

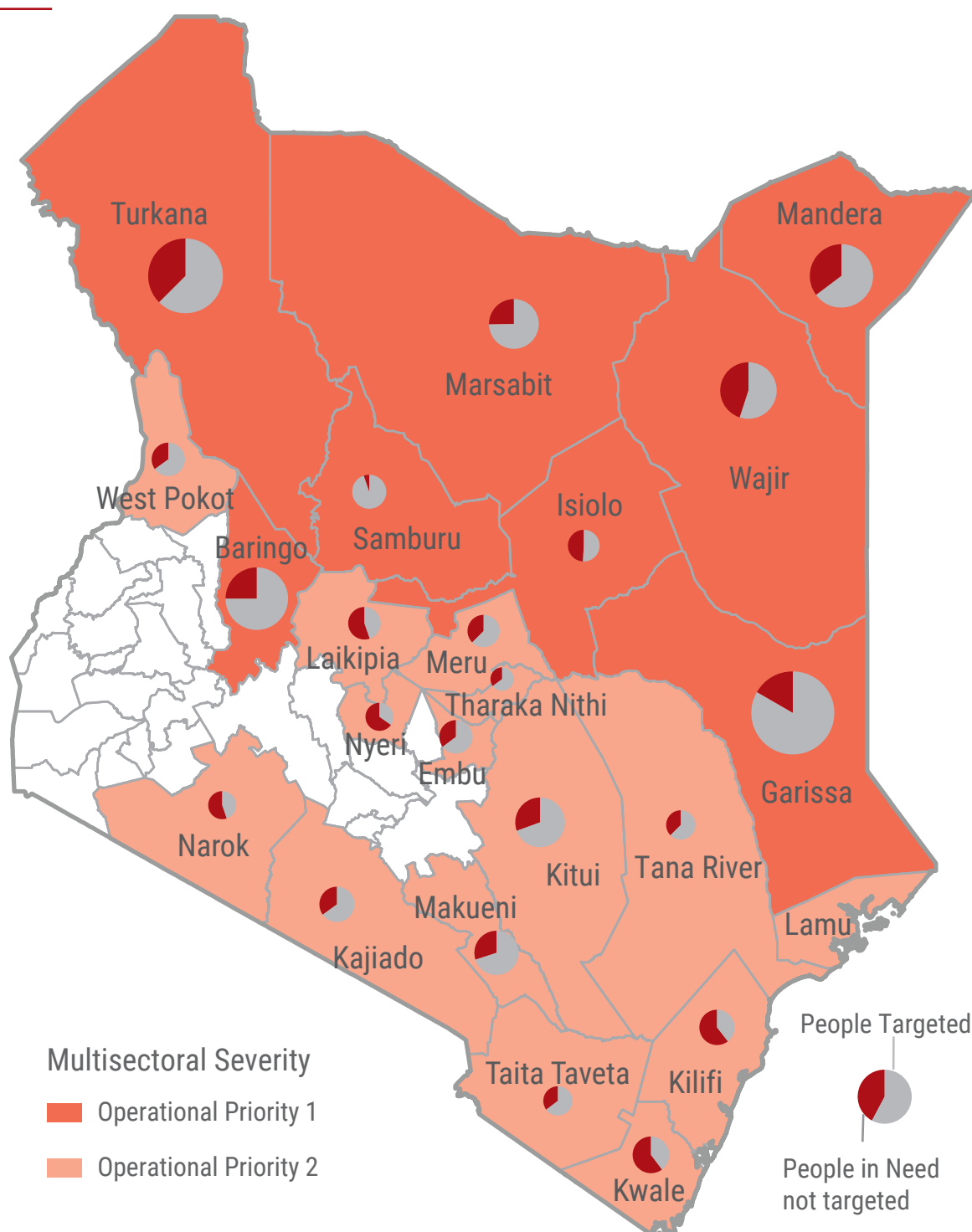
# DROUGHT RESPONSE PLAN KENYA

JANUARY 2023 -  
DECEMBER 2023  
ISSUED JANUARY 2023





# Overview of People in Need & Severity of Needs



*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: TURKANA COUNTY

Atiir Poroya Lokwang is a mother of five children. She walked for 5 kilometres to access the water in the unlined waterholes or sand dams in Losajait. She sells charcoal for her livelihood. A young girl, Longori Lokicher Loote, helps her fetch drinking water. Longori, who is 11 years old, walked for 4 kilometres to access water from the unlined waterhole or sand dam. She is not in school as her parents cannot support her education. In the picture, she is trying to fill the water jerricans with the little water coming from the unlined waterholes in Losajait. Photo: OCHA/Jane Kiiru

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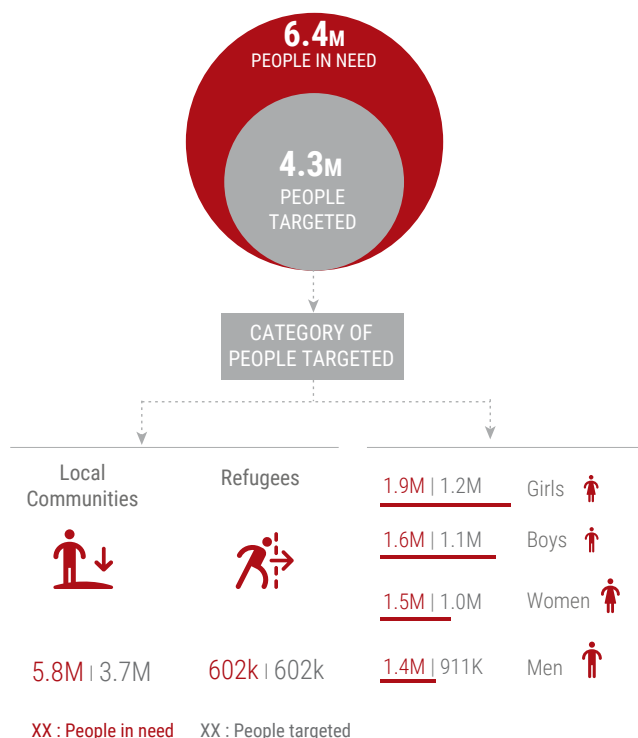
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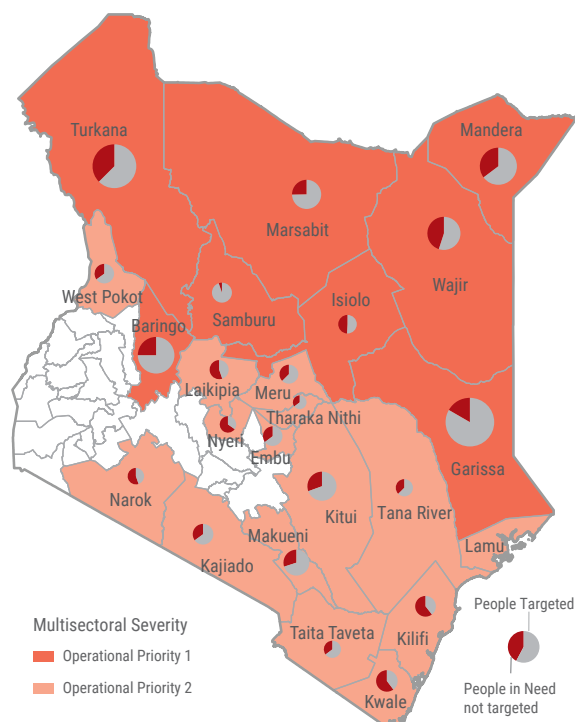
# Drought Response Plan At a Glance

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	REQUIREMENTS
<b>6.4M</b>	<b>4.3M</b>	<b>53%</b>	<b>55%</b>	<b>\$451.8M</b>

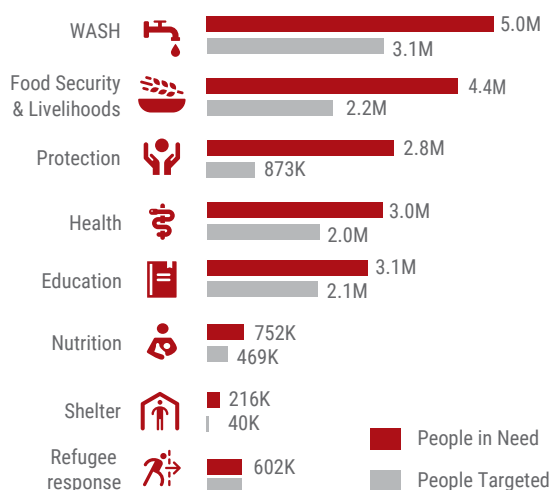
People in Need and Targeted By Category



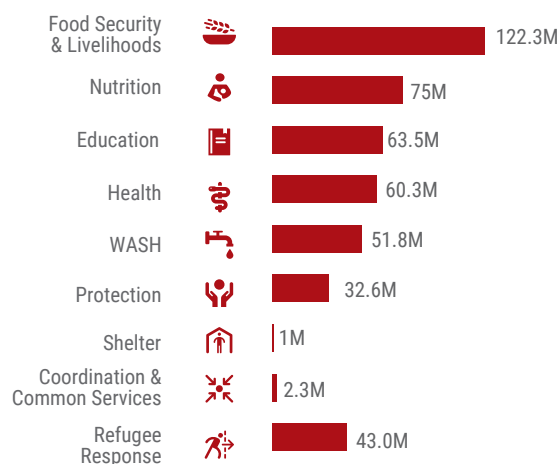
Proportion of People in Need and Targeted by County



People in Need and Targeted by Sector



Requirements by Sector (US\$)





# Overview of the Situation

**Kenya has experienced five consecutive below-average rainy seasons, causing the longest and most severe drought in recent history and driving rapidly rising humanitarian needs across the Arid and Semi-Arid Lands (ASAL) region.** An estimated 6.4 million people will require humanitarian assistance in 2023, including about 602,000 refugees, representing a 35 per cent increase compared to 2022. This is the highest number of people in need recorded in Kenya in at least the last 10 years. According to the Integrated Phase Classification (IPC) analysis, the impact of the drought on food and income is driving crisis (IPC 3) outcomes across the pastoral areas and driving emergency (IPC Phase 4) outcomes across the ASAL region. There is a 10 per cent year-end rise in people currently facing acute food insecurity (IPC Phase 3 or 4) in 23 ASAL counties, totalling 3.5 million people.

**In pastoral areas, herders have suffered widespread losses, with a recorded 2.6 million livestock deaths attributed to the drought.**

Pastoral households continue to face precipitous declines in milk availability and livestock-related sources of food, including due to migration of livestock far away from typical grazing areas and homesteads. As a result, milk consumption among women, children, and the elderly has decreased dramatically, with grave consequences for nutrition. Over 677,900 children and more than 138,800 pregnant and breastfeeding women in the ASAL region are expected to face acute malnutrition in 2023, according to the latest Integrated Phase Classification (IPC) analysis.

**In agro-pastoral areas, well-below-average rainfall has limited land preparation and planting, resulting in minimal harvests.** In turn, this has decreased income, resulting in farmers not being able to invest in future seed purchases, as well as below-average agricultural labour opportunities. Sharp declines in purchasing power are creating large food consumption gaps and high levels of acute malnutrition among millions of households in these areas. Households are increasingly reliant on off-own farm activities, such as petty trade, to earn income and minimize food consumption gaps.

**At the same time, staple food prices have risen across Kenya because of below-average production combined with increased fuel prices and reduced cross-border imports from Uganda and Tanzania.** Market prices for staple commodities such as maize and beans were 60-90 per cent more expensive than the five-year average in February 2023, according to the *Short Rains Assessment 2022*. Where they are available, households are purchasing cheaper and less-preferred alternatives like cowpeas, pigeon peas, green grams, sorghum, millet, and non-milled maize and rice.

**As a result, acute food insecurity has risen to its highest levels in at least a decade, with 5.4 million people in the ASAL region of Kenya projected to face Crisis (IPC Phase 3) or Emergency (IPC Phase**

**4) by March 2023,** according to the *IPC analysis*. With the response unable to keep pace with the needs due to under-funding, Turkana, Mandera, Marsabit and Wajir counties are expected to shift from Crisis (IPC Phase 3) to Emergency (IPC Phase 4) by March 2023, while Kajiado, Laikipia and Nyeri will move into Crisis (IPC Phase 3).

**The drought has taken a devastating toll on communities' access to water: almost 95 per cent of water pans dried up in 2022.** People are now having to trek between 8.6 and 17.6 kilometres to access water, at least 38 per cent above the three-year average, according to the *National Drought Management Agency*. This forces *women and girls* to travel longer distances to access water, placing them at heightened risk of gender-based violence. agro-pastoral livelihood zones is well below normal levels, resulting in low yields for boreholes and shallow wells, leaving people and the livestock that they depend on for their livelihood without access to clean and adequate water. The absence of adequate water has specific consequences for women and girls of childbearing age, whose menstrual hygiene needs are often deprioritized when families do not even have enough water for cooking and drinking.

**The water crisis has also caused children to drop-out of school, heightened the risk of maternal mortality and increased the prevalence of communicable diseases.** Due to the lack of water at schools and the burden placed on children to fetch water, school dropout rates have soared across all ASAL counties. In some instances, healthcare facilities have asked pregnant women to bring their own water for giving birth at the facility and there are reports of increased deaths during delivery due to lack of access to clean water. The reduction in water quantity and quality is also contributing to the spread of waterborne disease outbreaks. Diseases such as cholera are rapidly spreading in the water scarce counties, especially Garissa, where there is a large influx of refugees from Ethiopia and Somalia. At the same time, people's access to healthcare has significantly diminished, including due to the vast distances they are now having to travel to access food, water and forage for their livestock.

**Many women have sacrificed their own well-being and nutrition to care for their families during the drought, while the drought has further entrenched gender roles, with increased burdens and risk of gender-based violence,** according to *rapid assessment* of the gendered impacts of drought on households living in the ASALs. Faced with impossible choices, women have foregone their own needs—including for menstrual hygiene and reproductive healthcare—and have often prioritized their family receiving meals, over themselves. Some women and girls have also resorted to transactional sex to help their families survive the drought. Girls have been pulled out of school for early marriage, and families have been separated as men and boys seek forage and food for livestock. Older

people—especially in pastoralist communities—are also facing unique consequences due to the drought. Their role in caring for children has increased, as younger and more able-bodied adults have travelled further afield in search of forage and food or migrated to urban areas in search of work.

**The drought has exacerbated inter-communal violence, with incidences of insecurity and resource-based conflicts persisting across the ASAL region.** Resource-based conflicts were reported in most ASAL counties, instigated by competition for scarce pasture and water resources coupled with long-standing rivalries between communities and resulting in injuries, loss of lives and stock thefts.

**In the ASAL region, there are growing reports of people fleeing their rural homes and arriving into urban and peri-urban areas—including the sides of major roads—in search of new livelihoods**

and assistance. In Garissa County alone, 77 per cent of settlements reported arrivals of people from other settlements in search of goods and services to cope with the drought, amounting to over 205,000 people, according to IOM [DTM's report on human mobility](#).

**Meanwhile, an estimated 45,000 asylum seekers arrived in Kenya from neighbouring Somalia in 2022,** according to UNHCR. In 2022, UNHCR conducted a profiling exercise for mainly Somali new arrivals in Dadaab refugee camp during which 46 per cent of those interviewed cited the drought as one of the reasons for their flight. In Kakuma, almost 20 per cent of new arrivals cited food insecurity, hunger, and drought as the reasons for a flight from their countries of origin.

#### WAJIR COUNTY

Mahadha Ibrahim Abdi, a 30 year-old mother, receives supplementary nutrition packs for her nine-month-old daughter Fatuma from Khalid Derow, a malnutrition health official, at the Ganyure Dispensary in Wajir, north-eastern Kenya. Photo: WFP



# Response Strategy and Coordination

**Urgent and sustained humanitarian action is required to avert loss of life and livelihoods in the ASAL region of Kenya in 2023, following the fifth consecutive below-average rainy season (October-December 2022).** This Drought Response Plan (DRP) builds on the Kenya Flash Appeals developed in 2021 and 2022 and provides an overview of the intersectoral needs and response priorities for 2023. The plan is premised on the understanding that a multisectoral and integrated response to the drought crisis in 2023 will be critical to both saving and sustaining people's lives in the hardest-hit areas.

