IPC materials for health-care facilities as well as procurement of oxygen concentrators in COVID-treatment centres, establish mechanisms for early case detection and community isolation of mild or moderate patients or for self-isolation at home.
- Enhance water and sanitation capacity at hospitals, clinics, reception and transit facilities, schools and other communal facilities and support ongoing hygiene promotion in the camps and timely repair of supply system.
- Support protection monitoring, including detention and border monitoring, and response activities;
- Support for alternative care and case management for children at risk/families affected and children in institutions, including support to institutions;
- Ensure continued identification of and support to persons with specific needs (including GBV survivors, LGBTI persons, elderly, persons living with disabilities or chronic illnesses);
- Support community structures and leadership in protection monitoring and response activities;
- Provide cash/in-kind support to vulnerable and/or poor refugee/stateless households to ensure that basic needs are met; 7) Provide bridging support (livelihoods) to avoid the collapse of businesses run by refugees;
- Strengthen communication and community engagement to ensure access of people of concern to information regarding COVID-19 and that UNHCR's response is informed by community feedback;
- Provide regular and accurate information that is understandable, accessible and adapted to the needs and priorities of different community members, and counter derogatory, xenophobic or demonstrably false messaging or narratives;
- Ensure wide information dissemination through the usage of various media (including radio, TV, public address systems, notice boards, Whatsapp groups, etc.).

Contact information

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Coordination & Common Services



REQUIREMENTS (US\$)

\$6.9M

PARTNERS

2

Response Strategy

The objective of the coordination and common services sector is to ensure a coordinated and coherent international support to the Government response effort with community engagement and an evidence-based response as central components.

Priority Actions

Community Engagement

The community engagement approach is structured along the following critical response areas:

- Sensitization Community Health workforce and community influencers (CHVs, Peer Educators, CBO/CSOs, Jua Kali, Teachers, Farmers, Mitumba (second-hand clothes) market, mama mbogas (market women), chiefs, ward administrators)
- Infection prevention control at community level
- National coordination of the community covid-19 response
- Engaging with faith-based organizations and communities including, youth, people with people with disabilities (PWDs)
- Engaging communities living in informal settlements
- Engaging the migrant population and refugees
- Engaging prison population
- Community based surveillance and case finding, contact tracing.
- Coordinating and supporting community engagement at county and sub-county level
- National level coordination, Monitoring & Evaluation and Research in Community Response.

Coordination

Ensure a coordinated humanitarian response based on assessed needs and working in partnership with the Government.

- Provide information to raise awareness among international stakeholders.

- Assist Government, Emergency Coordination Centre and Kenya Humanitarian Partnership Team (KHPT) with response planning and monitoring.
- Strengthen humanitarian coordination mechanisms and strategies required at national level to respond to the direct and indirect impact of Covid-19 emergency needs.
- Support KHPT to mobilize resources to cover critical gaps. Monitoring indicators and targets
- Support sub national levels in engaging with county partners and start the mechanisms to activate the county COVID-19 mechanisms
- Facilitate discussions with KRCS, NDOC, partners and OCHA to work in areas with insecurity/humanitarian access issues
- Provide Coordination Specialist – surge capacity through RO/HQ
- Support Sub national levels on Information Management system on COVID across NBO and zonal offices.
- Monitoring procurement and prepositioning at national and sub national levels
- Support and Advocate for the County Governments and WHO to finalize county level inter agency multi sectoral preparedness and response plans for COVID19

Contact information

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How to Contribute

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About

This document is consolidated by OCHA on behalf of the UN Country Team and humanitarian partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries

EMERGENCY APPEAL
KENYA

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