During the reporting period, the operations focused on the preparation of necessary responses to COVID-19. Business and operations continuity plans were prepared. Coordination meetings with different partners and government took place. The operation reviewed the 2020 RRP response and made necessary re-adjustments to cover some of the resources required for COVID-19.

In April, the Government instituted border closures in response to COVID-19. Even though it declared that asylum-seekers fleeing persecution and violence in their countries of origin would continue to be admitted, border access was tightly controlled by authorities, leading to a low number of 2,370 new arrivals from South Sudan.

RRP partners undertook a number of measures in response to the COVID-19 situation, including:

- Business and operations continuity plans for various scenarios were developed, including teleworking in light of COVID-19.
- An inter-agency education response plan was developed and learning continuity interventions initiated, including pre-recorded educational materials from the Kenya Institute of Curriculum Development (KICD) for radio lesson broadcasts, partnership with local FM stations for daily five-hour radio lesson broadcast, sharing of available online and offline educational resources through community communication channels, such as WhatsApp communication tree.
- CBI continued to be the modality of service delivery in Kalobeyei focusing on shelter, latrines and NFI that increased refugee’s self-reliance and promoted socio-economic development.
- The main objective of the Communication With Communities Working Group is to consult with communities in designing and developing appropriate information, education and communication materials. Outreach WASH refugee incentive staff were trained by RRRP partners on COVID-19 prevention and containment measures. These trainings have equipped them with appropriate skills and knowledge while conducting hygiene promotion campaigns at household level.
- Through intensive consultation with county and national governments, RRRP partners developed a national WASH strategy to achieve universal access to basic sanitation to fit the context of refugee communities. Through partnership with county and national government to adapt Community Led Total WASH (CLTS) to the context of refugee communities, RRRP partners have ensured the promotion of hygiene and sanitation in refugee settlements.
COVID-19 GOOD PRACTICES CONT.

Sanitation (CLTS) and to implement it in the settlement, government engagement has been strengthened in sanitation and hygiene programming and implementation.

- Mainstreaming of SGBV in community sanitation activities: CLTS facilitators were sensitized on risks of SGBV and possible responses to the identified risks including reporting and referral. An indicator to report responses taken for identified risks of SGBV has been incorporated in the reporting format (CLTS activity log). Previously, access to latrine among women was lower than men, as indicated in social profiling report by the World Bank. Low accessibility to latrine among women was identified as one of the critical protection concerns. Through CLTS, women have been empowered to build their own latrines to protect themselves and their children from diseases, as well as from SGBV risks. However, constraints in access to water also present great SGBV risks for women who have to walk long distances to fetch water. A water pipeline from Lopur area to the settlement to boost water capacity is being constructed in order to prevent some of these risks.

Protection

- 846 children received individual protection case management and 184 children with disabilities received specialized services.
- 78 cases were submitted remotely for resettlement and RST and 102 assisted for Complementary pathways.
- Percentage of UASCs receiving long-term care remained low at only 10.49 percent.

Kakuma and Kalobeyei received 2,370 new arrivals from South Sudan in the first half of 2020. The low number of arrivals was due to the border closures in April in response to the COVID-19 outbreak in the country. Although the Government declared that asylum-seekers would be admitted, only the few asylum-seekers who succeeded in crossing through unofficial border points, arrived in the camp.

After the start of the epidemic, activities were primarily

- 393 South Sudanese refugees tested for COVID-19 by 30 June 2020
- 7 South Sudanese refugees tested positive for COVID-19, with 0 deaths reported
- 92% of South Sudanese refugees and targetted host communities reached with COVID-19 related messaging
- 8 health centres supported or established for COVID-19 response, as well as 2 isolation centres & 2 quarantine centres
- 100% of health staff participated in COVID-19 related trainings
- 22 additional handwashing facilities established
- 43% of South Sudanese refugee students reached with remote learning (e.g. radio lessons, study packs etc.)
- 8 South Sudanese refugee households received additional core relief items as part of the COVID-19 response
aimed at ensuring continuation of core protection activities while implementing strict epidemiological measures, as well as ensuring protection mainstreaming in implementation of the measures themselves. Out of Camp Policies (OCPs) were developed by RRRP partners and new arrangements put in place for remote case management. Registration activities conducted by the Refugee Affairs Secretariat (RAS) were reduced in scope, but registration of new arrivals continued, as well as reactivation of cases for refugees returning to the camp from urban centres due to the deteriorating economic situation.