**Under the 2023 Drought Response Plan, humanitarian partners will aim to assist 4.3 million people in the most severely affected ASAL counties, in complement to the Government of Kenya's response.**

The Drought Response Plan brings together the work and funding requirements of the humanitarian community in Kenya, including the United Nations, international non-governmental organizations (INGOs) and national NGOs (NNGOs), as well as the Kenya Red Cross Society (KRCS). In particular, the plan acknowledges the critical role played by organizations that are working with and for their own communities, as highlighted by the inclusion of projects implemented by national NGOs (NNGOs) and the KRCS. The activities to be implemented by humanitarian partners accompany the Government of Kenya's response to the national drought disaster, which has included livestock destocking, food assistance, cash transfers, and the construction of boreholes and water pans.

**The Drought Response Plan continues to promote a conflict-sensitive approach, urging humanitarian partners to ensure that all activities consider the unique needs and context of the communities with whom they are working.** The plan also urges partners to implement their responses in a gender-, age- and disability-sensitive manner, which both acknowledges the unique needs of different groups of people, as well as their unique ability to contribute to the humanitarian response.

## Prioritization

**Under this Drought Response Plan, humanitarian partners have classified the ASAL counties into three categories (Priority 1, Priority 2 and Priority 3) to define the response approach required:** immediate, phased or monitoring. This approach is expected to maximize the impact of collective humanitarian action and to ensure that the areas of greatest need are reached first. While resilience-building efforts across the region have made important progress, communities have been hit by increasingly frequent and severe droughts, making it harder and harder for families to recover between

shocks. As such, the drought response plan will focus on critical lifesaving and life-sustaining interventions in the most affected counties.

## Strategic Objectives

**Strategic Objective 1: Provide life-saving and life-sustaining assistance and protection to the people most affected by the drought through integrated humanitarian interventions.** This objective reflects the commitment of all partners to prioritise immediate life-saving assistance for the most vulnerable people. The aim is to provide an integrated, multisectoral response to comprehensively assist families impacted by the drought crisis. This response will be implemented in a gender-, age-, disability- and conflict-sensitive manner.

**Strategic Objective 2: Strengthen resilience of drought-affected communities to mitigate the humanitarian impacts of the drought.**

A key component of this objective is to ensure that emergency relief programs enhance sustainability. Partners in this plan commit to develop emergency programs in a way that empowers affected people to become more self-reliant and combat cyclical drought aid dependency. Humanitarian partners will also engage relevant Government and development partners to prioritize longer-term resilience activities within existing programs (e.g., the United Nations Sustainable Development Cooperation Framework, which is under development).

## Coordination

**The implementation of the Drought Response Plan will be coordinated under the umbrella of the Kenya Humanitarian Partnership Team (KHPT),** which includes the Government of Kenya, UN entities, non-governmental organizations (NGOs) and the Kenya Red Cross Society. The KHPT will meet monthly to ensure coordination and complementarity of humanitarian action by the Government, national and international humanitarian actors in the drought response. In complement to the KHPT, in January 2023, a Kenya Humanitarian Country Team (HCT) was established to provide strategic coordination of the drought response by humanitarian partners in Kenya.

**The KHPT works closely with the National Drought Management Authority (NDMA), which is mandated by the Government of Kenya to coordinate drought management,** including implementation of policies and programmes. The NDMA provides a mechanism for coordination across Government and with all other stakeholders during drought emergencies as well as a platform for long-term



planning and action. The Authority has established offices in 23 ASAL counties considered vulnerable to drought. In addition to the NDMA's technical coordination, the President of Kenya has designated the Office of the Deputy President as the overall lead of the drought response.

**During the Drought Response Plan, inter-sectoral and sectoral coordination will be reinforced to ensure timely and effective operational coordination of the response,** bringing together national and international organizations to monitor response implementation, maximize the impact of humanitarian actions, avoid duplication, and identify critical gaps in the response at a sectoral level. Humanitarian sector leads will come together every two weeks for inter-sector meetings, under the leadership of the UN's Office for the Coordination of Humanitarian Affairs (OCHA), where they will discuss critical and cross-cutting issues. In addition, sectors have stepped-up their internal coordination. For example, the Kenya Food Security Meeting (KFSM) and the Kenya Food Security Steering Group (KFSSG) bring together various stakeholders, including Government line ministries, UN agencies and NGOs with a view to responding to the needs of food insecure people by identifying who and where they are, ascertaining their needs, and mobilizing resources to respond.

**The Kenya Cash Working Group—which is co-chaired by the NDMA and the Kenya Red Cross Society—has the overall objective to support the effective and efficient implementation, delivery and potential scale-up of quality cash transfer programming in Kenya.**

The Cash Working Group will, amongst other actions, look at ways to optimize the work across the multiple mechanisms in Kenya that provide cash assistance and/or social safety nets, including but not limited to the Hunger Safety Net Programme, the State Department of Special Programmes, the State Department of Social Protection, UN entities and NGOs. Harmonization efforts may include strengthening the targeting of people hardest hit by the drought (horizontal expansion); identifying the most appropriate amount of cash to disburse (vertical expansion); and refining market analysis in the targeted geographical areas.

# Operational Capacity, Access, Feasibility, Costing & Monitoring

## Capacity

**Under the Drought Response Plan, 75 humanitarian partners—including 34 national NGOs, 31 international NGOs, 9 UN entities and the Kenya Red Cross Society—will implement drought response activities, in support of the Government-led response.**

The actions outlined in the Drought Response Plan are intended to complement the Government of Kenya's drought response in the ASAL region. Humanitarian partners with projects in the plan have considered the Government's planned activities in their responses, to ensure optimal complementarity whenever feasible.

**The ASAL region is home to a significant number of community-led organizations and has a strong presence of national and international organizations.**

Humanitarian partners have responded to multiple emergencies in ASAL counties in recent years, including the 2016/2017 drought, 2019 drought, COVID-19 and desert locust. As a result, many key systems and processes are in place to ensure the timely and efficient delivery of humanitarian assistance and protection, in coordination with the Government of Kenya. Local NGOs have well established and highly effective programmes in the ASAL region—as highlighted by the ASAL Humanitarian Network—and emphasis will be placed on ensuring that the drought response is as local as possible and as international as necessary.

## Access

**Humanitarian access in the ASAL region of Kenya remains largely possible, although security risks persist.** Physical access in the vast ASAL region is challenging but possible. Although much of the road network in the ASAL region is untarmacked, it is possible to reach communities impacted by the drought. Around a quarter of people facing high acute food insecurity live in areas that are in or en route to locations where an increase of criminal activity was recorded in 2022, namely Marsabit, Mandera, Samburu and Turkana. While most incidents do not target the delivery of humanitarian aid, numerous incidents have impacted humanitarian organizations.

**Intercommunal conflict has increased in several ASAL counties during the drought**, including Isiolo, Turkana, Laikipia, West Pokot, Baringo, Marsabit and Samburu. Banditry (mostly cattle rustling and private ranch invasions), also continues in Laikipia county, with heightened tensions on the Baringo-Laikipia border. In addition,

migratory patterns across the borders with Uganda and South Sudan have triggered cross-border tension between the Toposa and the Turkana communities in West Turkana. Resource scarcity may also threaten peace processes signed between communities in Mandera county (e.g. in Banisa sub-county between the Garre and the Dagodia clans, and around Yedo between the Garre and Murule clans), which may in turn affect the humanitarian response. However, to date, these dynamics have not impacted humanitarian operations.

**Intercommunal conflict remains significant in some ASAL counties, including Isiolo, Turkana, Laikipia, West Pokot, Baringo, Marsabit and Samburu.** Banditry activities, mostly cattle rustling and private ranch invasions, also continue in Laikipia county, with heightened tensions on the Baringo-Laikipia border. These dynamics, alongside migratory patterns across the borders with Uganda and South Sudan, have triggered cross-border tension between the Toposa and the Turkana communities in West Turkana. Resource scarcity may also threaten peace processes signed between communities in Mandera county (e.g., in Banisa sub-county between the Garre and the Dagodia clans, and around Yedo between the Garre and Murule clans), which may in turn affect the humanitarian response. However, to date, these dynamics have not impacted humanitarian operations.

**The non-state armed group Al Shabaab allegedly remains present in north-east counties, and non-state armed groups may seek to exacerbate and/or leverage intercommunal conflicts between pastoralists and farmers**, both within Kenya and across the border with Somalia, as groups migrate in search of food and water for their herds. The situation is particularly challenging in Mandera County, where needs are high, but the response has been limited, primarily due to funding but also due to the complexities of the operational environment.

**With the scale-up of assistance required in 2023, and tensions rising within pastoralist communities amidst limited access to resources, agencies entering the region should understand the operating environment to minimize the risk of an incident occurring.** Humanitarian partners (especially local actors) have, however, repeatedly proven the ability to deliver in the most challenging settings, utilizing a range of modalities and building community acceptance to keep their teams safe.

## Feasibility

**Humanitarian organizations have proven the ability to deliver in the ASAL region, reaching at least 1.73 million people with life-saving and life-sustaining assistance from October 2021 to December 2022, including 1.72 million in 2022 alone.** Nearly 1.4 million people received access to safe drinking water, sanitation and hygiene items, or hygiene promotion initiatives. About 851,000 people were reached with food and livelihood assistance, including agricultural inputs and cash transfers (including 775,000 people in 2022), while about 460,000 children under age 5 and pregnant and lactating women were treated for malnutrition between October 2021 and November 2022. Some 336,700 people were reached with health services, including mobile clinics and sensitization programmes. Humanitarian partners also reached 313,000 children impacted by the drought with education services, while 91,000 children were reached with services to protect their safety, dignity and well-being and 223,000 children were vaccinated against measles, mumps and rubella.

**However, with only US\$193 million out of the required \$359 million received from donors by the end of December 2022, the response continued to fall far short of needs.** By the end of November, just 61 per cent of the people targeted under the revised Flash Appeal had received assistance. Only one sector—Food Security and Livelihoods (74 per cent)—was more than 50 per cent funded, while Education (8 per cent), Health (30 per cent), Protection (27 per cent) WASH (36 per cent) and Nutrition (38 per cent) had all received less than 40 per cent of the funding needed. This had major consequences for humanitarian operations and caused the needs of people who were not reached to deepen and grow.

## Costing

**This Drought Response Plan uses project-based costing.** To develop the plan, partners were requested to share their planned response activities, as well as information on funding available for these. Partners are encouraged to continue sectoral discussions on complementarity in the period ahead to avoid duplication and ensure maximum impact on communities affected by drought and overall effectiveness of the response. All efforts were made to ensure synergies with the Government-led response, including through regular discussions and engagement with the NDMA through the KHPT on which activities were planned and implemented by the Government and in which locations

## Monitoring

**Humanitarian partners will monitor the response implemented under this Drought Response Plan to ensure that it remains timely, efficient, fit-for-purpose and at the required scale,** as follows:

- Overall progress against the plan will be discussed at monthly Kenya Humanitarian Partnership Team (KHPT) meetings.
- Sector response monitoring will be undertaken in accordance with the indicators identified by each sector and included in the Annex to the plan. Over time, sectors will report progress against these selected indicators through the 5Ws mapping tool (Who does What, Where, For Whom and When) on a monthly basis.
- Various information products and analysis will be produced on a regular basis to provide updates on the response, in particular monthly Humanitarian Dashboards, which will provide the status of humanitarian needs, response and gaps, as well as funding and funding gaps.



# Sectoral Objectives & Response

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## GARISSA COUNTY

On 25 October 2022 in Daley village, Garissa County - A Daley village resident takes water home fetched in a jerry can from the village water kiosk. The water is supplied by the UNICEF-supported solar-powered borehole facility. Photo: UNICEF/Ekwam



# Education



PEOPLE IN NEED

3.1M

PEOPLE TARGETED

2.1M

REQUIREMENTS (US\$)

\$63.5M

PROJECTS

29

PARTNERS

18

Priority #1 Areas: \$39.1M  
Priority #2 Areas: \$24.41M

% OF BOYS

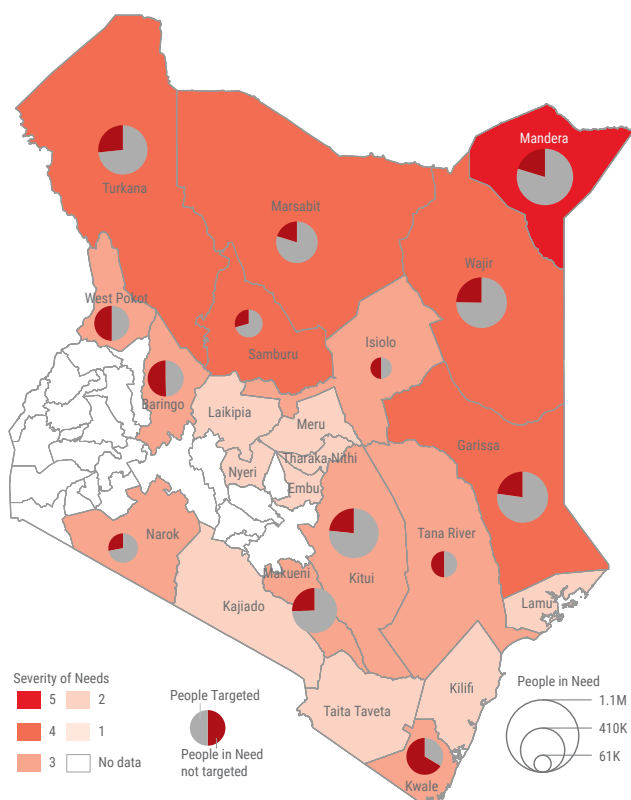
40%

% OF GIRLS

60%

% WITH DISABILITY

10%



## Context of the Crisis

It is estimated that 36 per cent of the people food insecure (1.57 million) are children of school age 4-17 years and will be at high risk of drop out of school. This adds to the 1.9 million pre-primary, primary and secondary school children aged 4 to 17 in Kenya ASAL counties who were out of school in 2021. Furthermore, 1,860,471 school students in the drought affected areas do not have access to improved water source within their schools and hence are subject to various hazards by having to go to far distances to fetch water.

Children's access to education, and therefore their aspirations for the future, has been severely impacted by the drought. Where school feeding programmes are absent or inadequate, absenteeism and dropouts have risen, with children staying home to look after livestock and/or take care of younger children as their caregivers and parents go out to look for food. Learners have resorted to engaging in child

labour, *boda boda* (motorbike) transport and selling drugs in a bid to earn money and support their families

Girls face disadvantages at every stage of education, and it is exacerbated by the drought situation, including: early marriage, domestic responsibilities, protection concerns (specifically home-school distances) and negative perceptions about value of education for girls constrain girls' education. For every 100 boys in primary school, 98 are girls. For every 100 boys in secondary school, 102 are girls. Overall, 894,280 girls are out of school compared to 1,012,560 boys from pre-primary to higher secondary.

Although analysis of enrolment at schools showed that boys are more affected than girls by the impact of the drought, girls are at greater risk of violence and exploitation. They are being exploited by older men in exchange for food, water or money. Adolescent girls, along with children under age 5, are particularly vulnerable to malnutrition, which has significant impacts on brain development, which undermines educational attainment, health and ability to earn a living.

Also, another vulnerable group affected more by the drought are the children and adolescents with disabilities. They are less likely to attend school, more likely to face abuse, neglect and exclusion. With lack of adapted infrastructure and teaching and learning materials, only those with minor disabilities are likely to be enrolled, those with moderate or more severe disabilities are likely to be out of school.

The lack of accurate data on girls and boys with disabilities represents a challenge to providing tailored services. A total of 136,081 learners with various disabilities are enrolled at primary school level and only 4,794 transition to secondary education and composed mainly of those with hearing, physical and visual impairments. Learners with mental and multiple disabilities rarely transition to secondary schools.

## People in need and targeted for the assistance

With the projections of another failing rainy season, the impact of drought is deepening and causing families and their children to adopt negative coping mechanisms that threatens the learning and future of the children and adolescents.

To identify the people in need for the Education Sector, two indicators were employed; the existing caseload of out of school children

since 2021 and the school students who do not have access to safe and sufficient water source within the school premise in the ASAL counties. If schools do not have water, it is not possible cook school meals even if the necessary cooking components and materials were provided. As a result, 14 counties have been identified at severity ranking of 3 and above with a total of 3,083,702 children estimated to be in need of humanitarian assistance to have access to education opportunity and continue learning in a conducive environment.

