Kenya

Disease outbreaks continue to affect vulnerable populations in Kenya, with type 2 polio virus reported in Nairobi; cholera reported in 20 counties (5,796 cases and 78 deaths); and measles outbreaks reported in six counties (744 cases with 66 confirmed and one death). The country is also vulnerable to the effects of the El Niño phenomenon, which may lead to climate-related emergencies in 2019. New refugee arrivals continued in 2018, though in smaller numbers. Kenya is now hosting more than 468,000 refugees and asylum seekers, 56 per cent of whom are children. Intercommunal conflict at the border between Ethiopia and Kenya led to the cross-border displacement of children and families and affected the primary health facility in Moyale, Kenya. Between March and September 2018, over 800,000 people were affected by flooding, including some 311,000 people who were displaced by floods. While the effects of drought lessened in 2018, the global acute malnutrition prevalence rate remains critical, at between 15 and 30 per cent in Mandera, Turkana, Samburu and parts of Baringo and Marsabit. By August 2018, the total global acute malnutrition caseload for children under 5 years was nearly 511,000.

Humanitarian strategy

UNICEF’s key humanitarian interventions in Kenya will include enhancing health outreach services in hard-to-reach areas, supporting vaccination campaigns, repairing strategic water points and conducting behaviour change communication as part of disease outbreak response. UNICEF will support the Ministry of Health and other health responders to respond to disease outbreaks and will provide technical support to the Cholera Task Force. Sector-level and multi-sector coordination will be strengthened, as will support for government-led efforts to deliver life-saving services. UNICEF will strengthen engagement with the devolved government system to strengthen county capacities for emergency preparedness and response. The four zonal offices in Lodwar, Kisumu, Garissa and Dadaab will continue to provide oversight and technical support to the humanitarian response. In line with the Comprehensive Refugee Response Framework, UNICEF will collaborate with the United Nations High Commissioner for Refugees (UNHCR) to support the Government to strengthen coordination in the refugee response and develop policies that facilitate the inclusion of refugee children in national systems. Cross-border coordination will also be strengthened to enable the voluntary repatriation of refugees from the Dadaab refugee camp to Somalia and to monitor refugee influxes into Kakuma refugee camps and Moyale to facilitate timely assistance, particularly for women and children.

Results from 2018

As of 31 October 2018, UNICEF had US$14.3 million available against the US$34.2 million appeal (41.9 per cent funded). In 2018, UNICEF and partners reached nearly 189,000 children under 5 years with nutrition treatment, over 94,000 people with safe water and nearly 376,000 people with hygiene education. UNICEF also strengthened disease prevention and response, providing an integrated package of health services to nearly 307,000 children under 5 years. Education-in-emergencies interventions reached over 156,000 children and protection and risk mitigation services reached nearly 23,000 refugee children and children affected by natural disasters and resource-based community conflicts. Communication for development strategies were used to mobilize, engage and provide information for community response and resilience building. UNICEF continued to strengthen engagement with the devolved system of governance in Kenya, including by strengthening county capacities for emergency preparedness and response and supporting direct implementation. As part of the Comprehensive Refugee Response Framework, UNICEF constructed 32 classrooms with water, sanitation and hygiene (WASH) facilities in Kalobeyei, benefiting both refugee and host community children. UNICEF also strengthened sector coordination through technical guidance, information management and joint resource mobilization, thereby enhancing preparedness and response planning, improving monitoring, facilitating best practice sharing and strengthening collaboration with implementing partners.
### NUTRITION

<table>
<thead>
<tr>
<th>Children under 5 years treated for SAM</th>
<th>Sector 2018 targets</th>
<th>Sector total results</th>
<th>UNICEF 2018 targets</th>
<th>UNICEF total results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>78,925</td>
<td>61,686</td>
<td>78,925</td>
<td>61,686</td>
</tr>
<tr>
<td>Children under 5 years treated for moderate acute malnutrition</td>
<td>240,196</td>
<td>127,187</td>
<td>194,656</td>
<td>127,187</td>
</tr>
</tbody>
</table>

### HEALTH

<table>
<thead>
<tr>
<th>Children under 5 years accessing an integrated package of health interventions including for diarrhoea, malaria and pneumonia diseases</th>
<th></th>
<th>814,500</th>
<th>306,514</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under 5 years vaccinated against measles</td>
<td></td>
<td>641,817</td>
<td>161,175</td>
</tr>
</tbody>
</table>

### WATER, SANITATION AND HYGIENE

<table>
<thead>
<tr>
<th>Persons affected by crises are reached with (permanent) safe water interventions</th>
<th>250,000</th>
<th>279,028</th>
<th>250,000</th>
<th>207,712</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with hygiene education essential for disease prevention and response</td>
<td>400,000</td>
<td>344,661</td>
<td>400,000</td>
<td>363,489</td>
</tr>
<tr>
<td>Children accessing appropriate hygiene education in schools, temporary learning spaces and other child-friendly spaces</td>
<td>100,000</td>
<td>31,293</td>
<td>100,000</td>
<td>31,000</td>
</tr>
</tbody>
</table>

### CHILD PROTECTION

| Most-affected boys and girls have access to protective case management services | 95,000 | 22,535 | 20,000 | 22,535 |

### EDUCATION

| School-aged children (including adolescents) affected by crises accessing quality education | 635,000 | 133,886 | 205,000 | 156,406 |

### HIV AND AIDS

| Children, adolescents and pregnant women have access to HIV testing services | 120,000 | 23,376 |
| Adolescents received age-appropriate sexual and reproductive health/HIV messaging incorporated into life-skills education in humanitarian settings | 15,000 | 0 |

### CASH-BASED TRANSFERS

| Vulnerable households reached with cash transfer top-ups during crises | 30,000 | 5,800 |

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1. Due to funding constraints (only 25 per cent of requested funds were available for health programming), UNICEF prioritized eight counties that had the greatest burden of flood and related disease outbreaks for life-saving interventions.

2. This target is for the measles immunization campaign for the most-affected counties of Mombasa, Garissa and Nairobi between October and November 2018.

3. Including nearly 209,000 in Dadaab refugee camps, more than 186,000 in Kakuma refugee camps and over 73,000 in Nairobi. Statistics based on UNHCR’s Refugee Registration System, ProGres, as of 31 October 2018.


5. This was calculated based on an estimated 1.4 million people to be affected by health and epidemic-related emergencies (Government of Kenya Ministry of Health). Other sectors are not included to avoid double counting.


10. This was calculated based on the highest coverage targets under the health and child protection response. Other sectors are not included to avoid double counting.

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**Funding requirements**

UNICEF is requesting US$5.6 million to meet the humanitarian needs of children affected by disease outbreaks and provide basic services to refugees and host communities. Without adequate funding, UNICEF will be unable to support the survival and protection needs of vulnerable children. Basic supplies for primary education are also urgently needed to uphold refugee children's right to education. In 2019, the emergency nutrition response will be included in programme planning supporting system strengthening to improve the linkages between humanitarian action and development programming.

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