

## Kenya

### Update on the context and situation of children

In 2021, Kenya continued to experience political stability amid a backdrop of social and economic challenges caused by the COVID-19 pandemic. Kenya will hold general elections in August 2022, ushering in new leadership both at national level and the 47 county governments. A peaceful transition would keep the economy and operating context stable. It remains to be seen what policy priorities will be set by the new government.

Implementation of Kenya's "Big-4 Agenda", a development blueprint premised on four pillars, including food security, affordable housing, universal health care and manufacturing; has been slow. Even though the national government allocated some 12 per cent of its budget to the agenda in the last four years, the counties spent less than 10 per cent of their budgets on the pillars in the same period.

Poverty remains high with one in three Kenyans (15.9 million people) monetarily poor. Further, one in two Kenyans (23.4 million people) are multi-dimensionally poor, of which 50 per cent (11.7 million) are boys and girls lacking access to three or more key services such as safe drinking water, nutritious food, immunization, quality housing and education. Of the total female adults, 65.4 per cent are multidimensionally poor while around 56.1 per cent male adults are multidimensionally poor.

The year-on-year inflation rate increased to 6.45 per cent in October 2021, up from 4.84 per cent in October 2020, largely due to the rise in food and fuel prices. However, the increase remained within government limits of 8.5 per cent.

Kenya's economy was expected to grow by 6 per cent in 2021 – up from the contraction of 0.3 per cent in 2020 – assuming a full reopening of the economy and economic activity normalizes. The forecast economic rebound is also premised on the successful implementation of Kenya's Economic Recovery Strategy. Economic growth is predicated on: (i) an upturn in industry supported by reopening of the economy; (ii) a moderate recovery in services as the vaccination rollout steadily progresses; and (iii) adequate agricultural harvests and sales, helped by rising external demand from the recovering global economy. The country achieved an economic growth of 5.9 per cent by the end of the year.

Since March 2020, when the first COVID-19 case was confirmed in Kenya, a total of 295,028 confirmed cases (168,171 males and 126,857 females) have been registered, including 5,378 deaths, providing a fatality rate of 1.8 per cent as of 31 December 2021. The Ministry of Health (MOH) continued responding to the COVID-19 outbreaks in the country by imposing mitigation measures and rolling out COVID-19 vaccinations nationwide. Nevertheless, the COVID-19 pandemic continued to cause significant socio-economic impacts on families and children with an estimated two million people falling into poverty and around 900,000 people losing their jobs. The unemployment rate in Kenya increased to 6.6 per cent in the first quarter of 2021 as compared to 5.2 per cent in the first quarter of 2020. Each job lost is estimated to have affected at least two children. Addressing this situation, the government increased spending in the social sector in 2021, in line with Big-4 Agenda priorities and the post COVID-19 economic strategy. Spending in core social sectors increased from 27 per cent (2020) to 28.5 per cent (2021). This upward trend was also reflected at the sub-national level with an increase from 41.9 per cent (2020) to 42.6 per cent (2021).

The pandemic has also affected the provision of educational services. When schools reopened in January 2021, 16 per cent of girls and 8 per cent of boys did not return, the equivalent of approximately 250,000 girls and 125,000 boys. Sizeable proportions of boys (52 per cent) and girls (39 per cent) reported experiencing physical violence during the pandemic, and about half of all

adolescents said they experienced symptoms of depression. The country continues to register negative effects of COVID19 on essential health services. Data from the MOH DHIS2, as of October 2021, shows that while skilled birth attendant coverage during delivery and during outpatient services remains stable, full vaccination coverage for children under one year decreased from 86 per cent in 2020 to 82 per cent in 2021. At the same time the proportion of pregnant women who received at least four antenatal visits has declined from 86 per cent in 2020 to 82 per cent in 2021.

The government has intensified its COVID -19 vaccination campaign as towards the end of 2021 there were sufficient vaccines in country (vaccines are not in short supply in Kenya, 23 million doses). As of 31 December 2021, 15.5 per cent of adults were fully vaccinated. The total doses administered is 10,086,983, with 5,871,177 people receiving the first dose, and 4,215,806 people fully vaccinated (2,144,289 males and 2,069,820 females). Expanding partnerships, including with religious organizations and targeted grassroots mobilization in low-uptake locations is expected to accelerate coverage.