Due to the overstretched capacity of the families and communities over the past five failed rainy seasons, it became evident that the humanitarian assistance needs to target a greater number of the people in need. In this drought response plan for 2023, the Education Sector is targeting 2,146,545 boys and girls at school age (4-17 years) with a package of education interventions to counteract the impact of drought, including 60 per cent girls and 10 per cent children and adolescents living with disabilities. This target for humanitarian actors represents an average of 70 per cent of the total number of children in need where the needs of the remaining 30 per cent are to be met via the collective efforts of the communities, governmental entities and private sector.

### Cost of Response

To be able to meet the target for the education sector, US\$63.5 million is required to provide a minimum package of education interventions at an average cost of \$30 per child. The education drought response plan includes 29 projects from 18 partners to support drought education response in the target 14 counties. The Education in Emergency (EiE) working group member organizations will scale up their advocacy and resource mobilization effort for funding the education sector which has been severely underfunded during the past years.

### Monitoring

Education's response monitoring indicators are:

1. Number of children and youth accessing early childhood development (ECD) spaces/schools in emergency affected areas
2. Number of learners reached with teaching and learning materials
3. Number of schools/ECD spaces with feeding programmes
4. Number of schools with adequate quantities of safe water for drinking and personal hygiene
5. Number of teachers / educators trained on resilience enhancing programmes (MHPSS, DRR & Life Skills, etc.)
6. Number of children and youth benefiting from resilience enhancing programmes (MHPSS, DRR & Life Skills, etc.)

### Sector Response Strategy

For a comprehensive response to the impact of the drought on school-aged children, the Education Sector will apply the following strategies:

- School meals: complement the inconsistent government existing school meals programme to cover drought most affected schools in arid and semi-arid counties.
- Water in schools: provide access to safe water source for 472 schools that have no water source or relies on diminished rainwater harvesting.
- Child protection in Emergency and Resilience enhancing programming: provide mental health and psycho-social support (MHPSS), life skills, disaster risk reduction (DRR) training to learners, teachers, education officials & care givers and establish referral and complaint mechanisms for children in schools to basic services
- Service delivery in terms of teaching and learning supplies and enrolment activities: to reduce the direct and indirect schooling costs on households affected by drought and re-enrol dropped out students because of drought impact
- Strengthen Education Coordination at national and subnational level: include building the capacity of county EiE focal points on DRR, EiE coordination, crisis data management and reporting, contextualized drought Emergency Preparedness and Response Plans

List of the Top Key Activities:

- Scaling-up of school meals, including pre-primary, primary and secondary schools and cash transfer to schools for purchase of food items.
- Provision of safe water, including storage tanks, water trucking to schools, water harvesting in schools and rehabilitation of existing boreholes with pipes connections to the nearby schools
- Provision of hand washing facilities in schools and implementation of life-saving behaviour changing communication on hygiene.
- Implementation of rigorous back to school campaigns to increase re-enrolment/enrolment of children who have dropped out of school or never attended school.
- Provision of learning and teaching materials to students and teachers.
- Enhance resilience and capacity of MoE officials, teachers, children, and their caregivers for education in emergency and positive coping mechanisms, Mental Health and Psycho-Social Support, life skills, and Disaster risk reduction.
- Establish school-based complaint and referral mechanisms for basic services and GBV cases which are heightened due to drought situation in ASAL counties.



## Response monitoring indicators

Response Indicator	Baseline (Oct 2022)	Target
Indicator 1: Number of children and youth accessing ECD spaces/schools in drought-affected areas	74,183	1,201,151
Indicator 2: Number of learners and teachers reached with learning and teaching materials	85,707	600,578
Indicator 3: Number of schools/ECD spaces with feeding programmes	14	3,009 (784,647 students)
Indicator 4: Number of schools with adequate quantities of safe water for drinking and personal hygiene	8	3,009 (784,647 students)
Indicator 5: Number of teachers / educators trained on resilience enhancing programmes (MHPSS, DRR and life skills, etc.)	1,379	6,018
Indicator 6: Number of children and youth benefiting from resilience enhancing programmes (MHPSS, DRR and life skills, etc.)	10,984	154,729

**TANA RIVER COUNTY**

Christine Malibe teaches a class which has no girls left in Tana River County. Photo: PLAN INTERNATIONAL / MEESA

# Food Security and Livelihoods



PEOPLE IN NEED

**4.4M**

PEOPLE TARGETED

**4M**

REQUIREMENTS (US\$)

**\$122.3M**

PROJECTS

**13**

PARTNERS

**8**

Priority #1 Areas: \$59.5M

Priority #2 Areas: \$62.9M

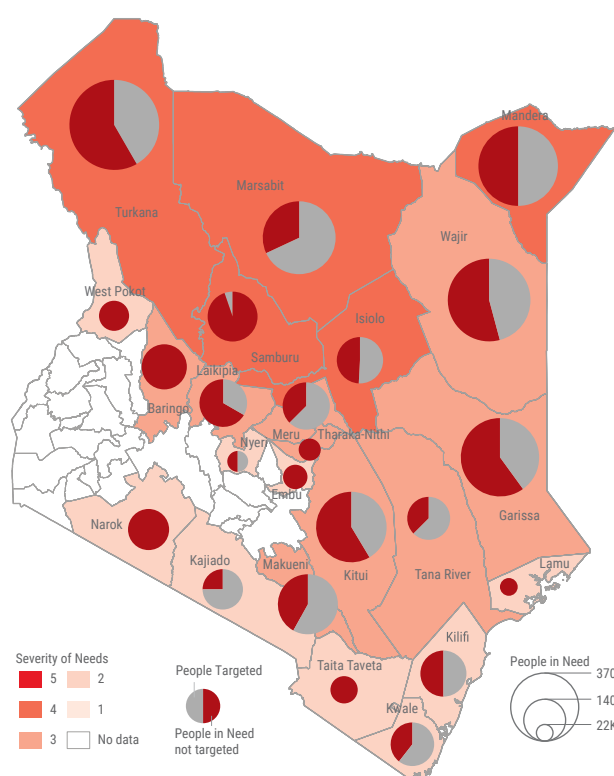
% OF MEN

**48%**

% OF WOMEN

**52%**

% WITH DISABILITY

**2%**

## Context of the Crisis

The prolonged drought has impacted negatively on the livelihoods exposing vulnerable households to food insecurity and malnutrition risks. The NDMA November 2022 drought situation bulletin showed that 13 counties of Garissa, Isiolo, Kajiado, Kilifi, Kitui, Kwale, Mandera, Marsabit, Samburu, Tana River, Tharaka Nithi, Turkana and Wajir are in Alarm stage while 7 counties of Lamu, Laikipia, Makeni, Meru, Narok, Nyeri and Taita Taveta are in the alert stage. This situation is made worse by the increasing water scarcity for both human and livestock. Most open water sources have dried.

There are 942,000 children under age 5 and 134,000 pregnant and lactating mothers requiring acute malnutrition treatment while supporting sustained food provision through livelihoods support interventions.

In the ASAL, 2.5 million livestock have died putting livelihoods to support households in danger. The situation is worsening, and the real gravity of the current situation will be clear after assessing performance of the short rains season which was and is poor.

## People in need and targeted for the assistance

The current food insecurity situation stands now stands at 4,354,546 people in need of food and livelihoods assistance and support. The total number of people proposed to be targeted across the 13 priority counties is 3,957,875 (1,989,051 within the priority 1 counties and 1,968,821 within the priority 2 counties). These people are either classified in IPC three or four across the livelihood zones have been identified as requiring food assistance in the form of either in-kind or cash transfer modalities as well as livelihoods support for sustained productivity in both milk production and sale for income to support household food consumption and diversification.

## Cost of Response

FSL partners will require \$122,336,241 million to deliver the planned food assistance (\$88.04 million to provide minimum food livelihoods support to ensure sustainable food availability. Of this amount, \$59.5 million is required for priority 1 counties (including \$39.4 million for food assistance and \$20.2 million for livelihoods) and \$62.9 million for priority 2 (\$48.7 million for food assistance and \$14.1 million for livelihoods).

## Monitoring

The monitoring strategies to be employed in the delivery of livelihoods support will encompass use of both local and international service providers based in Kenya for efficient delivery of the services. These service providers will be continuously monitored through:

- Process and financial monitoring with any corrective measures embedded in the monitoring tool
- Joint monitoring led by county managers, UN lead agency, the service provider, CSG representatives and possibly outsiders from relevant national government departments.
- Post distribution monitoring of disbursements, input distribution beneficiaries and any other community beneficiaries for activities



implemented through funding from the appeal.

- iv. Lessons learnt workshops for all stakeholders involved as implementers (SPs), county supporting departments, few beneficiaries and lead agency to guide future programming.

### Sector Response Strategy

Under the 2023 Drought Response Plan, FSL partners will undertake the following three main activities:

1. Provision of food assistance (50 per cent of the minimum food basket)—through both cash and in-kind modalities—to prioritized

people in need;

2. Securing the main livelihoods in the targeted counties to ensure food and nutrition security through protective treatment of livestock, supplementation of livestock feed, undertake slaughter destocking and meat distribution; and
3. Rehabilitation of selected boreholes for increased access to water for livestock and local communities.

### TURKANA COUNTY

The cook of Nachukui Primary School is preparing for lunch a mixture of maize and beans. This is the only meal that many students will have in a day. Photo: OCHA/Jane Kiiru





# Health



## PEOPLE IN NEED

## 3M

## PEOPLE TARGETED

## 2M

## REQUIREMENTS (US\$)

## \$60.3M

Priority #1 Areas: \$60.3M

## PROJECTS

## 3

## PARTNERS

## 3

## % OF MEN

## 4%

## % OF WOMEN

## 19%

## % OF BOYS

## 37%

## % OF GIRLS

## 38%

## ELDERLY MEN

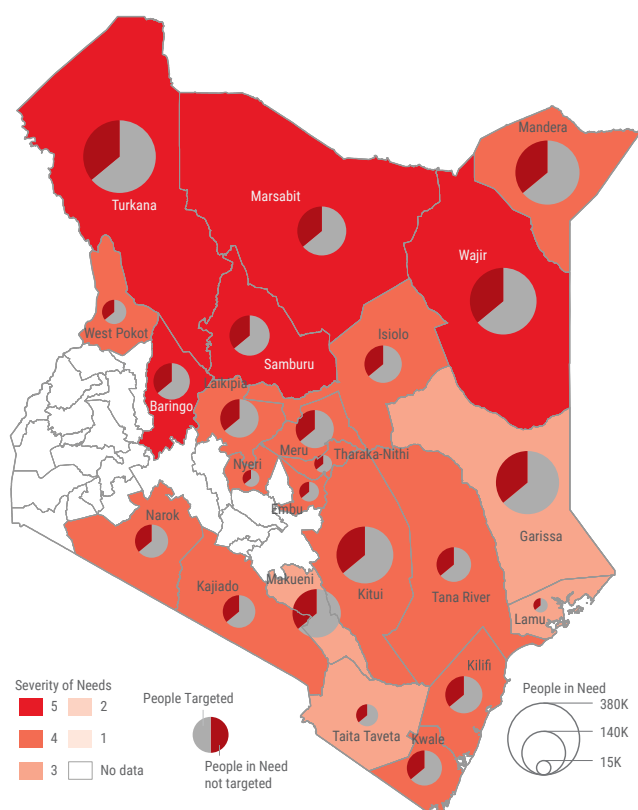
## 1%

## ELDERLY WOMEN

## 1%

## WITH DISABILITY

## 1%



### Context of the Crisis

The worsening household food security situation has resulted in acute malnutrition rates across the ASAL counties; with communities becoming more vulnerable; deaths are reported in some counties, and disease epidemics upsurges (Chikungunya, dengue fever, yellow fever, measles and visceral leishmaniasis) have since been reported (MOH, 2022). Access to adequate essential health services continues to be impacted in regions with far-flung health facilities leading to a reduction in poor health-seeking behaviour, under-utilization of static health facilities, and reduced health service delivery approaches like integrated outreaches. The worsening severe acute malnutrition (SAM) states are impacting on the health status of children and women with deaths reported in some counties, increased number

of disease outbreaks. Women of reproductive age are increasingly experiencing pregnancy related complications and limited access to family planning information and services.

To ensure access to life-saving health interventions that will avert deaths and mitigate vulnerability of affected children, and women and men in increasing Arid and Semi-Arid Lands (ASAL), scaling up humanitarian interventions will be vital.

### People in need and targeted for the assistance

Based on Health Sector prioritization, all the 23 ASAL counties, including the 10 counties in Alarm phase of drought<sup>1</sup> –Laikipia, Tana River, and Tharaka Nithi, Isiolo, Mandera, Garissa, Turkana, Wajir, Samburu and Marsabit–, 10 counties in Alert drought phase–Embu, Garissa, Kitui, Makueni, Meru, Narok, Nyeri, Taita Taveta, Kwale and Kilifi–and 3 counties in the normal drought phase–Baringo, West Pokot and Lamu– have been selected as priority counties with a total population of 3,048,182 people in need. Of these the health sector partners seeks to target a total of 1,950,836 girls, boys, women and men with multiple health interventions. These include 741,318 girls, 721,809 boys, 390,167 women of reproductive age and 97,542 men.

### Priority Actions

- Strengthen sectoral and intersectoral coordination and collaboration at regional, national and sub-national level for better alignment, complementarity and synergy of strategies and their operationalization.
- Enhanced collection and use of timely and accurate integrated surveillance and assessment data for early warning, identification of vulnerabilities and needs, of capacity and functionality of health care including barriers to access to guide integrated planning, response, monitoring and evaluation of interventions.
- Increased access to quality integrated and expanded essential health services package according to KEPHS, a basic package of health services adapted to the increased health needs and risks of populations affected by the drought and by increasing levels

<sup>1</sup>NDMA, October 2022

of food insecurity, hunger and malnutrition

- Strengthen the health sector's coordination capacity through enhanced coordination mechanisms, performance reviews and facilitative support supervision sessions in the affected counties by ensuring that coordination, technical guidance, planning and decision-making are supported by timely and accurate analysis of surveillance data and additional health information for improved identification of vulnerabilities, prioritization of target areas and interventions.
- Scale up Early Warning and Risk Navigation Systems (EWRNS), Integrated Disease Surveillance and Response (IDSR) 3rd ed. Technical guidance and Early Warning Alert and Response Systems for improved disease surveillance, alert, outbreak investigation and confirmation activities in counties and sub-counties as well as health service functionality monitoring in the context of food security and nutrition requirements
- Strengthening the capacity for joint risk assessment (JRA), multisectoral simulation exercise (SIMEX) and after-action reviews (AAR) at the subnational level for priority zoonotic diseases (PZD).
- Enhance Capacity for improved response to public health events using a One Health Approach by establishing, operationalizing and strengthening the institutionalization of the operational framework for One Health Surveillance between the animal, human and environmental health sectors across all levels.
- Increasing access to life-saving health services through enhancing integrated community based primary health services to include outreach services in the affected counties (immunization, treatment of pneumonia, diarrhoea, health education, demonstration to community members participating in outreach services on household water treatment, nutrition monitoring, issuance of supplementary foods, antenatal care and referral of complicated cases for specialized management in higher level health facilities).
- Scale up effective demand creation through repositioning of risk communication and community engagement (RCEE) -Scale up drought related preventive mass lifesaving community based essential health interventions and campaigns in the targeted counties (household preventive practices, health education, promotion, sanitation and hygiene and referral of severe cases to health facilities for specialized management etc.) in targeted counties
- Scale up delivery of life-saving medical interventions at health facility (county, sub-county hospitals and other lower health facilities) level on management of drought related epidemics and severe morbidity, including children and women suffering from complications of severe acute malnutrition and related mortality,
- Increasing access to life-saving health services community based primary health enhanced integrated outreach services in the affected counties (immunization, treatment of pneumonia, diarrhoea, health education, demonstration to community

members participating in outreach services on household water treatment, nutrition monitoring, issuance of supplementary foods, antenatal care and referral of complicated cases for specialized management in higher level health facilities).

- Use every contact (including vaccination campaigns, home visits, trained community health worker capacity) as an opportunity to screen for malnutrition and illnesses and ensure that referral systems are in place for appropriate treatment
- Scale up drought related preventive mass lifesaving community based essential health interventions and campaigns in the targeted counties (household preventive practices, health education, promotion, sanitation and hygiene and referral of severe cases to health facilities for specialized management etc.) in targeted counties
- Undertaking integrated health outreaches to ensure improved access to SRH, family planning, and HIV services; provide referral services for emergency obstetric and new-born care services; undertake community mobilization activities;
- Support a minimum package of health services for the prevention and treatment of identified health risks and to reach all populations affected through health facility and community level
- Deliver minimum initial service package (MIS) for reproductive health training for health professionals including sensitization for community health workers on SRH in emergencies .

