PEOPLE IN NEED: 5.6M
PEOPLE TARGETED: 1.9M
REQUIREMENTS (US$): 106M
# HUMANITARIAN PARTNERS: 46 (11 UN, 24 INGOs, 11 NNGOs)

KENYA FLASH APPEAL
$106 million required to reach 1.9 million people in need of humanitarian assistance

This document is produced by the United Nations Office for the Coordination of Humanitarian Affairs on behalf of humanitarian partners in support of the national government. It covers the period from 1 September 2017 to 31 December 2017 and is issued on 1 September 2017.
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### REVISED KENYA FLASH APPEAL

#### AT A GLANCE

**STRATEGIC OBJECTIVE 1**
Provide lifesaving assistance to the people most affected by the drought through integrated humanitarian interventions.

**STRATEGIC OBJECTIVE 2**
Protect the rights and uphold the dignity of drought-affected communities, prioritizing the most vulnerable.

**STRATEGIC OBJECTIVE 3**
Strengthen resilience of drought-affected communities to mitigate the humanitarian impacts of the drought.

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**PEOPLE IN NEED SEP - DEC 2017**

- **5.6M***

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**PEOPLE TARGETED SEP - DEC 2017**

- **1.9M**

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**REQUIREMENTS (US$) SEP - DEC 2017**

- **106M**

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**FUNDING RECEIVED (US$) MAY - AUG 2017**

- **71M**

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**NUMBER OF PARTNERS**

- NNGOs: 11
- INGOs: 24
- UN: 11

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**NUMBER OF PROJECTS**

- 63

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**GOVERNMENT OF KENYA ALLOCATION NOV 2016 - DEC 2017 (US$)**

- Phase 1: 52.8m
- Phase 2: 71.5m
- Phase 3 (Planned): 60.0m

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**PEOPLE IN NEED**

- 5.6M

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**PEOPLE TARGETED**

- 1.9M

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**REVISED FUNDING REQUIREMENTS PER SECTOR (US$)**

- Food: 38.5m
- Nutrition: 29.7m
- Agriculture and Livestock: 16.2m
- WASH: 7.9m
- Early Recovery: 4.5m
- Health: 4.3m
- Protection: 2.7m
- Education: 1.8m
- Coordination: 0.1m

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*The 5.6 million People in Need (PiN) figure was calculated based on multi-sectoral analysis derived from the Long Rain Assessments. The overall number of PiN was arrived at by reviewing the number of people in need by sector by county and selecting the highest sectoral number of people in need per county in order to reflect the overall needs, while reducing duplication, as per standard practice. The methodology used is a reflection of the greater availability of data and inter-sectoral needs analysis utilized in the Flash Appeal revision and is therefore not comparable to the 2.6 million PiN identified in the original Flash Appeal launched in March 2017 as that figure reflected food insecure people only.*
People in the Arid and Semi-Arid (ASAL) Counties of Kenya are experiencing a food security and nutrition crisis as a result of a protracted drought that has undermined coping capacities and exacerbated vulnerabilities.

Kenya, alongside other countries in the Horn of Africa, has faced a severe food crisis for most of 2017 due to the recurrence of drought in shorter cycles, negating efforts to reduce vulnerability. The areas of Kenya that are experiencing the worst effects of drought also face entrenched poverty, limited investment, and intermittent conflict which have further compounded food insecurity and malnutrition.

The Government of Kenya declared drought a national disaster on 10 February 2017 and a humanitarian Flash Appeal was launched in March 2017. Since the launch of the Flash Appeal, the situation has continued to deteriorate. The Mid-Season Assessment and Long-Rain Assessment – carried out at the beginning of May and July respectively - both show a sharp deterioration in the food security of the population and the nutrition status of children, particularly in 11 out of 23 ASAL counties. The 2017 long rains ended early in all drought-affected pastoral, southeastern and coastal marginal agricultural areas, resulting in a short rainy season. This culminated in a third successive poor or failed season in most parts of the rangelands and cropping lowlands.