According to SGBV annual statistics, 31 per cent of reported incidents were related to the South Sudanese community. From the 93 cases reported, 38 per cent were related to Intimate Partner’s Violence, 17 per cent to physical violence, 14 per cent to emotional violence, 11 per cent to forced marriage, 4 per cent to sexual assaults and another 4 per cent of the cases reported were rape incidents. It is important to stress that 14 per cent of the incidents happened before 2020, 5 per cent of them affected male survivors and 5 per cent involved LGBTI individuals.

Identification, case management and alternative care arrangements continued for children at risk. Kakuma and Kalobeyei host 8,064 unaccompanied minors and separated children (UAM/SC), out of which 542 are receiving appropriate long-term alternate care. Child protection partners are conducting case management for 539 children with a total of 30 case managers. Data captured on the number of children with specific needs in the Child Protection Information Management System (CPIMS) only included 202. The main risks faced by children were forced marriage, abduction, and child abuse and neglect.

UNHCR developed and implemented innovative procedures to continue to conduct RST interviews remotely. 78 South Sudanese refugees were submitted for resettlement. Despite delays and uncertainty 102 refugees were assisted to access complementary pathways for admission to education. 184 (101M and 83F) children with disabilities received specialized services, of which 72 cases with mental disabilities (learning difficulty, down syndrome, intellectually challenged, autism) and 112 cases with physical disabilities.

### Education

- **50,345 children** supported with school enrolment and retention prior to COVID-19 disruption
- **25,614 children benefitted from remote learning continuity interventions** following closure of schools in March
- Inequities in access to internet, radios, textbooks and other personal devices **severely limit the reach of remote and distance learning interventions** during the extended school closure period.

By the end of February 2020, ahead of the closure of schools in mid-March 2020, enrolment rates at the pre-primary, primary and secondary schools for South Sudanese children stood at 75.9 per cent, 104.2 per cent and 50.4 per cent respectively with 50,345 children enrolled. This enrolment was slightly lower at 3 per cent as compared to the enrolment of 52,121 children recorded at the end of 2019. This is attributed to the premature closure of schools in mid-March before the school enrolment cycle was completed. A total of 898 children with disabilities were supported. RRRP partners constructed additional school infrastructure; supplied teaching and learning materials; trained teachers, provided school meals and engaged in community support for education enrolment and retention.

Following the closure of schools, an Inter-agency education response plan was developed, and learning continuity interventions initiated. This included the acquisition of pre-recorded educational materials from the Kenya Institute of Curriculum Development (KICD) for radio lesson broadcasts; partnership with local FM stations for daily five-hour radio lesson broadcast, procurement of radios, textbooks and sharing of available online and offline educational resources through community communication channels, such as WhatsApp communication tree. Awareness campaigns targeting children to keep safe and to be engaged in learning continuity have been undertaken. These measures have contributed to learning continuity support for 25,614 children.
Despite measures to support remote and distance learning, only 43 per cent of children were reached through the different learning continuity measures. Inequities in access to internet, radios, TVs, phones, tablets, computers, electricity and textbooks remain key constraints. Extended school closures continue to have a detrimental impact not only on children’s learning, but also result in heightened exposure to protection risks such as teenage pregnancies, sexual abuse, early marriage, violence at home, child labour, high school dropouts and erosion of hard-won gains, with girls and children with disabilities disproportionally affected by the closures.

Food
- **113,304 individuals received in kind food assistance.**
- The proportion of general food assistance provided through cash was increased from 40 to 50 per cent of the general monthly food ration. WFP adjusted the cash transfer value in line with the approved Minimum Food Basket in the refugee camps.
- Due to resource shortfalls, the proportion of food assistance provided by WFP only covers 70 per cent of food requirements.

Approximately 400,000 refugees in Kenya are assisted every month, including South Sudanese refugees, with a general food ration, which consists of a combination of in-kind and/or cash-based transfers. In Kakuma refugee camp, food assistance was provided as a combination of cash transfers and food at 50:50 ratio. In Kalobeyei settlement, food assistance was provided in the form of cash-based transfers where refugees received USD 14 per person per month to meet their food and nutrition needs.