### Cost of Response

The estimated cost of reaching the target population would be \$60,316,000 to provide integrated health services package according KEPHs targeting about 1.95 million people for a period of six months. This will also entail procurement and distribution of Inter-agency reproductive health (IARH) kits for clinical SRH services, mama kits; and other essential lifesaving medical and health related commodities for drought affected counties, including for family planning, HIV and sexual violence services, drugs, non-pharmaceuticals and service delivery tools data capture and reporting tools across the service delivery levels and systems to support the outreach response.

### Monitoring

The Health Sector leads will coordinate with the core partners and the MOH counterparts (both national and county) to develop an M&E plan that will be designed to monitor indicators as well as track progress, challenges, and underlying determinants of performance to demonstrate health sector response effectiveness and compliance with MOH, UNOCHA and respective UN partner agencies M&E Policy Guidance notes, to help demonstrate contribution to the knowledge base regarding the efficacy of integrated health sector intra and multisectoral approach (both at facility and community). The M&E plan will aim to generate quality data (i.e. accurate, valid, reliable and timely information) for the project in order to assess and improve performance, effectiveness, efficient use of resources, providing accountability to all stakeholders.

Monitoring will be jointly conducted by the County Governments

departments of health services as well as UN Agencies and select partner staff, based on agreed timelines and monitoring indicators. The National and County M&E units or equivalent jointly with the partner UN Agencies (WHO, UNICEF, UNFPA and UNCHR) and the identified LIPs as appropriate will be responsible for overall oversight of the day-to-day M&E activities at the respective levels. Functional linkage of the health sector to the overall national intersectoral government M&E will be through the Health Sector Performance and M&E division and both the national and county level strategic information focal points will be responsible for the day-to-day implementation and coordination of the M&E activities to monitor the drought response plan.

The County M&E units and UN Agency Field cluster focal points/ decentralized health systems technical officers will take lead in the joint performance reviews at County and subnational level. The county management teams will prepare the quarterly reports and in collaboration with county stakeholders organize county quarterly performance review forums. All project activities will be based on a coherent concept note and implementation plan. Activity, monthly, quarterly, biannual and annual reports will be prepared by the project implementing partners to track project implementation progress. Field visits conducted by implementing partners will involve project beneficiaries in order to track and verify project implementation activities.

Quarterly project review meetings will be conducted to ensure project implementation remains on track in achieving time-bound targets. The project will ensure the participatory approach is gender, age and disability responsive in all phases of the project. The project partners will identify challenges, lessons learnt and best practices for project documentation, replication and scale in other emergency situations as appropriate.

### Sector Response Strategy

About 3 million people from 23 counties worst affected by drought are in urgent need of comprehensive life-saving, high impact and cost-effective health services. The Health Sector will scale up prioritized interventions supported by WHO, UNICEF and UNFPA in collaboration with the Ministry of Health at national and county health departments and other key government departments at the sub-national level, working closely and in partnership with Kenya Red Cross Society and a number of other identified local implementing partners to target a population about 1.95 million of the total identified people in need (PIN).

The sector plan will increase access and utilization of both curative and preventative life-saving health services for children (girls and boys), pregnant and lactating women, people living with disabilities, and selected populations in extremely marginalized areas. Key interventions will include early identification, investigation, and interruption of disease outbreaks and acute malnutrition cases and management and timely referral of complicated cases for treatment; to strengthen Government capacity to lead and coordinate interventions; and to contribute to the effective coordination of interventions and partners. Service delivery focusing on Enhanced Outreach Services

(EOS) to take life-saving services closer to communities worst affected by drought with an integrated package of interventions (immunization, treatment of pneumonia, diarrhoea, health education, demonstration to community members participating in outreach services on household water treatment, nutrition monitoring, issuance of supplementary foods, antenatal care and referral of complicated cases for specialized management in higher level health facilities). Community mobilization to increase awareness and practice against drought related illnesses and epidemics, and the importance of early care seeking and where to get the services will be supported. A range of maternal and newborn health services will be delivered by UNFPA in keeping with emergency obstetric and newborn care (EmONC) protocols. The Sector will prioritize building the capacity of health workforce on early warning and timely response to disease outbreaks, management of severe acute malnutrition in health centres, including service delivery, community participation in response, assessments and information management. Strengthening Government capacity to oversee and coordinate interventions is considered a critical pillar of the drought response. The Health Sector UN agencies (WHO, UNICEF and UNFPA) will collaborate and partners and government to procure life-saving commodities for diagnosis and management of epidemics, and severe illnesses, implement health facility, early warning and response, cases management at facility and community based- interventions. Overall, the Sector will ensure no one is left behind in the response through a multisectoral and multistakeholder strategy that puts emphasis on the leadership of Government and the primary role of local actors anchored on the technical and resource mobilization capacity, and logistical efficiency and effectiveness of the UN family.

The activities would be designed to cover of the 23 counties as guided by the health sector 2023 modelled severity levels and prioritizations therein.

### Response monitoring indicators

Response Indicator	Baseline	Target
4th Antenatal Care (ANC) Coverage (%)	75.3	85
Percentage of deliveries conducted by skilled birth attendants	75.3	85
Proportion of under age 1 receiving DPT/ Hep+HiB3	89.1	95
Proportion of children under age 5 with diarrhoea treated with zinc & ORS (Community)	84.8	95
# pregnant women receiving at least 4 ANC visits	65690	75000
#frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation	205 MISP	500
#of live births attended by skilled health personnel	79,840	150,000
# menstrual hygiene management kits and/or dignity kits distributed	880 (mama kits)	3000
# inter-agency emergency reproductive health kits delivered	53	250



# Nutrition



PEOPLE IN NEED

**640K**

PEOPLE TARGETED

**469K**

REQUIREMENTS (US\$)

**\$75M**

PROJECTS

**9**

PARTNERS

**12**

Priority #1 Areas: \$61.5M

Priority #2 Areas: \$13.5M

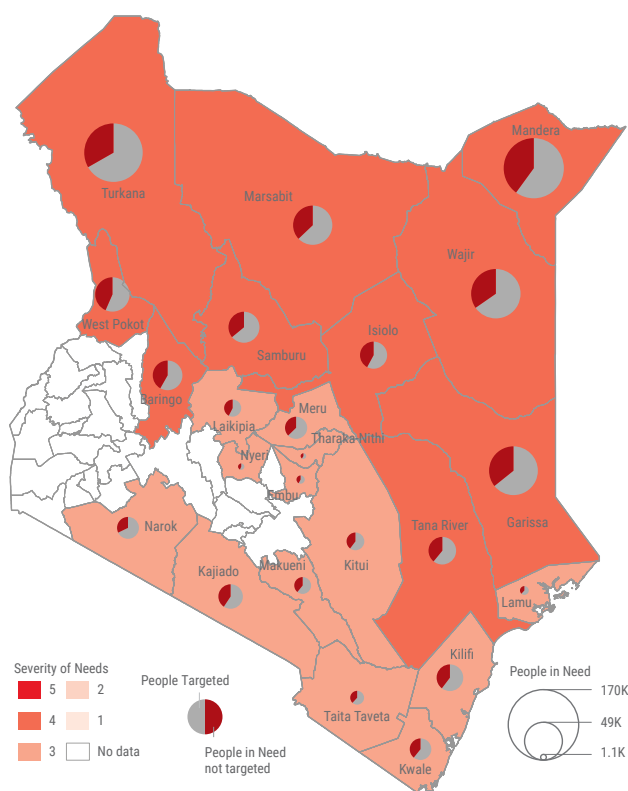
% OF WOMEN

**24%**

% OF BOYS

**37%**

% OF GIRLS

**39%**

## Context of the Crisis

As Kenya is facing a severe drought in the ASAL counties, there has been significant deterioration in nutrition status of children, pregnant women and lactating mothers. The integrated phase classification for acute malnutrition (IPC-AMN) conducted in July 2022 pointed to a crisis that the Nutrition Sector has not witnessed in recent years. Turkana North, Turkana South and Laisamis reported global acute malnutrition (GAM) rates classified as Very Critical (IPC AMN Phase 5 GAM WHZ > 30 per cent). Turkana West, Turkana Central, Samburu, Mandera, Wajir, Garissa, Tiaty Sub-County in Baringo, North Horr in Marsabit County were in Critical phase (IPC AMN Phase 4 GAM

WHZ 15 – 29.9 per cent) while West Pokot and Tana River were in Serious Phase (IPC AMN Phase 3 GAM WHZ 10 -14.9 per cent) Saku in Marsabit County was in Alert Phase (IPC AMN Phase 2 GAM WHZ 5 – 9.9 percent).

A projection covering the period October – December 2022 indicated that the situation would deteriorate further due to limited to no recovery in livelihoods and consequently food security at household security a situation that has held true and will likely continue into 2023. Persistent dry spell period continues across the ASAL region and there are negative impacts on pasture condition and consequently resulting in low to no milk production. The current milk production status is below average as compared to normal year in 20 of the 23 counties. Lack of milk at household level, especially in the Arid counties remains the main driver of acute malnutrition given its centrality in the diet of children. Low food stocks, unfavourable terms of trade continue to affect food security. Other causal factors include high morbidity, poor childcare practices, poor water, sanitation and hygiene and perennial stock-out of essential medical supplies for treatment of communicable diseases like pneumonia prevail and are likely to persist into 2023. Structural and long-standing challenges related to poverty, literacy levels, limited livelihood sources coupled with recurrent shocks confound the dire situation.

## People in need and targeted for the assistance

The Nutrition Sector estimates that there are about 537,000 children under age 5 with moderate acute malnutrition (MAM), 157,00 with severe acute malnutrition (SAM) in the ASAL counties, including in Kakuma and Dadaab refugee camps. Out of these, the Sector plans to target 287,300 and children with MAM and 126,900 with SAM. Also, 111,600 pregnant and lactating women with MAM will be targeted. In addition, the Sectors plans to reach over 2.2 million people with maternal infant and young child nutrition messaging, nearly 5 million children with Vitamin A supplementation and over 4,000 community volunteers and health workers.

## Cost of Response

To deliver on the response, a comprehensive postulation of costs has been done for several key components:

- Treatment of severe acute malnutrition (SAM) for ( boys and girls under age 5) including inpatient care for those with the most severe form of SAM.
- Treatment of moderate acute malnutrition for ( boys and girls below under age 5 , and; pregnant and lactating women.
- Prevention of malnutrition: blanket supplementary feeding program ( BSFP ) .
- Scaling up access to quality integrated services through outreaches.
- Support quality improvement, monitoring and accountability of nutrition.
- Support coordination, information and data systems for a robust and nutrition response.

Activity	2023 Sector Response Budget (USD)
Scale up delivery of essential nutrition services (High Impact Nutrition Interventions) including outreach	11,002,822
Supplies – SAM	12,000,800
Supplies – MAM	50,990,528
Surveillance and Monitoring (surveys in Turkana, Samburu, West Pokot, Marsabit, Tana River, Garissa, Mandera, Wajir and Tiati )	450,000
Coordination and Technical Assistance / Oversight <ul style="list-style-type: none"> <li>• National – County</li> <li>• County – Sub-county</li> <li>• Sub-county – Facility and Community</li> </ul>	555,850
<b>Total</b>	<b>75,000,000</b>

## Monitoring

The Nutrition Sector preparedness, response and recovery efforts will be monitored through the existing information systems in place. Data from the nutrition program interventions such as the outreaches and fixed facilities will be reviewed on a monthly basis and an analysis on performance generated along key indicators related to program effectiveness i.e. cure rate, death rate and default rate. Admissions will also be tracked on a monthly basis by county and by sub-county to inform any changes needed in the response strategy by context.

To complement routine data and information, the Sector will also ensure robust surveillance and close monitoring through the early warning system. Monthly bulletins from the NDMA, information from the Kenya Meteorological Department, FEWSNET and other sources will be used for early warning to also promote early action including informing any adjustments to existing response actions.

In the year, and as a part of the seasonal assessment process, SMART surveys will be conducted and will be key in determining the pPhase classification for aAcute malnutrition in the most vulnerable counties

for situational analysis and response planning.

Integrated management of acute malnutrition (IMAM) program coverage assessments will also be carried out to assess program effectiveness. Regular program monitoring will be done through joint missions to counties, quality improvement processes such as data audits, supply chain monitoring will also be done. The sector coordination mechanisms at both national and county level will also provide a platform for joint monitoring and accountability of actions by all actors.

## Sector Response Strategy (max 400 words)

The sector response strategy is hinged on three key priority areas:

1. Enhanced timely detection, referral, and treatment of acute malnutrition cases
2. Enhanced access to integrated essential health and nutrition services (including prevention interventions)
3. Strengthened sector preparedness and response capacity through enhanced surveillance, coordination, and information management in the most affected counties

Country-wide, about 884,500 children 6-59 months and 115,725 pregnant and lactating women require access to prevention and treatment for acute malnutrition across the ASAL, non-ASAL and urban counties. This appeal will however focus on the caseload in the ASAL region and the refugee camps. There is urgent need to continue the scale up of life saving services including case finding activities considering the very elevated levels of acute malnutrition in the affected counties and the prevailing drought conditions that are projected to worsen in 2023.

The sector will therefore aim to ensure a steady and scaled response is maintained in the affected counties to avert a possible crisis related to malnutrition. Efforts to ensure continued early detection and treatment of children will be put in place and are a strategic focus of this appeal. Similarly, given the anticipated slow and long recovery required in key livelihood sectors, there will be significant effort to advocate and resource for a blanket supplementary feeding program to extend the benefits of prevention and protection of treatment rations in the counties with elevated GAM levels.

To maintain and ensure access to services, the sector aims to support implementation of the integrated outreaches more so in the hard-to-reach areas. The Sector will also seek to ensure that strategies like Malezi bora are supported to ensure continuity of essential services during the response period as part of strengthening routine services while enhancing population level nutrition education (households & community) through broadcast messaging.

Further, the Sector will deploy surge teams for rapid response when and, if necessary, in hotspot areas. The nutrition programme is faced with a significant caseload of children who need prevention and treatment services and will therefore prioritize procurement, and distribution of ready to use therapeutic and supplementary feeds. This is aimed at complementing government own efforts. Strengthened coordination and linkages will be deployed to ensure that synergy is



achieved, and targeting is done efficiently to avoid duplication and maximize on resources available for response across the sector. Further, coordination mechanisms will be leveraged to anchor discussions on government long term support for key strategies like outreach that are predominantly externally funded in addition and importantly to secure convergence with other sectors for maximum impact.

Ensuring continued surveillance and information management will be prioritized to ensure that data is readily available and continues to inform the scale up plan. Capacity strengthening, data and supply chain monitoring will continue into 2023 as part of programme / response quality assurance.

