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## Kenya

Kenya continues to face high levels of vulnerability to shocks including drought, floods, and internal and cross-border civil strife, especially among marginalized communities. These factors have contributed to devastating rates of chronic and acute malnutrition.

Due to below-average rains, constrained food access and high food prices, over 1.5 million people who live mainly in the northern pastoral areas and the marginal agricultural areas of the country currently require food assistance<sup>1</sup>. Malnutrition rates among children are high, with an acute malnutrition rate of above 20 per cent for pastoral children in Northern Kenya, with close to 310,000 children requiring treatment. Access to safe water is lowest mainly in the arid and semi-arid lands where food insecurity and malnutrition are rampant, predisposing households to water-borne diseases. For example, household water treatment is less than 10 per cent in Wajir (9.2 per cent) and West Pokot (6.7 per cent)<sup>2</sup>. Repeated episodes of intercommunal violence and flooding are disrupting schooling for displaced children, and hindering access to routine immunizations, maternal/neonatal care and nutritional services, leading to further vulnerabilities. Kenya remains susceptible to the current Ebola outbreak due to its position as a transit hub, its porous borders, poor public information and a weak health system. Refugee influx into the Kakuma Refugee Camp continues due to the insecurity in South Sudan. By October 2014, there were 43,940 newly arrived South Sudanese refugees, 29,743 of whom are children<sup>3</sup>. Of these, one in four children under five are acutely malnourished and 7,298 are unaccompanied or separated, making them especially vulnerable to sexual and gender-based violence (SGBV) and unlikely to access schooling. UNICEF and partners are planning for an additional 30,000 new refugees from South Sudan in 2015<sup>4</sup>.

### Humanitarian strategy

In 2015, UNICEF will support the Government of Kenya and partners' response<sup>5</sup> to the humanitarian needs of more than 1.2 million children affected by food insecurity, malnutrition, disease outbreaks, displacement<sup>6</sup> and SGBV, including support to refugee populations from South Sudan. Technical and financial assistance will be provided to support coordination of key sectors (nutrition, health, WASH, protection, education and HIV/AIDS). High Impact

Nutrition Interventions will be scaled up in the Arid and Semi-Arid counties, urban informal settlements, Kakuma and Dadaab refugee camps and immediate host communities. Coordination systems at the national and county levels in the nutrition sector will be supported by UNICEF, to ensure the timely development of contingency plans, response planning, gap analysis, partnership mapping, and other activities. Child Protection and SGBV interventions will involve scaling up

<sup>1</sup> 2014 October to March 2015, FEWSNET Kenya Food Security Outlook. This figure changed from 1.1 million to 1.5 million in August after the Kenya Food Security Steering Group, Long Rains Assessment.

<sup>2</sup> 2010 August, WASH Baseline Survey, Government of Kenya

<sup>3</sup> 2014, 21 – 26 November, UNHCR Kenya, Kakuma Operational Updates.

<sup>4</sup> Draft 2015 Refugee Response Plan, 3. *Planning Scenarios and Figures*, UNHCR Kenya

<sup>5</sup> The country's ongoing transition to decentralized governance structures provides both opportunities and challenges for humanitarian response and resilience-building. The Government of Kenya has made a commitment to end the worst of the suffering caused by drought by 2022. The actions needed to achieve this are set out in the Drought Risk Management and Ending Drought Emergencies Medium Term Plan (MTP) for 2013-17, which is part of the Kenya Vision 2030 MTP2. With the Government of Kenya, UNICEF is currently co-chairing the pillar on Human Capital (Education, Health, Nutrition, hygiene and sanitation) and contributes to all the other pillars including institutional development and knowledge management. URL: <http://www.dmikenya.or.ke/home/18-newitem/34-drm-and-edc-common-programming-process.html>