The refugee and asylum-seeker population in Kenya stood at 540,433 (49 per cent female/51 per cent male) as of 30 November 2021, which comprises 481,787 (89 per cent) refugees and 58,646 (11 per cent) asylum-seekers. On 17 November 2021, President Uhuru Kenyatta signed the Refugee Bill of 2019 into law which allows refugees to receive public education, apply for jobs and integrate into Kenyan society. High level dialogue continues on durable solutions for refugees.

Cumulatively, 2021 was a very difficult year for Kenya and a national disaster declaration was issued by the President on 8 September. The impact of COVID-19, two consecutive poor rainy seasons and the failure of short rains, together with security challenges in some counties, especially in northern Kenya, as well as a locust plague, have resulted in increased vulnerability among populations in arid and semi-arid lands (ASAL) of Kenya. Women and children, especially, have been hard hit. More than 2.5 million people are expected to be food insecure by the end of 2021 with over 465,200 children under 5 and over 93,300 pregnant or lactating women acutely malnourished in ASAL regions.

## Major contributions and drivers of results

**Under Outcome-1 (Health, Nutrition, WASH, and HIV),** UNICEF has supported the MoH to identify and address gaps in providing quality maternal and newborn health services during the ongoing COVID-19 outbreak. In partnership with GAVI, WHO, USAID and others, UNICEF has contributed, through the provision of technical support in planning and budgeting, to the government's rollout of COVID-19 vaccines. UNICEF also supported the air freight/arrival of COVID-19 vaccines which have been donated to the government through the COVAX Facility, AVAT Facility and bilateral donors. UNICEF supported the government in the procurement and installation of cold chain equipment, communication and social mobilization, to increase the uptake of COVID-19 vaccines resulting in the arrival of over 23 million COVID-19 vaccine doses in Kenya, some 15.5 per cent adults fully vaccinated, and 37.2 per cent receiving one vaccine dose, as of 31 December 2021.

UNICEF has provided technical and financial support to MoH and counties for the measles rubella (MR) catch-up campaign in 22 counties resulting in the vaccination of 3.5 million children against the target of 3.2 million children, aged 9-59 months. In addition, support was provided for the periodic intensification of routine immunization (PIRI) in all 47 counties to reach partially-non vaccinated children, including HPV vaccines for adolescent girls.

UNICEF has continued supporting MoH and counties to attain Universal Health Coverage (UHC) through the implementation of the 2019–2024 Primary Health Care (PHC) Strategic Framework. This has been undertaken through the modelling of the set-up of primary healthcare networks (PCN) in

Kisumu, Garissa and Samburu using a multisectoral approach as part of national scale-up of the PCN strategy. UNICEF has also provided technical support to County health teams to contextualize national PCN guidelines. In addition, UNICEF supported the MoH to draft the national early childhood development (ECD) policy, working closely with the Ministry of Education (MoE), and other multiple stakeholders.

UNICEF provided technical and financial support to the national government and counties, which contributed to Vitamin A coverage among children aged 6-59 months of 88.2 per cent in Semester 1 2021, against the target of 80 per cent reaching 5.3 million children. The treatment of severe acute malnutrition among children under 5 years reached 52,933 children. This high-quality intervention achieved SPHERE standards: cure (81 per cent); death (1.3 per cent) and defaulter (13.4 per cent) for the period January to October 2021. The coverage of iron and folate supplementation reached 80.1 per cent of pregnant women against a target of 78 per cent in 23 ASAL and three urban counties. UNICEF advocacy and technical support contributed to the approval by Parliament of the Breastmilk Substitutes Regulations 2021, which regulates the promotion of unsafe complementary feeding products. UNICEF's partnership with Kenya Private Sector Alliance (KEPSA) on Better Business Practices for Children (BBPC) has contributed 8 new companies establishing breastfeeding rooms. Overall, there are more than 70 companies with such facilities by 2021 as mandated by the 2017 Health Act.

UNICEF contributed to the launch of the Kenya Sanitation Alliance (KSA), which brought together the 15 counties with the highest open defecation (OD) rates. As result, national and county government representatives made commitments to ending OD by 2025. UNICEF also supported MoH to develop national and county profiles with synthesized information on sanitation status in Kenya. The profiles are used as reference for planning of sanitation interventions by national and county government authorities. At the same time, UNICEF contributed to enhancing the capacity of WASH actors through training of 11,666 (4,666 male and 7,000 female) local government workers, community health volunteers (CHVs), artisans, and youth on WASH service delivery, monitoring, and evaluation.