### Response monitoring indicators

Response Indicator	Baseline	Target
Proportion of children with SAM / MAM who are cured following treatment in target counties	SAM: 83.4% MAM: 84.7%	SAM: >75% MAM: >75%
Proportion of health facilities in target counties reporting no RUTF stockouts	2.7%	< 1%
Proportion of target counties with functional monthly nutrition coordination forums	8	12

#### MARSABIT COUNTY

Mothers and their babies are pictured as they wait outside a WFP supported nutrition clinic in the village Malabot in Marsabit County in northern Kenya, on 14th July, 2022. Millions of people in the Horn of Africa are affected by a severe drought caused by 4 consecutive failed rainy seasons. Photo: WFP/Alessandro Abbonizio





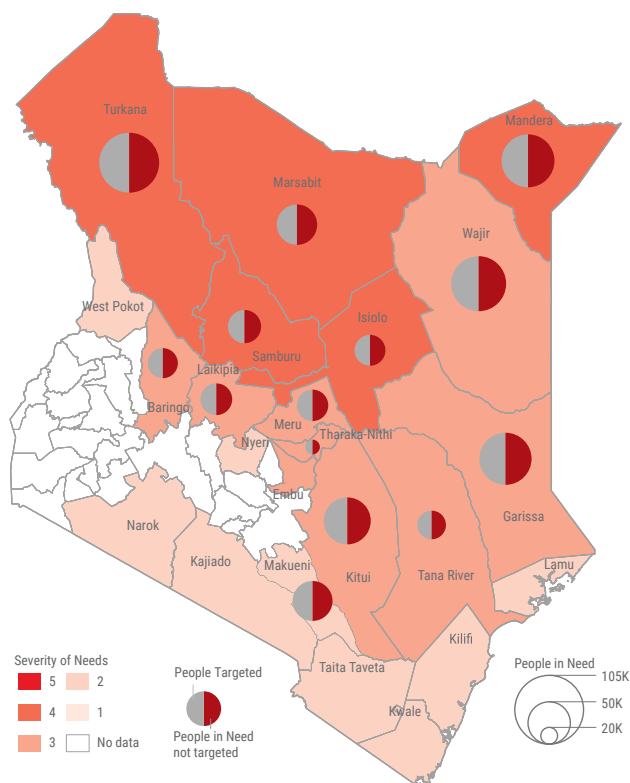
# Protection



PEOPLE IN NEED		PEOPLE TARGETED		REQUIREMENTS (US\$)		PROJECTS		PARTNERS					
2.8M		938K		\$32.6M		23		13					
% OF MEN		% OF WOMEN		% OF BOYS		% OF GIRLS		% OF ELDERLY MEN		% OF ELDERLY WOMEN		% WITH DISABILITY	
8%		55%		15%		16%		3%		3%		1%	

## Child Protection Sub-sector

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PROJECTS	PARTNERS
<b>2.05M</b>	<b>260K</b>	<b>\$16.7M</b>	<b>10</b>	<b>10</b>
		Priority #1 Areas: \$9.0M Priority #2 Areas: \$7.7M		
% OF BOYS	% OF GIRLS	% WITH DISABILITY		
<b>49%</b>	<b>51%</b>	<b>2%</b>		



### Context of the crisis in the sector

The devastating drought has led to vulnerable children being at further risk of harm in drought affected counties as the protective environment continues to deteriorate as communities and families' loose livelihoods and parents and caregivers migrate in search of water, livelihood, and pasture. The drought has increased the number of separated and unaccompanied children, child headed households and increased cross border movement of children in the region. The ongoing drought coupled with the effects of the COVID-19 pandemic and consecutive below average rainy seasons has eroded communities' capacities to cater to their basic needs. This has led to an increase in the cases of child neglect as the caregiver's capacity to provide food, water, education, and other essentials to their children has been challenged. Children are dropping out of school, being subjected to female genital mutilation (FGM), there has also been an increase in child marriage and teenage pregnancies. Furthermore, the drought and the loss of livelihoods and livestock is contributing to insecurity and there are increasing incidents of inter-communal violence between pastoralist communities over grazing, cattle rustling and as well as banditry attacks. This has increased displacement and exposed children to harm and violence including reports of killing of children during such attacks. The loss of livelihoods and rising food insecurity caused by the drought has also caused psychosocial distress among children and caregivers, increased violence against children in the home, within the community including gender-based

violence, sexual exploitation, child labour and is perpetuating harmful cultural practices such as female genital mutilation and child marriage.

### People in need and targeted for the assistance

Just under half (47 per cent) of the population affected by the devastating drought in the 23 counties in the ASAL region are children. An estimated 2.46 million children are affected by the drought in Kenya. Although all of them are at increased risk of harm because of the drought, the Sub-sector aims to provide targeted children protection interventions to 265,000 girls and boys in the 23 most drought-affected counties. About 141,000 girls and boys in Priority 1 counties and 118,796 girls and boys in Priority 2 counties –who are most vulnerable to violence, exploitation and abuse, including unaccompanied and separated children (UASC), those at risk of female genital mutilation and child marriage, those in need of psychosocial support, and survivors of violence, neglect and abuse will be targeted.

### Cost of Response

Child Protection partners require nearly \$16.7 million to respond to the highest priority protection needs amongst these children. According to the costing model /costing tools utilized average cost per child for provision of child protection services costs approximately \$64 per child. However, this does not include costs that will be incurred through referrals to other sectors for services like Cash, WASH, Health or Education services. This brings the annual budget of the CP Sector to \$17 million.

### Monitoring

The Child Protection Sub-Sector will monitor results through various tools and platforms like the 5W monthly reporting template which will be utilized to track coverage, CPIMS which is managed by the Directorate of Children Services is a case management tool which will be utilized to monitoring case management services being provided a county /community level and help track progress made in individual child protection cases. The Child Protection Sub-Sector will work closely to the Accountability to Affected Populations (AAP) working group, GBV Working Group, Protection Sector, OCHA and other sectors to ensure monitoring of the response based on updated trends and information, and support mitigation of GBV and support increase accountability of partners. Partners within the Child Protection Sub-sector will be trained on Child Protection in Emergencies (CPIE) minimum standards, AAP, disability inclusion and PSEA. A common Child Protection Monitoring tool will be developed by the sub-sector.

### Sector Response Strategy

The main activities carried out by the Child Protection Sub-sector include:

- Mainstreaming child protection into various sectors responses, integration of CP messaging across all response sectors to strengthen awareness on child protection risks among children, caregivers and communities.

- Strengthening national coordination mechanisms, strengthening and establishment of county and sub-county level child protection coordination mechanisms, strengthening localization of coordination to support improved service provision in remote locations, strengthening referral mechanisms through service mapping and capacity building, development of SOPs, to ensure access to essential life-saving services and multisectoral services for the most vulnerable children.
- Strengthening the Social Service Workforce including Child Protection Volunteers capacity through the Directorate of Children Services and community-based organizations to support early identification of vulnerable children and survivors of violence, to ensure the timely provision of comprehensive protection services, ensuring that the most deprived and vulnerable children, including children living with disabilities, are reached with life-saving child protection services , referrals to multi sectoral services like nutrition services for malnourished children, legal and health services for survivors of GBV.
- Supporting the provision of comprehensive child protection services through a strengthened social service workforce and Partner capacity, including child protection case management , support services for unaccompanied and separated children (UASC) such as family tracing and family reunification, cross border interventions, provision of alternative family-based care, provision of mental health and psychosocial support (MHPSS) services to vulnerable children and survivors of violence, child friendly spaces (CFS), recreational activities and referrals.
- Provision of material support and cash transfers to the most vulnerable children and households, including the provision of dignity kits and other non-food items, as well as referrals to nutrition, health, and other life-saving services.
- Carrying out community engagement activities aimed at addressing social norms and harmful cultural practices, promoting positive parenting practices, as well as capacity building initiatives targeting community members to identify and report cases of violence and how to provide community-based support services to survivors and those at-risk.

### Response monitoring indicators

Response Indicator	Baseline	Target
1. Number of UASC , vulnerable children provided with case management services, family tracing and reunification services, psychosocial support, referral to multisectoral services.	N/A	N/A
2. Number of women, girls and boys accessing GBV risk mitigation, prevention, or response interventions.	N/A	N/A
3. Number of girls, boys, women, and men receiving community based mental health and psychosocial support services	N/A	N/A

## Gender-Based Violence Sub-sector

PEOPLE IN NEED

**2.8M**

PEOPLE TARGETED

**871K**

REQUIREMENTS (US\$)

**\$15.0M**

PROJECTS

**13**

PARTNERS

**13**

Priority #1 Areas: \$15.0M

% OF MEN

**9%**

% OF WOMEN

**59%**

% OF BOYS

**12%**

% OF GIRLS

**14%**

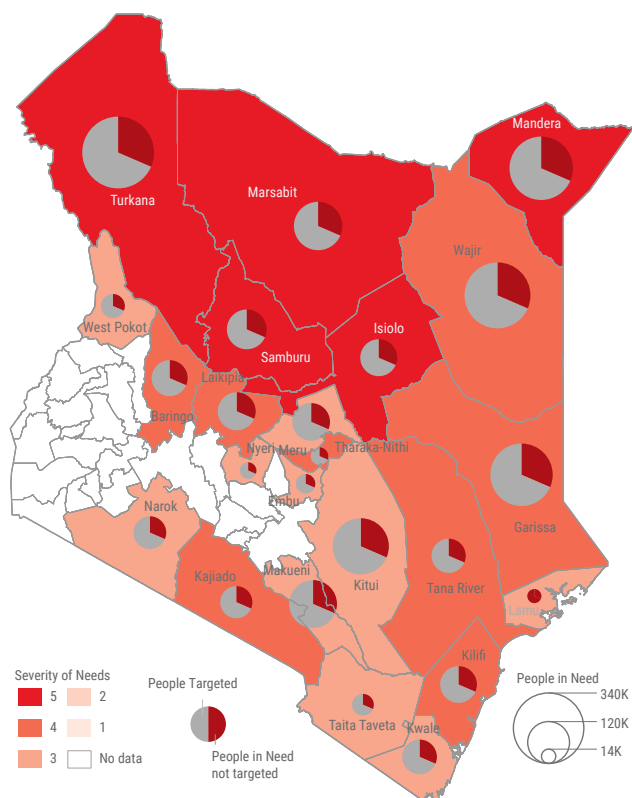
% OF ELDERLY MEN

**3%**

% OF ELDERLY WOMEN

**3%**

% WITH DISABILITY

**1%**

### Context of the Crisis

A Rapid Assessment of the Gendered Impacts of Drought on Households Living in Arid and Semi-Arid Land Counties of Kenya asserted that women's roles have become more entrenched with increased burdens and risk of gender-based violence. A gender analysis undertaken by CARE Kenya on the impact of the drought in Mandera and Garissa counties corroborates the increasing protection risks and vulnerability to gender-based violence and harmful practices. To recoup economic losses brought on by the drought, girls are being utilized in the sex trade, adolescents have to drop out of school to support their families, and instances of child marriage are increasing alarmingly (16 per cent of girls have dropped out of school due to child marriage). The compounding effects of stress and idleness have led to a rise in intimate partner violence. Some of the drought-affected counties such as Tana River (6.3 per cent), Wajir (3.9 per cent), Turkana (3.1 per cent), Samburu (6.0 per cent), Kajiado (6.3 per cent) and Baringo (1.7 per cent) have always presented population sizes manifesting GBV-related illness that is either at par with or above the

national population (1.7 per cent). The drought has intertwined with residual COVID-19 effects to weaken protection systems.

In addition, malnourished women have increased risk of poor pregnancy outcomes, including haemorrhage, low birth-weight, and maternal and newborn mortality.

Cases of violence occurring in 14 drought affected counties recorded in the KDHS between January and June 2022 compared to the same period in 2021 were 1,726. Conversely, the period between January to June 2021 compared to the same period in 2020 only had an increase of 86 cases of violence. This trend shows increasing vulnerability to the protection risks that could be higher than what was the case during the peak of the COVID-19 pandemic (2020-2021). There is a general lack of GBV services such as medical, legal, psychosocial support. Communities lack basic information on GBV and on the existence of referral pathways. Based on the MISP calculator, 22,620 women of reproductive age are at risk of sexual violence in the drought affected counties if interventions are not put in place to mitigate the worsening impacts of the emergency. The IOM has indicated a steady rise in the movement of populations in areas affected by the drought.

### People in need and targeted for the assistance

The GBV component of the Protection Sector is targeting a total of 870,692 girls, boys, women and men with diverse interventions to prevent and respond to GBV. These include 509,481 women; 78,381 adult men who are sexually active men, 107,775 boys; 117,573 girls; 25,000 elderly women; 23,000 elderly men; 9,482 persons with disabilities. UNFPA will work with multiple partners including local and community level women led organizations and organizations focusing on persons with disabilities to mitigate the impact of the drought on the vulnerable populations.

### Cost of Response

The response is estimated to cost about US\$15 million over a one-year period (January to December 2023). The cost will cover GBV prevention and response activities, and coordination of the interventions by various partners. The selected interventions are aligned with the GBV in Emergencies Minimum Standards. The project interventions will be implemented by 13 partners whose institutional operational costs have also been included.



**Cost of GBV Response**

Activity	Amount (US\$)
GBV Screening, safety audits and rapid gender analysis	460,000
Provide timely referral services	690,000
Procure and distribute IARH kits (Kit 3, Kit 5 and Kit 9)	230,000
Provide CMR training to healthcare workers for clinical GBV services.	115,000
Support GBV case management	345,000
Provide mental health and psychosocial support (MHPSS) training	690,000
Provide psychosocial first aid (PFA)	345,000
Provide PSEA training and awareness	115,000
Support access to justice for survivors	230,000
Operationalize GBV Helplines	575,000
Livelihood support for GBV survivors	920,000
Procure and distribute dignity kits	1,500,000
Humanitarian movement (transport and warehouse)	115,000
Field monitoring	276,000
Community mobilization	828,000
IEC materials and service tools (PRC forms, register, referral pathways, etc.)	92,000
Safe spaces, shelters and rescue centres	805,000
Strengthening local women led organizations	690,000
GBV coordination	368,000
Cash Voucher Assistance	1,610,000
Rapid Gender Assessments, GBV risk assessments / Safety audits	480,000
Staff care and support	230,000
Staff cost	2,341,800
Support Cost for IPs	983,556
<b>Total</b>	<b>15,034,356</b>

**Monitoring**

Delivery of this project will be collaboratively managed by UNFPA, CARE Kenya, , State Department for Gender, the Gender Departments in the respective counties, and other partners such as the International Rescue Committee. The project will develop a comprehensive project implementation plan and project monitoring and evaluation framework and relevant tools will be developed for reference and use by the project implementation partners. All project activities will be based on a coherent concept note and implementation plan. Activity, monthly, quarterly, biannual and annual reports will be prepared by the project implementing partners to track project implementation progress. Field visits conducted by implementing partners will involve project beneficiaries in order to track and verify project implementation activities. Quarterly project review meetings will be conducted to ensure project implementation remains on track in achieving time-bound targets. The project will ensure the participatory approach is gender, age and disability responsive in all phases of the project. The project partners will identify challenges, lessons learnt and best practices for project documentation, replication and scale in other emergency situations as appropriate.

**Sector Response Strategy**

UNFPA and CARE International are leading and co-leading respectively the GBV Protection Sub-sector which has partners such as the International Rescue Committee, Healthcare Assistance Kenya, Plan International, Keiyo Women Trust, Moving the GoalPosts, Inua Dada Mashinani and the Kenya Red Cross Society. The Gender-Based Violence Protection Sub-sector will prioritize interventions that are life-saving, promote integration of actions into other drought response measures and build the agency of individual and communities to mitigate the effects as the progressively develop resilience. UNFPA will lead the GBV sub-sector response in accordance with its global mandate as the GBV Area of Responsibility. The organization will work with other actors within the UN Delivering as One (DAO) framework, government bodies such as the State Department for Gender and the National Gender and Equality Commission, the Kenya Red Cross Society, local women-led organizations, organizations that focus on disability and other non-state actors, including those in the private sector to ensure no one is left behind.

**Priority actions**

- Support national/county GBV coordination and capacity building of frontline workers on GBV prevention and response prioritizing interventions that are life-saving, promote integration of actions into other drought response measures and build the agency of individuals and communities to mitigate the effects as they progressively develop resilience.
- Undertake GBV screening, safety audits and rapid gender analyses to identify risk factors and vulnerable populations.
- Support implementation of the Minimum Initial Service Package (MISP) for Sexual Reproductive Health interventions that focus on

sexual violence (objective 2) while focusing on implementation of the 16 GBV in emergencies minimum standards.

- Establish and operationalize women and girl-friendly safe spaces.
- Strengthen and support safe spaces and survivor-centred services, introducing, and building the capacity of a multidisciplinary team to provide integrated SRH and GBV services including through health facilities.
- Procure and distribute dignity and menstrual hygiene kits to most vulnerable women and girls, including those with disabilities.
- Map out, establish and update and support GBV referral pathways for GBV case management services and access to shelters and safe spaces.
- Facilitate psychological first aid (PFA) training to inter-sector front line NGO and other stakeholders who are staying in the affected areas or are deployed there.
- Share information with communities about humanitarian assistance and availability of GBV services and PSEA.
- Support access to livelihood and protection support in the form of cash voucher transfers in order to cushion survivors and those

at risk against possible cases of sexual exploitation and abuse, and harmful practices such as child marriage as households strive to alleviate the impact of the drought on food security.

- Supporting integration of GBV into other sectors impacted by the drought emergency such as Food Security and Livelihoods, Nutrition, WASH, Education, Health and Child Protection.