<sup>6</sup> 2014 August, UNOCHA East Africa, CERF Underfunded Emergencies Priority Strategies for Kenya. Since January 2014, inter-communal conflicts have displaced more than 200,000 people in several parts of Kenya including in North Eastern Counties like Wajir and Mandera. The Kenya Inter Agency Rapid Assessments (KIRA) tool have been used to identify the humanitarian gaps and also to document the needs of the rights holders, including internally displaced persons. More details: <https://kenya.humanitarianresponse.info/local-themes/kira>

# Humanitarian Action for Children

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Total affected population: 1.5 million

Total affected children (under 18): 1.2 million

Total people to be reached in 2015: 1.6 million

Total children to be reached in 2015: 1.2 million

### 2015 Programme Targets

#### Nutrition

- 59,817 children under 5 suffering from severe acute malnutrition
- 118,399 children under 5 suffering from moderate acute malnutrition

#### Health

- 1.2 million children under five years access an integrated package of interventions
- 600,500 children under five access treatment for diarrheal disease

#### WASH

- 150,000 internally displaced persons and host community members (including approximately 80,000 children) provided with safe water, and 100,000 with appropriate sanitation facilities
- 150,000 emergency-affected persons benefiting from hygiene and sanitation promotion messages

#### Child Protection

- 60,000 children are provided with safe access to community spaces for socialization, play and learning

#### Education

- 70,000 school-aged children including adolescents have access to quality education (including through temporary structures)

#### HIV and AIDS

- 60,000 adolescents have access to HIV education

child-friendly spaces, case management, HIV education, psychosocial support and referral mechanisms for unaccompanied or separated children and adolescents. UNICEF is supporting the Government in the design, pre-testing and dissemination of key Ebola messages and roll-out of the Government and UN Interagency Ebola Preparedness Contingency plans. Communities will be empowered through recruitment and training of community health workers to deliver key health interventions. Delivery of an integrated health interventions package will aim for cost-effectiveness and optimal utilization while ensuring a minimal loss of life. Using an integrated approach, UNICEF will combine high-impact interventions in health, such as mass immunizations with Vitamin-A supplementation and prevention of mother-to-child transmission of HIV (PMTCT) services as part of maternal, newborn and child health (MNCH) activity. Support will be provided to establish a needed national database on children and HIV in emergencies. Refugees, internally displaced women and children and those in areas with high rates of acute malnutrition will be prioritized for provision of assistance in WASH, focusing on schools and health facilities. An additional 100 temporary learning centres will be established to incorporate psychosocial support, provision of teaching and learning materials and WASH facilities for boys and girls.

**Results from 2014**

With 63 per cent (US\$22,466,020) of the US\$35,348,146 appeal available at the end of October, UNICEF maintained optimum programme coverage, humanitarian response and capacity-building for devolved governance, while advocating for children’s rights in inter-

agency rapid assessments and contingency planning. UNICEF supported coordination across five sectors and was key in resource mobilization and prepositioning for humanitarian response. However, accessibility to needy populations and monitoring of interventions was affected by insecurity, especially in Northern Kenya, while HIV/AIDS, Health and WASH sectors remained grossly underfunded. There were also additional humanitarian needs due to the refugee influx from South Sudan. Despite these constraints, about 113,035 children accessed life-saving nutrition interventions – of which more than 35,000 were treated for Severe Acute Malnutrition and 450,000 accessed preventive high-impact nutrition services. Case management systems for child protection reached 9,000 children in Kakuma Refugee Camp and 6,391 children benefited from temporary learning centres and teaching/learning materials. The Alternative Basic Education Programme in Dadaab refugee camps and host community benefitted 2,918 children (1,155 male; 1,532 female). During the Kala-azar disease outbreak in northern Kenya, 1,800 children were treated with UNICEF-procured drugs. UNICEF also supported the refugee influx measles campaign through advocacy, communication, social mobilization and vaccine procurement, reaching 114,282 out of 118,000 targeted refugee and host community children, and reached 8,366,599 out of 8,806,946 targeted children in the preventive polio campaign. Approximately 67,000 people accessed safe water supplies (including 35,000 South Sudanese in Kakuma refugee camp) and over 57,000 people received WASH-related information and training to prevent water-borne diseases.