Adjustments in the implementation of food distributions were carried out at the onset of the COVID-19 pandemic in line with the WHO and Ministry of Health regulations. Double distributions were conducted to reduce the risk of the virus transmission at Food Distribution Points (FDP)s. WHO guidelines and Government regulations for implementation of health screening, crowd control, social distancing, handwashing and sanitation necessitated by the COVID-19 context were adhered to.

The proportion of cash transfers provided to refugees increased from 40 to 50 per cent, in line with commitments in WFP’s Country Strategic Plan to continue to increase the proportion of cash transfers. Furthermore, as part of the Kenya Food Security Steering Group, RRRP partners reviewed the transfer values in line with the current market prices and the Minimum Food Basket (MFB) within the refugee camps. This aimed to increase the purchasing power of the beneficiaries. By June, refugees in Kalobeyei settlement were receiving USD 16.76 per person per month, while in Kakuma refugee camps, refugees were given approximately USD 6.50 per person per month. However, the transfer values for Kakuma vary depending on the availability of resources, and the in-kind rations provided. Overall, refugees continued to receive food rations that only met 70 per cent of the minimum recommended amount.

WFP sustained the daily provision of a hot meal in all refugee schools and vocational training centres. In the transit centres, WFP provided new arrivals with cooked meals. Similarly, WFP is supporting institutional feeding in hospitals for quarantined/COVID-affected refugees since April 2020.

Health & Nutrition
- **Two isolation facilities with a bed capacity of 28 beds are already operational and receiving patients.** Three other sites were identified with capacity to expand to 120 beds.
- **Three quarantine facilities were established** and are operational with a bed capacity of 120 beds. There are other sites identified with capacity to expand to 600 bed capacity for quarantine facilities.
- **Testing capacity within Kakuma needs to be expanded** to be able to carry out testing for COVID-19 mass screening in the refugee camps.
to avoid having to send samples over long distances.

Through inter-agency collaboration, two isolation facilities with a bed capacity of 28 were established, activated and served seven patients diagnosed with COVID-19; four of the patients have recovered while three are still undergoing treatment. Two other sites were identified that can serve as isolation facilities with a capacity for 120 beds. Two quarantine facilities with a bed capacity of 120 are already activated with other sites identified where bed capacity can be expanded to over 600 beds. A referral pathway for testing of suspected cases of COVID-19 has been established together with the Ministry of Health. This has enabled over 393 samples to be tested among the refugee population.

All eight health facilities in Kakuma and Kalobeyei have established triaging areas for COVID-19 at the entrances. This has enabled continuation in provision of primary health services without interruption. There was also bulk procurement of medicine and medical supplies to reduce the risk of anticipated breaks in the supply chain interfering with provision of health services.

Nutrition interventions were delivered uninterrupted, albeit that some critical adjustments were made in consideration of the COVID-19 regulations aimed at crowd control and minimizing contact among beneficiaries. Desirable progress was realized in the implementation of the Community Management of Acute Malnutrition (CMAM) surge plan and progress was achieved in form of reduction of malnutrition cases.

There is a need to increase health personnel to ensure sufficient surge capacity should there be an increase in COVID-19 cases. To improve surveillance, there is a need to build capacity for testing for COVID-19 within the Subcounty of Turkana West.

Livelihoods & Environment

- 103 loans awarded to 56 refugee and 47 local entrepreneurs
- 60 trapezoidal bunds set up with cash for work approach targeted 200 refugee and 1,300 host farmers
- Due to limited funding streams only 5% of households in Kakuma and 20% of households in Kalobeyei had access to livelihood opportunities

Kakuma is a vibrant economy of 2,500 businesses, representing 30 per cent of all known businesses in Turkana County. Kakuma and Kalobeyei have a unique workforce with diversified vibrant artisan skills.

Following the outbreak of COVID-19, RRRP partners shared contingency activity plans. Immediate needs included business grants pool to finance and support affected entrepreneurs start new businesses; support food and nutrition safety nets for persons of concern with specific needs (CBI) like older refugees; support to farmers for agricultural production; enhance internet connectivity hot spots for trainees and students to access online study platforms in preparation for national examinations in 2021; adopt cash for work models to trigger household income and support local market ecosystems.