#### Response monitoring indicators

Response Indicator	Baseline	Target
1. Number of people benefitting from core GBV services (e.g. case management, psycho-social support, clinical management of rape etc.).	100,000	350,000
2. Number of women, girls and boys accessing GBV risk mitigation, prevention, or response interventions.	500	2,800
3. Number of people reached through awareness-raising and/or messaging on prevention and access to services.	300,000	1,500,000



#### TURKANA COUNTY

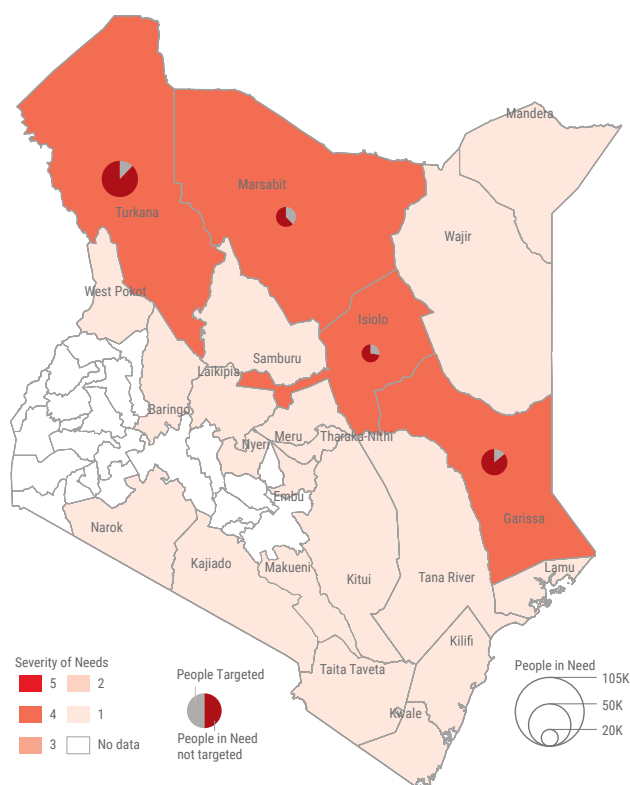
In Sopel Village, Turkana County, Kenya, an elderly woman stands in front of her house. Photo: UNICEF



# Shelter & Non-Food Items (NFI)



PEOPLE IN NEED		PEOPLE TARGETED		REQUIREMENTS (US\$)		PROJECTS		PARTNERS	
216K		40K		\$1.0M		17		5	
				Priority #1 Areas: \$900K Priority #2 Areas: \$100K					
% OF MEN	% OF WOMEN	% OF BOYS	% OF GIRLS	% OF ELDERLY MEN	% OF ELDERLY WOMEN	% WITH DISABILITY			
28%	33%	11%	17%	5%	6%	10%			



## Context of the Crisis

According to the IOM's latest Displacement Tracking Matrix (DTM) as of December 2022, a total of 67,922 households (HHs) or 407,532 individuals have been recorded as internally displaced people in the past two years (2020-2021) across the ASAL areas of Garissa, Turkana, Marsabit and Isiolo counties.

Shelter and non-food items (NFIs) have consistently been expressed by the displaced Arrival households as one of the most urgent needs apart from food, water supply, WASH, health and protection. Due to lack of information prior to DTM roll-out in September 2022, the need for Shelters and NFIs have received less attention.

## People in need and targeted for the assistance

As of December 2022, the arrival households in assessed sites through the DTM deployment have been recorded as displaced persons accounting to 67,922 households (HHs) or 407,532 individuals who were internally displaced across the ASAL areas of Garissa, Turkana, Marsabit and Isiolo counties. Out of more than 400,000 displaced people, over 200,000 people are in dire need immediate shelter and NFI life-saving assistance as their dwellings are considered unsafe and being exposed to harsh environment such as extreme heat and rain.

As the funding for shelter and NFIs remains a challenge, the Shelter and NFI Sector will only target 39,800 people in need to prioritize the most vulnerable households who are living in camp-like structures and those households who have been displaced without any assistance received by the Government or humanitarian agencies. The assistance will also include the most vulnerable displaced host communities due to drought. As the DTM deployment is ongoing in Samburu County, as well as the plan to roll-out the assessment in Wajir, Mandera and other most affected ASAL areas, the need for shelters and NFIs will likely increase in few months while the drought has intensified. The need for the target population on shelters and NFIs will be reviewed and assessed by the Sector and shall be updated based on the DRP in coordination with OCHA and key government partners.

The Shelter and NFI Sector shall have the following targets from three to six months period depending on the assessment and the movement of the mobile population. In Marsabit, the sector shall target 12,000 displaced individuals from three most affected sub-counties of Loiyangalani, Moyale and Saku with a target of 2,000 emergency shelter and NFI kits. Three sub-counties in Isiolo are targeted namely, Garbatulla, Isiolo and Merti with a total target of 7,000 displaced people or 1,167 shelter and NFIs kits to be distributed. For Turkana, displaced population is targeted from seven sub-counties, such as Kibish, Loima, Turkana Central, Turkana East, Turkana North Turkana South and Turkana West. A total of 13,000 displaced individuals are targeted to benefit 2,167 shelter kits and NFIs. Finally, in Garissa,



7,800 displaced people from Balambala, Dadaab, Fafi and Ijara sub-counties will receive 1,300 shelter and NFI kits.

After a fifth consecutive failed rainy season, the displaced people's situation has been deteriorating. The vulnerability of the mobile population will also severely increase, especially among women, children, elderly, persons with disabilities (PWDs) and other vulnerable sectors.

### Cost of Response

The Shelter and NFI Sector shall prioritize the immediate distribution of emergency shelter and NFI kits which will benefit an estimated 6,633 households. A total of US\$1 million is needed for the whole response plan, where \$900,000 shall be allocated for shelter and NFI kits. The estimated cost per target counties and sub-counties and the number of beneficiaries to receive life-saving assistance shall vary on the rapid needs and vulnerability assessments once the funding secured by the sector. About \$100,000 will be used for assessments, including the cost for post distribution monitoring activities in the 17 target sub-counties.

### Monitoring

The monitoring of shelter and NFI activities will be carried out by respective sector members to ensure accountability to affected population. The members of the Shelter and NFI Sector shall be responsible in monitoring their shelter and NFI-related activities based on humanitarian principles, guidelines and policies. IOM, KRCS and UNHCR as shelter and NFI co-leads will take the lead in updating the sectoral reports, where inputs from the respective sector members will be collected. The consolidated report such as 5Ws shall be submitted to OCHA and share with the sector members to assess the achievements, issues and gaps, including the sector plan and mobilization of resources.

The DRP indicators will be used as monitoring tools to ensure timely and quality implementation according to the expected results.

The implementation of the shelter and NFI activities shall promote inclusive, gender-responsive and participatory processes with key stakeholders from all the stages of sectoral interventions.

The Sector will also agree on the common M&E tools which will be used during project implementation to gather relevant data. The sectoral M&E tools will be reviewed by the sector upon the completion of their respective project baseline/assessment surveys to ensure that the tools are capable to compile both qualitative and quantitative data required to measure the project progress. The Sector will also involve key stakeholders, implementing partners and government officials to seek constructive feedback regarding the project implementation on shelters and NFIs.

Gender mainstreaming, as guided by the gender marker policy and tools, will inform all monitoring activities, which includes collecting and analysing disaggregated data on sex/age/diversity to ensure promotion of gender equality and women's empowerment in all project activities to be carried out by the Sector.

### Sector Response Strategy

The Shelter and NFI Sector shall focus on the critical interventions in providing life-saving assistance.

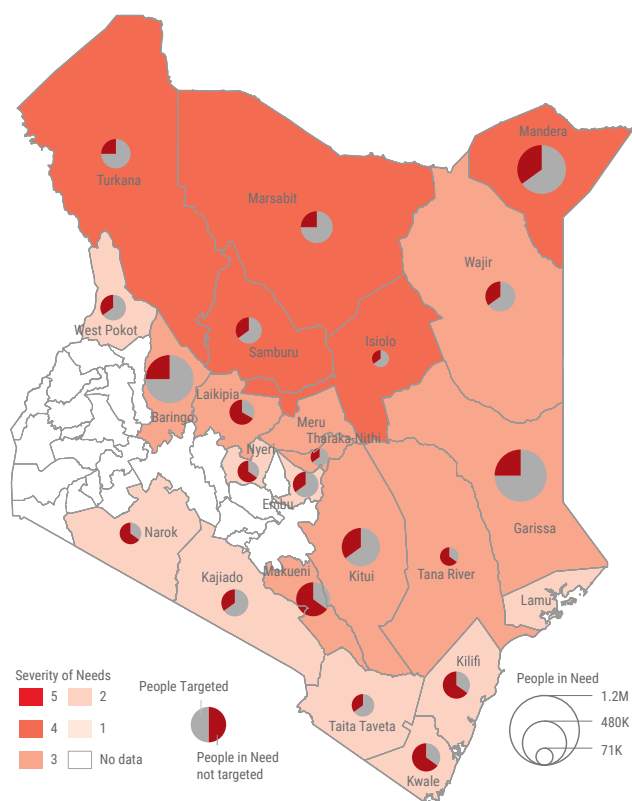
- **Rapid Needs Assessments.** The sector shall conduct rapid needs assessments in target sub-counties affected by drought and resource-based conflicts with the aim to finalize the prioritized wards, locations and sub-locations for immediate support in coordination with the key government partners and stakeholders.
- **Vulnerability assessment.** Vulnerability assessment is one of the most critical and important activities to assess the most vulnerable areas, vulnerable sectors or groups and the households who are in dire need of shelters and NFIs to be included in the beneficiary identification and inclusion. The vulnerability assessment tools will be redesigned by the sector using the previously available documents and must be agreed upon by the members on the indicators and expected outcomes.
- **Once the priority areas and beneficiaries are identified,** procurement and distribution of shelter and NFI kits shall follow. The procurement and distribution of the kits, including other preparatory activities, such as social preparation, beneficiary meetings and other logistics concerns will be managed by each sector member organization based on their internal guidelines.
- **Post Distribution Monitoring.** The sector shall conduct through its respective organizations with a series of post distribution monitoring activities to collect beneficiaries' feedback on the impact of the project implementation. This action shall involve close engagement with the beneficiaries, key government partners (both national and local agencies), UN and other community members from the target areas.
- **Regular meetings with the sector** shall be held at least once a month, with special meetings as the need arises. The meetings aimed at discussing any issues and concerns of the sector, including the achievement of each sector member in carrying out its relevant shelter and NFI activities. The meetings will also involve updating of the plan and sector's field activities to avoid duplication of humanitarian assistance, thus maintain the well-coordinated activities.

### Response monitoring indicators

Response Indicator	Baseline	Target
1. Percentage of HHs whose dwelling enclosure provides adequate safety to the occupants, protection from exposure, and low risk of failure in predictable hazards.	0	90%
2. Number of beneficiaries who received shelter and NFI kits	0	6,633
3. Number of assessments conducted	0	17

# Water, Sanitation & Hygiene (WASH)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PROJECTS	PARTNERS
<b>5.1M</b>	<b>3.1M</b>	<b>\$51.8M</b>	<b>24</b>	<b>28</b>
		Priority #1 Areas: \$34.4M Priority #2 Areas: \$17.4M		
% OF MEN	% OF WOMEN	% OF BOYS	% OF GIRLS	% WITH DISABILITY
<b>24%</b>	<b>25%</b>	<b>25%</b>	<b>26%</b>	<b>10%</b>



## Context of the Crisis

In 2023, 23 counties are actively experiencing drought in the ASAL region of Kenya. Fourteen counties are facing a very severe lack of access to safe water (Baringo, Embu, Garissa, Isiolo, Kajiado, Kitui, Mandera, Marsabit, Samburu, Taita Taveta, Tharaka Nithi, Turkana, Wajir and West Pokot). Water access in the other nine counties is also severely impacted in certain sub-counties (Kilifi, Kwale, Laikipia, Lamu, Makueni, Meru, Narok, Nyeri, Tana River).

Almost 95 per cent of water pans dried up in August 2022. The water

table in pastoral and agro-pastoral livelihood zones has gone down far below any usual levels, resulting in low yields for boreholes and shallow wells. This is impacting access to safe and adequate water for the population and the livestock that they depend on for their livelihood. For example, in the affected sub-counties in Mandera water coverage has fallen as low as 17 per cent. In all these areas, water points are used more than usual, leading to increased breakdowns.

The lack of water sources has had a significant impact on the migration of people. They look for water for their animals further away, and women and girls, who carry the primary burden of fetching water for households, are having to travel further (up to 15 km in some areas) and wait longer for water (up to 6 hours in some areas), exposing them to heightened risk of violence. In pastoral areas of Marsabit, for example, the waiting times at boreholes is at four to six hours.

People in all the drought affected counties are having to reduce their water consumption. For example, individual consumption in Samburu decreasing from the normal 10-12 litres per person per day, to a current 4-8 litres per person per day, which is well below the standard minimum of 15 litres per person per day.

The water crisis has also impacted health-care facilities and schools. Due to the lack of water at schools and the burden placed on children to fetch water, school dropout rates have soared across all counties. In some instances, health-care facilities are having to ask pregnant women to bring their own water for giving birth at the facility. These impacts are detrimental to the progress achieved towards the SDGs in Kenya.

Lastly, the reduction in water quantity and quality has also contributed to the spread of water-borne disease outbreaks and the current cholera outbreak that is rapidly spreading in the water scarce counties, especially Garissa, where there is a large influx of refugees from Ethiopia and Somalia.

### People in need and targeted for the assistance

Due to the severe and prolonged drought, a total of 5.1 million people is in need of water, sanitation, and hygiene (WASH) interventions. The WASH Sector aims to provide humanitarian assistance to 3 million people in the 23 affected counties to mitigate the impacts of the amilies.

drought on children and their families. This goal will be achieved through a coordinated response that provides water supply, access and treatment, hygiene promotion and critical WASH supplies. The response will reach 1,969,635 people in Priority 1 counties and 1,125,094 people in Priority 2 counties. With this, the WASH Sector aims to reach 60 per cent of the people in need.

### Cost of Response

To respond to the severe WASH needs of almost 3.1 million people across the 23 counties, the WASH Sector seeks \$51.7 million under this Drought Response Plan in 2023. The WASH cost is calculated using sectoral sub-components per individual based on partners' analysis of their project costs. The resulting analysis has revealed that the average cost-per-person is \$16.7 in 2023. The per-person cost level speaks to the fact that the prolonged drought has led to increased commodity/supply prices and to the fact that the response in 2023 will be at a larger scale in harder to reach areas. Moreover, the per-person cost in 2023 reflects the Sector's focus on more costly water supply components such as construction/rehabilitation of water sources using climate resilient methods and immediate life-saving water supply through water trucking. The range of the unit cost varies greatly depending on whether the WASH assistance is provided to affected people as a single activity or through a package of several activities (integrated service delivery) with support costs shared.

The majority of the 2023 WASH response of the 28 partners in this Drought Response Plan and their implementing partners will involve: hardware infrastructural repairs, rehabilitations, reinforcements or set up of new water supply networks, water trucking (as a last resort option to avoid displacements in areas where people rely on rainwater, dried open water sources or non-functional water points under repair), water treatment and storage solutions, connection of schools and healthcare facilities to water sources, promotion of handwashing through hardware installations and social behaviour change, and provision of WASH supplies (NFIs) such as spare parts, water tanks, pipelines, treatment chemicals, water test kits, fuel, soap, hygiene kits, solar panels, etc.

### Sector Response Strategy

The main activities that the 28 WASH partners will carry out as a response to the drought are:

- Water Supply: Construction and rehabilitation of strategic water points, and provision of lifesaving water supply through temporary measures.

- Water Treatment: Monitoring and improvement of water quality and water treatment.
- Hygiene: Supporting hygiene promotion activities in communities and households and distributing essential WASH supplies.
- WASH in Schools and Health Care Facilities (HCFs): Supporting construction, repair and rehabilitation of water supply and hygiene and sanitation facilities and promoting hygiene practices in drought affected schools and HCFs.
- WASH Sector Coordination: Strengthening and supporting WASH Coordination at national and county level to ensure effective coordination of WASH drought response

The primary objective of the WASH Sector is to scale up the response to the ongoing crisis to improve access to safe water and to hygiene through the provision of NFIs. Focus will be on supporting, enabling and creating resilient systems for these service deliveries.

WASH NFIs will be provided to the most vulnerable households, together with awareness-raising sessions on hygiene. At community-level, WASH partners will improve access to safe water for personal and domestic use through the installation of plastic water tanks of 5,000 litres capacity, which will be connected through regular supply sources. Non-functional water supply systems will be assessed, and immediate rehabilitation of targeted systems will be ensured in the shortest possible time to increase the availability of water for people. A phased approach will be adopted to ensure, immediate, medium-term (three months) and longer-term (one year) water supply rehabilitation plans. Spare parts will be procured and supplied through local markets to transfer the non-functional water supply systems to functional.