**2014 PROGRAMME TARGETS AND RESULTS**

	Cluster 2014 Target	Cluster Total Results	UNICEF 2014 Target	UNICEF Total Results
<b>NUTRITION</b>				
Children in humanitarian situations aged 6 to 59 months affected by SAM admitted to community based management programmes	59,817	35,406	59,817	35,406
Children in humanitarian situations aged 6 to 59 months affected by moderate acute malnutrition (MAM) admitted to integrated management of acute malnutrition programmes	118,399	77,629	118,399	77,629
<b>HEALTH</b>				
Children under 15 provided with an integrated package of high impact maternal, new-born and child health interventions, including measles immunization			950,000	1,054,770*
Children with diarrheal disease having access to life-saving curative interventions including oral rehydration therapy and zinc			500,700	139,445
<b>WATER, SANITATION AND HYGIENE</b>				
Emergency affected people provided with access to safe water	385,980	92,000	200,000	67,000**

Children and women that receive critical WASH-related information to prevent child illness <sup>7</sup>	385,980	103,000	200,000	57,000***
<b>CHILD PROTECTION</b>				
Children and women in humanitarian situations accessing protective interventions, including psychosocial support, legal aid and case management			65,000	11,150^
<b>EDUCATION</b>				
Children in humanitarian situations that have access to formal and non-formal education opportunities	350,000	63,601	320,250	50,059^^

*Results through 31 October 2014 unless stated otherwise*

\* Includes beneficiaries in Kakuma refugee camp where measles immunization coverage was more than the targeted refugee children population as host community families brought their children to the refugee camp for vaccination. Leveraging of resources provided by UAE government for polio campaigns allowed for high achievement of results, with very limited humanitarian funding.

\*\* Includes 35,000 beneficiaries in Kakuma. Limited achievement of target (28.5 per cent) is due to low funding levels in the first half of the year, and under-reporting as some partners have not provided updates. Indicator target has also been reviewed upwards by 33 per cent at mid-year due to increased humanitarian needs

\*\*\* Limited achievement of results partly due to low funding levels. Indicator target has also been reviewed upwards by 33 per cent at mid-year due to increased humanitarian needs

^ Including 9,613 children in Kakuma, Source: UNICEF Kenya Humanitarian Situation Report, October URL:

[http://www.unicef.org/appeals/files/UNICEF\\_Kenya\\_Humanitarian\\_Situation\\_Report\\_Oct\\_31\\_2014.pdf](http://www.unicef.org/appeals/files/UNICEF_Kenya_Humanitarian_Situation_Report_Oct_31_2014.pdf)

^^ Includes 2,918 Alternative Basic Education beneficiaries and 39,904 for peace education in Kakuma. Limited funding in the first half of the year constrained achievement of results. There has also been an upward revision of the indicator target at mid-year due to increased humanitarian needs.

### Funding requirements

In line with the country's inter-agency 2015 Kenya Emergency Response Plan, UNICEF is requesting US\$25 million to meet the humanitarian needs of children in Kenya in 2015, including US\$5 million for the response to South Sudanese refugees. Without additional sufficient funding, continued gains would be lost, and women and children facing multiple shocks such as food insecurity, malnutrition, disease outbreaks, refugee influx, SGBV and temporary or protracted displacement will not receive timely assistance to support them in fulfilling their basic needs, realising their rights and enhancing their resilience to future shocks.

Sector	2015 Requirements (US\$)
Nutrition	7,500,000
Health	5,500,000
Water, Sanitation & Hygiene	2,500,000
Child Protection	4,500,000
Education	2,000,000
HIV & AIDS	1,000,000
Cluster/Sector Coordination	2,000,000
<b>Total</b>	<b>25,000,000</b>

<sup>7</sup> UNICEF-supported hygiene promotion activities at Kakuma started from July 2014 and implemented through a partnership with Norwegian Refugee Council.

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