The are now 5.61 million people in need of humanitarian assistance in Kenya, including 3.4 million people who are food insecure. This includes 2.6 million people facing severe food insecurity, of whom 500,000 are already in Emergency (IPC Phase 4), and 800,000 people facing Stressed (IPC Phase 2) food security who are expected to fall into crisis levels from August to October. Household purchasing power has been compromised, limiting access to food. Despite recent declines, maize prices in August are 60 per cent and 42 per cent respectively above the five-year average in Eldoret and Kisumu. In Nairobi and Mombasa, prices are 24 per cent and 18 per cent above the five-year average respectively. Livestock prices have declined by up to 40 per cent and the combination of low household incomes and high staple food prices has significantly reduced the livestock-to-cereals terms of trade. Milk consumption has halved to 1 to 1.5 litres per family per

1. The overall number of people in need was calculated by reviewing the number of people in need by sector by county and selecting the highest sectoral number in order to reduce duplication.

2 The number of People food insecure at emergency level do not meet the threshold for the Counties to be classified in IPC Phase 4.

3 The livestock-to-cereals terms of trade (ToT) is a measure of household purchasing power in terms of kg of maize from the sale of a goat.
In the absence of adequate cross sectoral interventions, more people are expected to fall into Phase 4 by October 2017.

High levels of malnutrition continue to be reported across the ASAL counties, with some counties reporting Global Acute Malnutrition (GAM) rates of more than twice the emergency threshold. A total of 369,277 children in arid and semi-arid counties now require treatment for acute malnutrition, including 296,645 estimated to be Moderately Acutely Malnourished (MAM) and 72,632 Severely Acutely Malnourished (MAM). In addition, 36,988 pregnant and lactating women require treatment for malnutrition. Thirteen of the 17 SMART surveys undertaken in June and July 2017 recorded critical levels of malnutrition, with GAM rates over the emergency threshold of 15 per cent. Of these, four surveys reported very critical levels of malnutrition, with GAM rates of 30 per cent or above recorded in Turkana Central, Turkana North, Turkana South, and North Horr in Marsabit. The highest GAM rate recorded (37 per cent) was in Turkana South. The main drivers for the nutrition crisis are household food insecurity, reduced milk and food stocks availability, increased food prices, and poor dietary diversity. Families have adopted extreme coping strategies such as reduction in meal intake, skipping meals, and restricted consumption by adults. This situation is aggravated by compromised child care, child feeding and water and hygiene practices and high disease burdens. The drought and consequent nutrition crisis have increased maternal work load (for example, increasing distances women walk to water sources and waiting time) and exacerbated preexisting vulnerabilities (such as high poverty rates and poor access to health facilities).

The drought, combined with an infestation of Fall Armyworm, has undermined people’s livelihoods – particularly in the livestock sector - and exhausted their coping capacities. Widespread crop failure, acute water shortages, sharp decline in terms of trade for pastoralists, and declining animal productivity are having a devastating effect on the livelihoods of communities.
impact on food security and nutrition. Livestock contributions traditionally account for 80 per cent of household incomes in the arid areas and 65 per cent in the semi-arid lands. Poor pasture conditions and depletion of water sources have caused high livestock migration (80 per cent), often into non-traditional areas, increasing the risk of resource-based conflict and spread of disease. The drought has also resulted in the deterioration of the animal body condition, low birth rates and high mortality rates (estimated at 10 per cent), particularly in Isiolo, Laikipia, Marsabit and Samburu. Forage conditions are likely to decline rapidly until the end of October. Given the strong correlation between the Forage Condition Index and human malnutrition levels, this highlights the continued threat to food security and nutrition across most ASAL counties. Meanwhile, the 2017 Fall Armyworm infestation has impacted areas that produce the majority of the country’s maize. Some 200,000 hectares have been affected by the pest, resulting in losses valued at US$122.6 million, according to estimates from the State Department of Agriculture. As a result, long rains maize production in 2017 is estimated to be approximately 2.3 million MT, representing a decrease of 20 - 30 percent below the five year average.