The WASH Sector will ensure close coordination with Nutrition, Food Security, Health, Education and Protection for complementarity and integration for stronger impact of investments and outcomes for the people in need. The WASH Sector will ensure that all schools and healthcare facilities, including therapeutic feeding centres, in the target areas have water supply and hygiene services.

Partnerships with the Government, Line Ministries and local civil society organizations will ensure that contextual targeting and efficient coordination enables the Sector to reach the most vulnerable communities and families. County governments, health and water departments, along with Water Service Providers, are closely involved in coordination of the service delivery, and the 2023 drought response will continue building on this collaboration and good practices.

National coordination is led by the Ministry of Water, Sanitation and Irrigation, co-chaired with the Ministry of Health and UNICEF. All partners involved in the delivery of services are reporting on their progress in this coordination platform and are actively contributing to the coordination efforts.



### Response monitoring indicators

The WASH Sector common response monitoring framework (see below) has been jointly developed by the 28 partners responding to the drought. The response indicators capture the main activities of the WASH partners and indicator 5 on schools will be closely aligned with the response monitoring of the same indicator in the Education Sector.

Response Indicator	Baseline	Target
1. Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene needs.	3,094,729	3,094,729
2. Number of people reached with critical WASH supplies (including hygiene items) and services	3,094,729	3,094,729
3. Number of people participating in hygiene promotion sessions	3,094,729	3,094,729
4. Number of health-care facilities accessing sufficient water of appropriate quality and handwashing facilities with soap and water	All in affected areas	All in affected areas
5. Number of schools and ECD centres provided with safe and sufficient water source and storages	All in affected areas	All in affected areas

The WASH Sector will improve monitoring through the Ministry of Water, Sanitation and Irrigation's new online WASH Emergency Reporting Platform which will capture partners' drought activity and funding reporting. UNICEF's new DRIPS monitoring system will be used for geo-mapping of functional/non-functional water supply systems, especially boreholes. This will enable integrated programme planning and monitoring of water supply and access in schools and healthcare facilities together with Education, Health and Nutrition.

To the extent possible, the WASH Sector will also use information from OCHA sitreps and dashboards, from zonal focal points, the NDMA, and partners' data to monitor changes in the context (incl. conflict and migration patterns, community feedback on water point functionality, etc.).

In consultation with the AAP working group, the WASH Sector will aim to promote gender-specific response and feedback mechanisms to create space where males and females can freely and safely provide feedback on past and current interventions while helping to shape future responses. The AAP feedback mechanisms will also be employed for gender protection and mitigation of GBV to ensure a gender focus during implementation and monitoring of projects.

To ensure that the correct preventative measures are in place, the WASH Sector will collaborate with the MoH and MWSI to receive surveillance reports on suspected and confirmed cholera cases and risk factors driving the outbreaks in drought affected counties.

# Refugee Response



PEOPLE IN NEED		PEOPLE TARGETED		REQUIREMENTS (US\$)		PROJECTS		PARTNERS	
602k		602k		\$43M		7		8	
				Priority #1 Areas: \$43M					
% OF MEN	% OF WOMEN	% OF BOYS	% OF GIRLS	% OF ELDERLY MEN	% OF ELDERLY WOMEN	% WITH DISABILITY			
24%	24%	27%	25%	1.2%	1.5%	0.02%			

## Context of the Crisis

Garissa and Turkana counties, where the Dadaab Refugee Complex and Kakuma camp and Kalobeyi settlement are located, have experienced five back-to-back below-average rainy seasons. In these pastoral areas, herders have suffered significant losses and most of the open water sources have dried up. This has led to increased population movements within these counties, as well as from neighbouring countries also affected by the drought and ongoing conflict. Since mid-2022, UNHCR has conducted a profiling exercise for more than 108,000 new arrivals in Dadaab, mainly Somalis, during which 46 per cent of those interviewed cited the drought as one of the reasons for their flight in addition to the ongoing conflict and violence that has plagued the country for decades. Dadaab continues to receive as many as 4,000 new arrivals from Somalia each week, and the situation is expected to continue for at least the first half of 2023. Similarly, in Kakuma almost 20 per cent of new arrivals cited insecurity, hunger and drought among the reasons for flight from their countries of origin, with more than 28,000 new arrivals registered in 2022.

The refugee communities in Kakuma and Dadaab are struggling to cope with the cumulative consequences of other shocks, including conflict and insecurity, the COVID-19 pandemic, the effects of climate change (both flooding and drought), food insecurity, and a range of economic challenges. With the dwindling of resources, conflicts between refugees and host communities, who are equally affected by the drought, are expected to intensify.

Refugees are at heightened risk of food insecurity and malnutrition as many have left behind assets, social capital, and community coping mechanisms and lost livelihoods opportunities. A recent UNHCR nutrition survey reported critical levels of malnutrition (wasting, stunting, and anaemia) among refugee children in Kenya. This comes in the wake of humanitarian funding shortfalls that have contributed to food ration cuts and amplified the cross-sectional protection needs of the most vulnerable.

Access to water remains a key challenge, with almost 95 per cent

of water pans in Garissa and Turkana counties reportedly dry.

Women and girls, who carry the primary burden of fetching water for their households, are having to travel further and wait longer for water, exposing them to heightened risks of GBV and other forms of violence. At the same time, vulnerability to sexual exploitation and abuse is increasing as resources become scarce and food insecurity worsens. Across Kenya, the practice of incurring debt to purchase essential goods has emerged, with female-headed households particularly affected.

## People in need and targeted for the assistance

The total number of refugees in need in Garissa and Turkana counties stands at 602,000, with the entire population identified as being in need of various forms of support and are therefore targeted for assistance, particularly children, women and girls at risk, elderly refugees and persons living with disabilities. The more than 108,000 people unregistered in Dadaab are of particular concern considering the challenges they face, with most living in makeshift shelters and having inadequate access to water, sanitation and hygiene services. Approximately 15,000 among the host community living in the vicinity of Kakuma camp and Kalobeyi settlement will be supported by UNHCR and partners' interventions, as will some 22,000 among the host community in the areas surrounding the Dadaab complex.

Children are at particular risk of malnutrition, separation, violence, neglect, exploitation and abuse. During times of drought, loss of livestock and food scarcity puts a strain on livelihoods and leads many families to rely on children to secure their survival. As more children are involved in child labour, school drop-out rates and the number of children subjected to exploitation are likely to increase. Adolescent refugee girls in particular are at an increased risk of GBV, including forced marriage.

Generally, the risk of sexual violence, exploitation and abuse, intimate partner violence and other forms of GBV are becoming more acute for refugee women and girls, many of whom are living without the support of their traditional family networks or other social safety nets. Areas with makeshift shelters, unlit pathways to water and firewood collection points and latrines in the camps provide little to no security

and increase the risk of violence.

Health-care facilities and WASH services are becoming increasingly strained due to the continually rising number of new arrivals in the camps, including for treatment of acute malnutrition, chronic diseases, and the effects of sexual violence, resulting in challenges to service providers' ability to handle the volume of cases and provide adequate and timely treatment. With the increasing number of new arrivals in both Garissa and Turkana counties, the existing stocks of shelter materials and core relief items have also been exhausted. Reception centres are congested and increasing concerns are being raised over the minimal resources vis-à-vis the number of people needing assistance upon arrival.

Older persons have also been affected by the drought as they are often less mobile, have limited literacy, and may have chronic health problems and specific nutritional needs that may be exacerbated by the lack of access to humanitarian assistance and inadequate quantities of food and water. This is particularly challenging for unaccompanied older persons who are unable to find or build adequate accommodation, protect their belongings, and collect water, food rations, and cooking fuel.

Persons with disabilities face a range of barriers making them more likely to be overlooked during needs assessments, face challenges accessing humanitarian assistance, education, livelihoods, healthcare, and other services, and experience discrimination, violence, abuse and exploitation.

It is important to note that the drought affects both the refugee and host communities equally, and the lack of resources has increased insecurity and hostility between the two groups, including increased rates of theft, armed robbery, and intimidation.

### Cost of Response

About US\$43 million will be required to meet immediate needs relating to protection, emergency shelter, water, sanitation and hygiene, provision of core relief items, cash-based interventions to help families meet their basic needs, and provision of healthcare and nutritional support. The funds will also be utilized to meet existing education gaps. Funding will go towards improving conditions at reception centres and supporting relocation to the camps, ensuring access to asylum procedures, including registration, documentation, and refugee status determination undertaken by the Government of Kenya, prevention and response to GBV, child protection, targeted response for persons with specific needs, and support for policy development.

Institutions and partners engaged in the response will also need to be directly supported for staffing, logistics, telecoms and information management.

### Monitoring

To ensure better coordination and effective delivery of services to persons of concern, UNHCR and partners will collaborate through quality assurance mechanisms for the management of resources, including monitoring through regular field visits, weekly/monthly coordination meetings, sharing timely information, establishing communication channels with affected populations, and reinforcing

capacities. The Refugee Coordination Model will be applied, and regular reporting will be carried out against agreed activities and indicators.

Accountability to all persons of concern will be strengthened as part of the response through meaningful participation of communities, with due attention to age, gender, and diversity considerations. Refugee leaders will be empowered to effectively represent their communities in discussions with authorities, communication with refugees about their rights and services will be ensured, and refugees will be encouraged to give feedback to improve the quality of the response.

### Sector Response Strategy

- Protection Working Groups formed in Kakuma, Dadaab and Nairobi will facilitate information exchange for effective advocacy on protection needs; ensure capacity-building on protection principles, GBV, child protection, PSEA, and community engagement for staff, partners, government counterparts, and community volunteers; conduct protection monitoring; and highlight deteriorating protection conditions and trends and recommend good practices to support both refugees and host communities.
- UNHCR, other UN agencies present in the camps, and NGOs will scale up specialized GBV and child protection services, including case management and psychosocial support to women and children; community-based protection mechanisms; family tracing and reunification for unaccompanied and separated children; and GBV risk mitigation measures to improve women's and children's safety and access to humanitarian assistance.
- UNHCR, UN agencies, NGOs, community-based organizations and refugee-led organizations will strengthen coordination and leverage existing expertise to enhance service delivery and community protection mechanisms across drought-affected communities. This will be achieved by upscaling available GBV centres to provide comprehensive services, enhance family tracing and reunification services, and improve access to education and child-friendly spaces. Adapting existing protection delivery methods to mobile protection delivery may be considered to improve accessibility and quality of services and address the needs of populations on the move.
- Actors will allocate resources to coordinate and strengthen accountability mechanisms, including common feedback mechanisms and community participation, while strengthening community leadership structures to facilitate access to protection services and assistance.
- Joint efforts will be made to strengthen activities towards preventing sexual exploitation and abuse through establishing and enhancing community-based complaints mechanisms, ensuring access to survivor assistance, and building the capacity of staff and partners.
- UNHCR will work with the Government of Kenya to ensure continued access to territory and to asylum procedures.
- Emergency shelters for new arrivals and distribution of core relief



items will be prioritized.

- WASH facilities will be rehabilitated, including procurement and distribution of water tanks and generators to support water user associations, particularly in Dadaab, Fafi and Wajir in Garissa County. UNHCR and partners will facilitate water trucking to host communities in both counties for people who have moved closer to the camps in search of water.
- Surveillance will be heightened for early detection and response

to disease outbreaks. UNHCR's health partners will continue to undertake capacity building to enhance knowledge in the management of acute malnutrition and offer health education on appropriate feeding practices to the community. Support will include purchase and supply of medicines and Ready to Eat Therapeutic Foods to support healthcare and nutritional needs.

### Response monitoring indicators

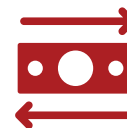
Response Indicator	Baseline	Target	Budget (USD)
Number of refugee households receiving transitional shelters	2,000 households	21,600 households	12,800,000
Number of litres of water per person per day (including through water trucking to host community)	9 litres per person per day (for 108,000 people)	20 litres per person per day (for 108,000 people)	6,400,000
Number of households with Persons of Concern receiving core relief items	2,000 households	21,600 households	4,800,000
<b>TOTAL NEEDS (including other activities not mentioned above)</b>			<b>43,000,000</b>

#### TURKANA COUNTY

24 May 2022. Judith Idiengo, 27, washes dishes at her home in Kakuma Refugee Camp, Turkana, Kenya. Judith arrived to the camp in 1998, after fleeing war in Sudan (now South Sudan) with her aunt. All her children were born in the camp. Her latest child, Vanessa, was showing signs of malnutrition and was brought to a nutrition center run by the IRC where she has been receiving treatment ever since. Photo: IRC



# Multipurpose Cash



The year 2022 was a remarkable one for the Kenya Cash Working Group (KCWG). To begin with, the period saw the National CWG host consistent meetings throughout the year than ever before, with growing participation and commitment from humanitarian agencies implementing Cash interventions across Kenya. This was demonstrated through the willingness of partners drawn from the National and County Government, the Red Cross, UN Agencies and local and international non-governmental agencies to invest their time and resources where applicable towards the coordination and collaboration efforts. For instance, the Joint Market Monitoring Initiatives (JMMI) was initiated as a pilot in the month of March 2022, and by the 2nd Quarter, over 10 partners offered to contribute to subsequent data collection exercises in various counties where they operated. Additionally, while there is still a lot of ground to cover with regards to harmonization of transfer values derived from the KCWG Minimum Expenditure Basket (MEB) guidelines, more partners were keen to adhere to the KCWG recommendations. The MEB workstream of the KCWG meets regularly every month seeking to ensure partners are well guided and informed on the updated cost of the MEB based on the quarterly JMMIs.

Another aspect worth noting was the development of the Kenya CWG's dashboard comprising a 5W matrix. This has been helpful in mapping cash interventions across Kenya, while at the same time visualising the partners and type of Cash intervention. The goal is to keep tabs of the total amount of Cash disbursed cumulatively against the number of beneficiaries reached, and the particular sectors where this cash is spent. A link is usually shared with partners on a regular basis requiring them to update their Cash interventions.

In a bid to ensure data protection, linking Social Protection to humanitarian work, while also improving coordination of targeting and identification of beneficiaries, a Targeting and Data Protection

workstream was formed in the Month of March 2022. This workstream was also tasked to establish linkages with the Social Protection Working Group and Community of Practice. In Kenya, there exists an Enhanced Single Registry hosted by the Social Protection Secretariat. This system also has a harmonised targeting tool, and a complementarity platform which allows data sharing. The CWG would like to explore and understand the opportunities within this platform to eliminate double dipping and for Cash- readiness

2023 is already taking shape with a lot already in the pot for action. The KCWG would like to improve joint reporting, particularly with a clear distinction between MPCA and sector specific cash interventions. With regards to the MEB, the KCWG uses IPC phase classification, but would like to augment this with other appropriate and most feasible approaches that would ensure transfer values address vulnerabilities better. On coordination, collaboration and harmonisation efforts, one of the key priorities this year is to establish linkages between the National level and County level TWGs so as to ensure guidelines, standards and approaches are robust, contextually relevant and well understood at all levels so as to enable its application and compliance. Engagement of FSPs and assessment of payment system in order to adopt a joint payment system for partners operating in the same context continues to draw great interest and is among the activities prioritised. Another approach is utilization of innovative approaches to address challenges, e.g., in vulnerability assessments and determination of triggers for review of MEB values. Understanding market functionality, its drivers, how to handle inflation with its effects on CVA has become critical now more than ever, and this is something already in the pipeline in collaboration with the CaLP Network.

# Coordination & Common Services



## REQUIREMENTS (US\$)

**\$2.3M**

## PROJECTS

**3**

## PARTNERS

**3**

### Context of the Crisis

After five consecutive poor seasons, the drought in the ASAL region continues to deepen and worsen. The scale of the emergency, as well as the significant number of humanitarian actors involved in the response therefore requires strong strategic and operational coordination to ensure that synergies are maximized and to inform cross-sectorial response with timely, accurate and relevant data, information, and analysis.

Data from critical assessments such as the Short and Long Rains Assessments (SRA and LRA respectively) is very useful in informing the drought response. However, these assessments aren't designed and mandated to capture mobility dynamics and vulnerabilities associated with the movement of people and needs, specific to those dynamics.