Through UNICEF's support, a total of 3,384 villages were certified as open defecation free (ODF), representing 761,400 more people (376,893 male and 384,507 female) living in ODF communities in 2021. The result reached represents 5.4 Per cent of all villages practicing open defecation in Kenya. Cumulatively, there are 22,127 out of 79,889 rural villages (28 Per cent) at the National level which are certified ODF as of the end of 2021. Further, UNICEF interventions contributed to improved access to safe basic sanitation for 144,315 people (71,436 male and 72,879 female) in five counties through a market-based sanitation (MBS) approach. The result accounts for 11 Per cent of all people in need of safe basic sanitation in those five pilot counties (Kitui, Siaya, Migori, Kisumu, and Garissa).

UNICEF supported 37,890 people (19,733 male and 18,157 female) with access to permanent safe water by constructing 21 climate-resilient, solar-powered water systems in Turkana County. The result achieved represents 7.5 Per cent of population in need of safe water access in the county.

Another 325,332 people (159,413 male and 165,919 female) accessed temporary safe water from household water treatment and storage in 13 drought-affected counties. This represents 18 Per cent of the total population in need for WASH which is 1.8 million. Access to basic sanitation was provided to 119,772 people (58,688 male and 61,084 female) in the informal settlements in Nairobi, through a network of 3,623 active container-based toilets. This represents about 8.3 Per cent of the total addressable population in informal settlements.

UNICEF's support to MoH at the national and county level contributed to access to services for 70 per cent of the 62,527 pregnant and breastfeeding women living with HIV who were receiving antiretroviral treatment in 2021. With UNICEF's support, two counties, Kilifi and Samburu, developed and launched plans to eliminate mother-to-child HIV transmission (EMTCT). Plans include

strategies to address and transform gender-related barriers and norms fueling MTCT such as advocacy for male involvement in the EMTCT process and the reduction of gender-based violence upon disclosure of HIV status. In response to a nationwide supply chain disruption for pediatric antiretroviral drugs and test kits, UNICEF, coordinated and delivered on the emergency procurement of the antiretroviral drugs and early infant diagnosis testing supplies.

**Under Outcome-2 on education,** UNICEF in collaboration with UNESCO-UIS and MoE generated evidence (global OOSC Kenya report) that revealed that almost 2.5 million, 4-17 years old learners were out of school. Furthermore, a baseline survey report on the Operation Come to School in 16 targeted counties provided further information on the location of the OOSC and the factors hindering access to education.

To encourage more learners to return to school after the long school closure due to COVID-19, UNICEF distributed re-usable face masks to 713,066 learners (349,402 girls and 363,664 boys, including 4,700 children with disabilities) in informal settlements and rural areas. The support to back-to-school included the provision of revision books to 30,000 learners (14,700 girls and 15,300 boys) including 500 children with disabilities. In addition, UNICEF supported a total of 160 schools with improved access to WASH services including water supply systems, gender- and disability-sensitive sanitation facilities, and handwashing stations benefitting 62,940 children (31,054 girls and 31,886).

In the endeavor to “Reimagine Education” with a goal of improving access and learning outcomes, UNICEF supported MoE to connect 100 more schools to the internet in all the 47 counties reaching 42,000 learners (20,580 girls and 21,420 boys, including 2,300 children with disabilities). This catalytic work allowed the sector to learn lessons, galvanize partners and inform scale up planned for 2022.

To increase adolescent girls access to menstrual hygiene management (MHM) services, UNICEF provided 18,813 adolescent girls with sanitary kits. Further, UNICEF has supported MOE in the development of WASH in school’ strategy with a costed action plan to scale up gender-sensitive and disability inclusive WASH interventions schools. To ensure that MHM forms an integral part of the curriculum, UNICEF supported MOE and MOH to develop Hygiene Promotion and Menstrual Hygiene Management handbooks for teachers. The materials were tested in 2021 during the training of 300 teachers in five counties. The scale up phase will be part of the roll out of the MoE WASH in school strategy.

**Under Outcome-3 on child protection and HIV,** UNICEF worked with partners to protect children and young people from being exposed to HIV/AIDS and violence, while providing increased access to care and support services for those in need. UNICEF played a key role in ensuring access by developing age-appropriate information, education and communication tools aimed at supporting national and county governments in their HIV and COVID-19 prevention programming. UNICEF continued to build on the integrated HIV and COVID-19 response initiative that led to 23,556 adolescents and young people (15,446 females and 8,110 males) benefiting from integrated HIV prevention, life skills and awareness raising interventions on sexual reproductive health and COVID-19.