Handwashing facilities were distributed to fresh food markets and host traders in Kakuma and Kalobeyei as a response to Covid-19.
By the end of the reporting period, 2,370 new asylum-seekers representing 1,322 households benefited from 1,478 semi-permanent shelters constructed. Currently, the semi-permanent shelter covers 86.44 per cent of households living in adequate dwellings. Similarly, about 162 dilapidated shelters have been repaired for refugees currently living in insecure dwellings that are worn out by wear and tear owing to their lifespan.

Additionally, a total of 874 households converted their 1,149 transitional shelters to permanent houses through cash-based interventions. This means that, a total of 3,463 household in the integrated settlement are now living in permanent shelters. As a result, the average permanent shelter coverage in Kalobeyei stands at 46 per cent.

New arrivals from South Sudan were provided with 3,808 kgs of soap, 2,698 blankets, 3,303 mats, 1,269 kitchen sets, 2,432 jerricans, 2,231 buckets, 1,742 mosquito nets, 850 panties and 1,043 sanitary pads. Similarly, in Kalobeyei, women and girls of reproductive age continue to receive soap and sanitary pads through cash transfer, while in Kakuma the items were provided through in kind distributions.

Provision of safe and adequate water to persons of concern (PoCs) continued to be a priority during the COVID-19 pandemic outbreak. Intensive coordination of WASH and health partners contributed to enhanced planning and response to COVID-19. Water supply per person was maintained above 20l/p/d, which enabled PoCs to carry out handwashing and water quality was also monitored. PoCs received 450g of soap during the NFI distribution exercise. Hand washing stations were installed in public places including reception centres and hospitals. Hygiene promotion was done at household and communal levels where PoCs were encouraged to install hand washing stations with soap. RRRP partners supported the food distribution exercise by providing water, hand washing stations, soap and hygiene promotion messaging. In preparedness for COVID-19 response, 150 hand washing stations, 10,000 litres of liquid soap, 5,000 litre bladder tanks (20), 10,000 litres bladder tanks (20),100 latrine squatting plates, 2250 kg of chlorine, and 20 portable tap stands were set up.

The procured equipment is in use across the camps. WASH requirements were provided in five isolation and 2 quarantine facilities for COVID-19 response. This included water supply facilities, latrines, hand washing stations and hygiene promotion. The construction of WASH facilities in hospitals and for the reopening of schools is ongoing. These includes permanent block toilets, temporary latrines, shower cubicles and waste management facilities.

The above interventions have assisted in mitigating the impacts of COVID-19 by providing required hygienic conditions in order to reduce the risk of it spreading. Yet, several challenges were faced, such as frequent flooding in the camp which destroyed one borehole and several latrines. Purchases were hindered due to the uncertainty of the COVID-19 impact and movement restrictions. Other challenges involved the safety of WASH personnel regarding as they carried out their activities.

There remain huge gaps in regard to sanitation. The low latrine coverage (36 per cent) continues to affect
refugees and the cholera outbreak is linked to the low coverage. There is a need to construct additional latrines to bridge the gap. In order to improve water supply, the number of boreholes must be increased. Revamping of the aging reticulation water system remains a priority for RRRP partners. Real time water monitoring systems were installed in order to improve the accuracy of data collected for monitoring and reporting on WASH services provision (service levels).

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**2020 SOUTH SUDAN REGIONAL RRP PARTNERS IN KENYA**

- Action Africa Help International
- Association for Aid and Relief Japan
- Danish Church Aid
- Danish Refugee Council
- Don Bosco
- Film Aid International
- Finn Church Aid
- Food and Agriculture Organization
- Food for the Hungry
- Gesellschaft fuer Internationale Zusammenarbeit
- International Rescue Committee
- IsraAid
- Johanniter
- Kenya Red Cross Society
- LKAD
- Lutheran World Federation
- National Council of Churches of Kenya
- Norwegian Refugee Council
- Peace Winds Japan
- Refugee Consortium of Kenya
- SNV NDO
- United Nations High Commissioner for Refugees
- United Nations Children’s Fund
- Windle International Kenya
- World Food Programme
- World Vision International

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SOUTH SUDAN REGIONAL RRP
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