Security threats persist in northern Kenya and may affect humanitarian operations in the year ahead as the drought worsens. While there have not been recent attacks specifically targeting humanitarian actors, non-state armed groups may exploit dynamics around the sharing of scarce resources in the ASAL region. Physical access in the vast ASAL region is challenging but possible. Although much of the road network in the ASAL region is untarmacked, it is possible to reach communities impacted by the drought.

### People in need and targeted for the assistance

Regular, timely and up to date information on the needs and vulnerabilities of people affected by drought is crucial as it feeds into response planning and implementation. The Coordination and Common Services (CCS) Sector will directly benefit the 75+ humanitarian organizations included in this appeal and will indirectly support the 4.3 million people targeted for humanitarian assistance. OCHA, through its Regional Office for Southern and Eastern Africa (ROSEA), will support and facilitate inter-sectoral prioritization of areas with the highest concentration of people facing the most severe needs, as well as promoting a gender, conflict and disability-sensitive response.

IOM will conduct Displacement Tracking Matrix (DTM)-Mobility Tracking and Multi-Sectoral Assessment activities. Similar to 2022, the DTM will be seeking to identify four types of mobile populations that have moved as a result of the drought: (i) absentees: people that left the location of the assessment and have not yet returned, (ii) arrivals: people who came to the location of assessment from other places in

Kenya, (iii) returnees: are that left the location. IOM's Displacement Tracking and Mobility (DTM) and Multi-Sectoral Location Assessments in Mandera, Turkana, Wajir, Marsabit, Isiolo and Garissa Counties will be the focus of the intervention with 16,575 target individuals.

UNDSS proposes to recruit and deploy an experienced security officer as a dedicated security coordination officer (SCO) for the UN and humanitarian partners' emergency drought response with the base of operations being Marsabit County. However, the SCO would have responsibility for supporting UN and partner activities across the ASAL counties to ensure more accurate and timely information for security decision making (nimble security support) and more efficient programme delivery to communities in urgent need of humanitarian assistance.

### Cost of Response

Coordination and Common Services sector activities are estimated to be US\$ 2,300,000 as follows

- OCHA: US\$ 500,000
- IOM: US \$1,500,000
- UNDSS: US\$344,227

### Monitoring

The CCS sector will facilitate an efficient coordination system and support a strategic, prioritized, principled and evidence-based humanitarian response. CCS partners will promote the use of multisectoral needs assessments and analysis to inform response planning. The data received through CCS activities will facilitate evidence-based emergency response for communities affected by drought in the ASALs.

### Sector Response Strategy

- Regular needs, response and gaps analysis, including through information products such as the Dashboard
- Operational coordination of humanitarian delivery, through coordination mechanisms adapted to the context that support the effective and coherent delivery of humanitarian assistance;
- Joint strategic response planning based on prioritized needs;
- Advocacy and coordination to ensure that people in emergencies are protected from harm and have access to assistance;
- Community engagement, protection, gender-, age- and disability-



sensitivity of the humanitarian response

- Displacement tracking and/or other mobility tracking
- Multisectoral Needs Assessments
- Implementation of day-to-day aspects of security management; crisis readiness and preparedness and response with regard to safety and security of personnel employed by the organizations of United Nations System and humanitarian partners, premises and assets in drought-affected areas

#### Response monitoring indicators

Response Indicator	Baseline	Target
1. Number of monthly dashboards produced showing needs, response and gaps		12
2. Number of analytical reports of drought-induced displacement tracking	0	3

# Annexes

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## GARISSA COUNTY

11 october 2022. Garissa - A man pours water for his donkey. Photo: OCHA



# Planning Figures by Counties

COUNTY	PEOPLE IN NEED		PEOPLE TARGETED		OPERATIONAL PARTNERS	NUMBER OF PROJECTS
	LOCAL COMMUNITIES	REFUGEES	LOCAL COMMUNITIES	REFUGEES		
Baringo	574K		430K		19	34
Embu	163K		106K		5	8
Garissa	674K	338K	506K	338K	20	64
Isiolo	147K		75K		21	43
Kajiado	182K		118K		19	20
Kilifi	183K		73K		12	18
Kitui	363K		252K		8	19
Kwale	198K		79		10	16
Laikipia	156K		70K		8	11
Lamu					7	8
Makueni	287K		201K		7	16
Mandera	589K		383K		15	42
Marsabit	253K		189K		23	56
Meru	153K		95K		8	10
Narok	116K		52K		16	16
Nyeri	115K		40K		5	8
Samburu	171K		162K		19	38
Taita Taveta	126K		82K		8	10
Tana River	126K		79K		18	30
Tharaka Nithi	80K		52K		5	10
Turkana	556K	264K	249K	264K	32	69
Wajir	469K		258K		21	40
West Pokot	163K		106K		9	21
Grand Total	4.6M	602K	3.0M	602K	75	101



# Participating Organizations

ORGANIZATION	REQUIREMENTS (US\$)	SECTORS	PROJECTS
International Organization for Migration	1,500,000	Coordination and Common Services	1
Office for the Coordination of Humanitarian Affairs	500,000	Coordination and Common Services	1
United Nations Department of Safety and Security	344,227	Coordination and Common Services	1
ACT Alliance / Finn Church Aid	1,800,000	Education	2
ACT Alliance / Lutheran World Federation	3,200,000	Education	2
Africa Educational Trust	3,200,000	Education	2
Associazione Volontari per il Servizio Internazionale	1,500,000	Education	2
CARE International	500,000	Education	1
ChildFund International	450,000	Education	1
Childline Kenya	850,000	Education	2
Comitato Internazionale per lo Sviluppo dei Popoli	2,500,000	Education	2
Forum for African Women Educationalist Kenya Chapter	3,000,000	Education	1
Humanity and Inclusion For Sustainable Advocates	1,500,000	Education	1
International Aid Services	148,347	Education	1
Lifeskills Promoters	1,199,372	Education	1
Save the Children	17,707,106	Education	2
Tuongane Community Foundation	935,175	Education	1
United Nations Children's Fund	15,000,000	Education	2
United Nations Educational, Scientific and Cultural Organization	1,000,000	Education	2
WeWorld Onlus	1,200,000	Education	2
World Vision International	7,810,000	Education	2
Agency for Technical Cooperation and Development	1,031,746	Food Security and Livelihoods	1
Food & Agriculture Organization of the United Nations	32,640,000	Food Security and Livelihoods	2
International Organization for Migration	700,000	Food Security and Livelihoods	3
Save the Children	6,000,000	Food Security and Livelihoods	1
United Nations Children's Fund	5,069,010	Food Security and Livelihoods	1
Vétérinaires Sans Frontières - Suisse	1,650,000	Food Security and Livelihoods	1
World Food Programme	63,113,295	Food Security and Livelihoods	2
World Vision International	12,132,190	Food Security and Livelihoods	2
United Nations Children's Fund	21,269,822	Health	1

ORGANIZATION	REQUIREMENTS (US\$)	SECTORS	PROJECTS
United Nations Population Fund	19,356,300	Health	1
World Health Organization	19,689,564	Health	1
Action Against Hunger	1,925,895	Nutrition	1
Catholic Relief Services	924,430	Nutrition	1
Deutsche Welthungerhilfe e.V. (German Agro Action)	1,162,804	Nutrition	1
Feed the Children	119,493	Nutrition	1
Kenya Red Cross Society	1,453,506	Nutrition	2
Terre des Hommes International	290,701	Nutrition	1
United Nations Children's Fund	38,043,327	Nutrition	1
WeWorld Onlus	363,376	Nutrition	1
World Food Programme	30,716,468	Nutrition	1
Abrassa Mentorship and Empowerment Network	80,000	Protection	1
ChildFund International	750,000	Protection	2
Healthcare Assistance Kenya	369,459	Protection	1
International Organization for Migration	850,000	Protection	2
International Rescue Committee	294,954	Protection	1
Inua Dada Mashinani	24,354	Protection	1
Keiyo Women Trust	200,000	Protection	1
Kenya Red Cross Society	1,713,522	Protection	2
Lay Volunteers International Association	343,717	Protection	1
Men End FGM Foundation	12,096	Protection	1
Moving the Goalposts	209,381	Protection	2
Plan International	365,820	Protection	2
Save the Children	1,000,000	Protection	1
Terre des Hommes International	85,000	Protection	2
Tuishi Companion Welfare Association	578,270	Protection	1
Umoja Development Organization	98,875	Protection	1
United Nations Children's Fund	11,223,187	Protection	1
United Nations Population Fund	11,803,861	Protection	1
World Vision International	2,551,500	Protection	1
United Nations High Commissioner for Refugees	43,000,000	Refugee Response	10
World Vision International, Kenya Red Cross Society, United Nations Children's Fund, International Organization for Migration, Samaritan's Purse	1,000,000	Shelter	5
Action Against Hunger	582,800	Water Sanitation and Hygiene (WASH)	2
ActionAid International Kenya	750,676	Water Sanitation and Hygiene (WASH)	2
Associazione Volontari per il Servizio Internazionale	2,622,920	Water Sanitation and Hygiene (WASH)	2

ORGANIZATION	REQUIREMENTS (US\$)	SECTORS	PROJECTS
Catholic Agency for Overseas Development	630,000	Water Sanitation and Hygiene (WASH)	2
ChildFund International	558,800	Water Sanitation and Hygiene (WASH)	2
Comitato Internazionale per lo Sviluppo dei Popoli	542,468	Water Sanitation and Hygiene (WASH)	1
Concern Worldwide	750,000	Water Sanitation and Hygiene (WASH)	1
Danish Refugee Council	856,000	Water Sanitation and Hygiene (WASH)	1
Deutsche Welthungerhilfe e.V. (German Agro Action)	1,200,000	Water Sanitation and Hygiene (WASH)	2
Food for the Hungry	1,104,000	Water Sanitation and Hygiene (WASH)	1
International Organization for Migration	720,000	Water Sanitation and Hygiene (WASH)	1
International Rescue Committee	37,800	Water Sanitation and Hygiene (WASH)	2
Kenya Red Cross Society	4,473,900	Water Sanitation and Hygiene (WASH)	2
Malteser International Order of Malta World Relief	97,110	Water Sanitation and Hygiene (WASH)	1
Nomadic Assistance for Peace and Development	1,278,925	Water Sanitation and Hygiene (WASH)	1
Oxfam	920,000	Water Sanitation and Hygiene (WASH)	1
Pastoralists Community Initiative And Development Assistance	375,600	Water Sanitation and Hygiene (WASH)	1
Plan International	351,333	Water Sanitation and Hygiene (WASH)	2
Rural Agency for Community Development and Assistance	725,000	Water Sanitation and Hygiene (WASH)	1
Save the Children	3,411,082	Water Sanitation and Hygiene (WASH)	1
United Nations Children's Fund	27,712,344	Water Sanitation and Hygiene (WASH)	2
United Nations Development Programme	178,700	Water Sanitation and Hygiene (WASH)	2
WeWorld Onlus	500,000	Water Sanitation and Hygiene (WASH)	2
World Vision International	895,806	Water Sanitation and Hygiene (WASH)	2
Worldserve International	499,810	Water Sanitation and Hygiene (WASH)	2



# Acronyms

<b>AAP</b>	Accountability to Affected Populations	<b>KFSM</b>	Kenya Food Security Meeting
<b>AAR</b>	After Action Review	<b>KFSSG</b>	Kenya Food Security Steering Group
<b>ANC</b>	Antenatal Care	<b>KHPT</b>	Kenya Humanitarian Partnership Team
<b>ASAL</b>	Arid and Semi-Arid Lands	<b>KRCS</b>	Kenya Red Cross Society
<b>BSFP</b>	Blanket Supplementary Feeding Program	<b>LIPS</b>	Local Implementing Partners
<b>CARE</b>	Cooperative for Assistance and Relief Everywhere	<b>M&amp;E</b>	Monitoring and Evaluation
<b>CCS</b>	Coordination and Common Services	<b>MEB</b>	Minimum Expenditure Basket
<b>CFS</b>	Child Friendly Spaces	<b>MHPSS</b>	Mental Health and Psycho-Social Support
<b>CMR</b>	Clinical Management of Rape	<b>MISP</b>	Minimum Initial Service Package
<b>CP</b>	Child Protection	<b>MoE</b>	Ministry of Education
<b>CPiE</b>	Child Protection in Emergencies	<b>MOH</b>	Ministry of Health
<b>CSG</b>	County Steering Committee	<b>MPCA</b>	Multi-Purpose Cash Assistance
<b>CVA</b>	Cash and Voucher Assistance	<b>MWSI</b>	Ministry of Water, Sanitation and Irrigation
<b>CWG</b>	Cash Working Group	<b>NDMA</b>	National Drought Management Agency
<b>DAO</b>	Delivering as One	<b>NFIs</b>	Non-Food Items
<b>DPT</b>	Diphtheria, Pertussis, Tetanus	<b>NGO</b>	National Non-Governmental organization
<b>DRIP</b>	Drought Resilience Impact Platform	<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>DRP</b>	Drought Response Plan	<b>ORS</b>	Oral Rehydration Salts
<b>DRR</b>	Disaster Risk Reduction	<b>PFA</b>	Psychosocial First Aid
<b>DTM</b>	Displacement Tracking Matrix	<b>PiN</b>	People in Need
<b>ECD</b>	Early Childhood Development	<b>PRC</b>	Post-Rape Care
<b>EIE</b>	Education in Emergency	<b>PSEA</b>	Prevention of Sexual Exploitation and Abuse
<b>EmONC</b>	Emergency Obstetric and Newborn Care	<b>PWDs</b>	People with Disabilities
<b>EOS</b>	Enhanced Outreach Services	<b>PZD</b>	Priority Zoonotic Diseases
<b>EWARNs</b>	Early Warning and Risk Navigation Systems	<b>RCEE</b>	Risk Communication and Community Engagement
<b>FEWS NET</b>	Famine Early Warning Systems Network	<b>ROSEA</b>	Regional Office for Southern and Eastern Africa
<b>FGM</b>	female Genital Mutilation	<b>SAM</b>	Severe Acute Malnutrition
<b>FSL</b>	Food Security and Livelihoods	<b>SCO</b>	Security Coordination Officer
<b>GAM</b>	Global Acute Malnutrition	<b>SIMEX</b>	Multisectoral Simulation Exercise
<b>GAM WHZ</b>	Global Acute Malnutrition- Weight-for-Height-Z Score	<b>SMART</b>	Standardised Monitoring and Assessment of Relief and Transitions
<b>GBV</b>	Gender-Based Violence	<b>SRA</b>	Short Rains Assessment
<b>HCFs</b>	Health Care Facilities	<b>SRH</b>	Sexual and Reproductive Health
<b>HCT</b>	Humanitarian Country Team	<b>TWGs</b>	Technical Working Groups
<b>HH</b>	House Hold	<b>UASC</b>	Unaccompanied and Separated Children
<b>HIV</b>	Human Immunodeficiency Virus	<b>UN</b>	United Nations
<b>IARH</b>	Inter-Agency Reproductive Health	<b>UNDSS</b>	United Nations Department of Safety and Security
<b>IDSR</b>	Integrated Disease Surveillance and Response	<b>UNFPA</b>	United Nations Population Fund
<b>IEC</b>	Information, Education and Communication	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>IMAM</b>	Integrated Management of Acute Malnutrition	<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>INGO</b>	International Non-Governmental Organization	<b>WASH</b>	Water, Sanitation and Hygiene
<b>IOM</b>	International Organization for Migration	<b>WHO</b>	World Health Organization
<b>IP</b>	Implementing Partners		
<b>IPC</b>	Integrated Phase Classification		
<b>IPC-AMN</b>	Integrated Phase Classification for Acute Malnutrition		
<b>JMMI</b>	Joint Market Monitoring Initiatives		
<b>JRA</b>	Joint Risk Assessment		
<b>KCWG</b>	Kenya Cash Working Group		

# How to Contribute

## Contribute towards Kenya Drought Response Plan

Donors can contribute directly to aid organizations participating in the international humanitarian coordination mechanisms in Kenya, as identified in this Response Plan



## Contribute through the Central Emergency Response Fund

CERF is a fast and effective way to support rapid humanitarian response. CERF provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are received year-round



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# About

This document is consolidated by OCHA on behalf of the Kenyan Humanitarian Partnership Team and 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

**DROUGHT  
RESPONSE PLAN  
KENYA**

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OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system.

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<https://response.reliefweb.int/>

## Humanitarian Action

ANALYSING NEEDS AND RESPONSE

Humanitarian Action supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

<https://humanitarianaction.info/>



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

<https://fts.unocha.org/appeals/1137/summary>