To address high prevalence of violence against children (VAC), UNICEF supported the development of the National Parenting Programme and a parenting manual has been drafted and will be rolled out in Kilifi and Garissa Counties in 2022. With UNICEF support, the Government of Kenya developed a multi-sectoral, costed National Plan of Action to tackle Online Child Sexual Exploitation and Abuse (2022-2026). UNICEF provided technical support to the Directorate of Children Services (DCS) to enhance the Child Protection Information Management System (CPIMS) by supporting the development of an anti-trafficking module and the integration of indicators for care reform.

To prevent and respond to VAC at the community level, UNICEF worked with the DCS and county governments on “Spot it, Stop it”, a social behavior-change communication campaign to end VAC for girls, boys, women and men. The campaign reached an estimated 3,000,000 people (1,650,000 male and 1,350,000 female) through media and social media platforms. Further, in its efforts to support the DCS strengthen community-based child protection mechanisms (CBCM), UNICEF supported pilot interventions in Dagoti, one of the urban informal settlement in Nairobi. As a result, 111,913 (43 per cent female, 57 per cent male) children and adults were reached with protection services including radio messages on the safety of children. Lessons learnt from these interventions will inform the Government’s efforts in addressing violence against children in the country. Additionally, UNICEF supported the development of county costed action plans on elimination of FGM and the development of the innovative mobile application (PASHA) to promote reporting and rescue of girls at risk of FGM.

UNICEF also partnered with the Teachers Service Commission (TSC) support COVID19 response in the education sector by providing psychosocial support services and prevention messages on child abuse to 324,025 (163,518 male and 160,507 female) teachers. The result accounts for 96 Per cent of the total teachers in Kenya and is the basis of further advocacy to ensure mental health and psychological support (MHPSS) is fully included in teachers training colleague curriculum.

UNICEF supported child protection services to reach 74,502 children (41,577 girls, 32,925 boys) in 2021, including 56,443 children (32,275 girls, 24,168 boys) affected by the pandemic, drought, and children living in Refugee camps. Through support to DCS and other partners, 22,227 (10,913 girls, 11,314 boys) children and 1,748 (884 female, 864 male) caregivers accessed mental health and psychosocial support.

**On Outcome-4 on Social Policy**, UNICEF supported the government in enhancing public finance management systems to improve planning, budgeting, expenditure, and reporting processes. The support included development of the Controller of Budget Management Information System to enhance budgeting process, reporting and accountability. Through UNICEF’s support, the Standard Chart of Accounts was revised and the electronic National and County Integrated Monitoring and Evaluation Systems automated to enhance reporting of the non-financial indicators. These systems enable production of thematic analysis on child expenditure and other trends in specific sectors. UNICEF continued to support the government to ensure that these systems are interconnected for effective tracking and reporting on the UN Sustainable Development Goals (SDGs).

Policy advocacy to mobilize public resources for social sectors was strengthened given the impacts of COVID-19 on the economy and public budget. Social sectors allocations were approximately one third (28.5 per cent) of the total budget at national level, which is an increase of 1.5 per cent from the previous fiscal year. Together with partners, UNICEF provided support for the development of the government’s Post-COVID-19 Economic Recovery Strategy and the fast-tracking of the “Big 4 Agenda” priorities.

UNICEF continued strengthening social protection systems at national and county levels. However, Kenya’s allocation to social protection schemes remains low at 0.27 per cent of GDP in 2021, a decrease from 0.3 per cent since 2020. The budget cuts were in the national social safety programmes amounting to around 1.2 billion Kenya shillings (USD 10.6 million). UNICEF distributed advocacy messages together with World Bank to lobby for more financing for social protection, increase coverage and focus on boys and girls. In addition, UNICEF was selected as chair of the social protection group and worked through the year to set up a policy agenda with Government which was endorsed by development partners.

Child poverty and public budget data access was enhanced through continuous dissemination of key knowledge products such as the county poverty briefs, social sectors budget briefs and county budget transparency reports. UNICEF supported capacity building for government officials to develop

disseminate and use, planning and budget documents. UNICEF also provided support for data generation, including the production of monographs from the 2019 census in social sectors and child-focus areas which will be used to inform the budget and planning priorities for the national and county governments' FY21/22 and FY22/23, as well as the development of the fourth Medium Term Plan (MTP 4) and third generation of County Integrated Development Plans. UNICEF worked with the Kenya Demographic and Health Survey 2022 and successfully advocated, for the first time ever, for the inclusion of early childhood development questions in the survey.

UNICEF enhanced collaboration between government and UN agencies by organizing a joint Public Financial Management (PFM) training to understand government PFM procedures and reach consensus on how to put UN financial contributions on-budget. Furthermore, UNICEF chaired the public finance development partner group, strengthening policy dialogue and incorporating engendered budgeting processes through advocacy for gender disaggregated budget data as well as targeted poverty interventions for both boys and girls. These efforts enabled the country to have evidence on gender gaps in PFM.

UNICEF-supported five cash-plus programmes on disability inclusive social protection, health and nutrition integration and provided technical support to the implementation of the Nutritional Intervention through Cash and Health Education (NICHE) programme funded by the World Bank. The disability-inclusive cash plus pilot programme was launched in Mombasa County and reached 3,019 children living with disabilities (43.75 per cent girls and 56.25 per cent boys) thus enhancing their access to education. A Universal Child Benefit pilot kick-started in Kajiado, Embu and Kisumu counties and registered 8,300 children (51 per cent boys and 49 per cent girls). The maternal health cash plus programmes in Kakamega and Vihiga counties were strengthened for handover to government. Through support to the NHIF-led Linda Mama programme, UNICEF supported 1.1 million pregnant and lactating mothers with a comprehensive-communication and outreach strategy.

With UNICEF support, the Government of Kenya reviewed and updated the 2012 social protection policy and the social protection strategy. In addition, UNICEF supported cash transfers through horizontal and vertical expansion to reach over 10,000 households (About 60 per cent of all households are female headed while 40 per cent are male headed).

## **UN Collaboration and Other Partnerships**

In Kenya, UNICEF, and the World Health Organization (WHO) co-chair the UNDAF strategic results area on human capital development. UNICEF chairs the UN Legal Identity Task Force which supports the Government. During 2021, UNICEF extensively contributed to the development of the next UNSDCF by participating in the UNDAF evaluation, the Common Country Analysis for Kenya and development of the UNSDCF results framework.

As a GAVI and COVAX member, UNICEF has worked closely with GAVI, COVAX, AVAT, WHO, USAID, BMGF, to support the COVID-19 vaccine rollout. As chair of the Development Partners for Health up to half of 2021, UNICEF continued to play a pivotal role in supporting health sector coordination, working closely with USAID, FCDO, WHO and the World Bank. UNICEF chairs the development partners group on Public Finance Management and the one on Social Protection. In addition, UNICEF is a key strategic partner for GenU Kenya and leads on the workstream related to connectivity in schools.

UNICEF's office-wide work with private sector partnerships was better coordinated in 2021 as the Partnerships Hub process was strengthened within the office. Additionally, based on lessons learnt and

a private sector landscape analysis an updated partnerships strategy was developed. Externally, UNICEF engaged in partnership forums including the UN SDGs Partnership Platform, various Rotary Kenya functions, and convened a successful roundtable meeting on school connectivity.

Four new partnership agreements were negotiated and signed in 2021 with Standard Media, Nation Media Group, the Inter-Religious Council of Kenya (IRCK) and AirTel Kenya, leading to increased advocacy on priority issues for children, new investments in the end violence “Spot it, Stop it” campaign and substantial in-kind support for immunization through free SMS messages. A total of 19.7 million free SMS messages were sent by Airtel and Safaricom in 2021, leading to increased awareness and uptake of polio, measles, and rubella vaccination campaigns.

Media partnerships were used to bring public attention to UNICEF priority issues, including COVID-19, ending violence against children and rural sanitation, and to amplify the voices of children, including through the World Children's Day and UNICEF@75 event. The IRCK partnership helped to bring religious leaders on board to support the national COVID-19 vaccination campaign and open over 280 places of worship as vaccination centers thus contributing to COVID-19 vaccination access.

UNICEF Kenya and UNEP Africa Regional Office signed a Memorandum of Understanding (MoU) jointly work on environment and climate change. This will be an opportunity for the two UN agencies to consolidate gains made in climate smart interventions, particularly in the ASAL region of Kenya.

Significant joint programmes include those with (a) UNDP and UN Women to implement the Joint Devolution Programme; (b) WFP to implement the integrated social protection and child protection programme and (c) UNFPA to continue work on ending FGM. UNICEF Kenya partnered with the UN resident coordinator's office to conduct analytical work on social and economic sectors and organized a joint UN/government public finance management training.

## Lessons Learned and Innovations

The situational analysis conducted to inform the design of next country programme, identified the need to intensify UNICEF's efforts to strengthen the county-level policies for both boys and girls, in alignment with approved national legislation/policies, guidelines and plans. Because of rapid urbanization, and the unique vulnerabilities of children and families in informal settlements, UNICEF's programming in Kenya needs to better reflect tailored approaches for urban poor and vulnerable women and adolescents, where appropriate. In 2021, there were disruptions in the HIV commodity supply chain which impacted programmes and people. Close monitoring, communication and early action with partners will be key to avoid this in the future.

Two noteworthy innovations in 2021 include the UNICEF supported Youth Advisory Champions for Health (YACHs) and the Last Mile Framework for eMTCT (elimination of mother to child transmission of HIV). The YACHs are groups of some 25 adolescent girls and boys and young women and men aged 15-24 years under the county health departments. Through YACHs, adolescents' and young peoples' voices can be heard in different advocacy and policy forums at county and national levels. Leveraging technology, YACHs are being mobilized to use their networks to make a big social marketing push for HIV-prevention messaging, HIV-testing products like self-testing kits, psychosocial counseling, and life-skills education.

The Last Mile Framework is a data-driven process for eMTCT that provides a roadmap for programmes seeking to evaluate and systematically optimize the maternal and child health services at national and subnational levels. This framework can be used to structure and facilitate discussions that help programmes identify gaps at national and subnational levels and prioritize evidence-based policies and interventions. While in its early stages, there is positive engagement from national

partners.

To ensure that investments in innovations are prioritized to address core challenges for children, an innovation and T4D governance framework was set up. This brings in both programme and operations teams for better integration, strategic guidance, and value for money in investments. The office's innovations are reflected in UNICEF's innovation platform INVENT for enhanced global portfolio management of innovations.

UNICEF successfully lobbied and advocated with the State Department for Youth Affairs, stakeholders, and young people to launch U-Report under the brand name Yunitok. A national steering committee co-chaired by the State Department for Youth Affairs and UNICEF was established to provide governance and oversight. Yunitok has generated keen interest and reached close to 60,000 young people, (53 per cent girls), across all counties in Kenya. Through Yunitok, the voices of children and young people were included in the study of the situation of children, that will inform the next UNICEF country programme. The platform was also used for the Food Systems Summit.

UNICEF has continued to expand the Youth Market Place (YOMA) – a digital platform focused on helping young people transition from learning to work, unlocking opportunities for youth. More than 5,700 young people in Kenya have created trusted profiles, accessed personalized training opportunities, and engaged in community service involving, cleaning schools and their communities, greening initiatives, and providing mentorship to others.

Progress has been made on scaling up last-mile connectivity for public primary schools. In 2021, UNICEF connected an additional 100 schools, up from the 10 schools connected in 2020. This work has leveraged government investment in digital learning through the digital literacy project and is informing connectivity scale-up under the Kenya National Broadband Strategy for all schools. Numerous private sectors partners were screened and now available through long-term agreements to connect schools in all geographical areas in Kenya.

Moving away from issue-based engagements, in 2021, UNICEF entered in a strategic partnership with Inter-Religious Council of Kenya (IRCK), a coalition of all major faith communities in Kenya, which proved to be an effective way to engage communities' social norms that expose girls and boys to harmful practices like FGM and child marriage. This partnership was effective in accelerating the uptake of COVID-19 vaccinations and was marked by a national advocacy event in December, during which MoH and top religious leaders called on Kenyans to get vaccinated.

COVID-19 continued to be a major challenge in 2021. UNICEF applied both remote and onsite review of assurance activities, which saw UNICEF exceed the minimum required financial and programatic assurance activities. To enhance efficiency in supply management, the mobile Warehouse Inventory Management System (mWIMs) was rolled out to the field offices, ensuring third-party warehouse staff were held accountable as the system captures data in real-time and reduces errors in stock counting.

A leadership development programme was implemented for all supervisors and the Country Management Team by evaluating skills gaps identified from the GSS/ITF/Pulse survey. In addition, a working group reviewed the GSS/ITF/Pulse survey results and monitored agreed actions to improve staff well-being. To enhance working environments, outdoor meeting spaces were created in zonal offices, personal protective equipment was provided to all UNICEF staff and data bundles offered to those who faced connectivity challenges.