There has been a sharp increase in disease outbreaks - such as dengue fever, cholera, kala-azar, and malaria - associated with the drought and rising levels of food insecurity and malnutrition, especially among children under five. As a consequence of the drought and cross-border transmission of infectious diseases from neighbouring countries, cholera is reported in 17 counties with a total of 1,474 suspected cases of which 430 are confirmed, and a total of 18 deaths (case fatality rate 1.6%). In addition, 1,507 cases of dengue fever have been reported in Mombasa and Wajir county. Wajir and Marsabit county have reported 398 cases of Kalaazar with seven deaths (case fatality rate 1.8 per cent). Essential health care services are provided to severely malnourished children with medical complications.

The drought has also negatively impacted people living with HIV. Some 290,000 people living with HIV are potentially at risk of the impact of the drought across the 23 counties, 60,000 of whom are in the 11 priority counties. The ability to continue HIV treatment has been compromised by food insecurity leading to deteriorating health, coupled with the effects of malnutrition. Furthermore, negative coping mechanisms create risks for HIV infection across affected populations. The risk of treatment disruption and malnutrition is high, leading to negative health outcomes and a reversal of the gains in controlling the HIV epidemic in the ASAL counties. Of particular concern is the situation in Turkana, which has been severely affected by the current drought and also has a high HIV burden with an estimated 22,523 people living with HIV and a very low adult treatment coverage of 34 per cent.

Water shortages continue to exacerbate the impact of the drought on vulnerable communities. The truncated long rains season brought short-lived relief to water levels. However, as of mid-July, more than 80 per cent of water pans had dried up in Isiolo, Laikipia, Mandera, Meru North, and Samburu East, and 40 per cent were reported dry in Marsabit. This has caused increased return distances for water trucking, which in some
instances have more than doubled; significantly increased waiting time at water sources for women, particularly in the arid counties; and exceptionally high costs of water in many areas, such as Marsabit where the cost of a 20 litre jerry can has reached Ksh 50 ($0.50) compared to the normal cost of Ksh 5 ($0.05). The WASH sector estimates a total of 2.6 million people are now in need of support as water scarcity is severely disrupting the lives of communities.

Lack of food and water in schools, drought-related migration, insecurity, and deteriorating economic conditions have reduced access, participation and retention in schools. Several schools have reportedly closed due to communities migrating as a result of the drought, while other schools report being overcrowded due to the influx of migrating children and others seeking school feeding. Conflict over resources driven by the drought is another impediment to educational continuity, with ten counties reporting that insecurity has affected education. Negative drought-related coping mechanisms have been reported - such as increased early marriage and resort to child income generating activities – which have an adverse effect on attendance and retention in school and child protection. As a result, the education sector estimates that 1 million children are in need of support to ensure their education is not disrupted.

Increased food insecurity, malnutrition and water scarcity are having an adverse effect on the safety of women and children in affected localities. Food and water deprivation have increased the prevalence of street children, forcing more children out of school and exposing them to the risk of exploitation. Children and women are forced to walk longer distances to collect water, exposing them to greater risk of sexual- and gender-based violence, particularly in areas severely affected by the drought. Across all affected counties, women and girls carry a higher burden of the HIV epidemic, both in terms of those already living with HIV and new infections. In Turkana, one of the counties seriously affected by both the drought and HIV, HIV prevalence among women is 5.7 per cent versus 3.4 per cent among men; while young people make up 47 per cent of new HIV infections, the majority of whom being girls and young women. Communities facing acute food and water deprivation may also lose the capacity to take care of the most vulnerable community members, including older people or people with special needs, who may face problems accessing humanitarian assistance. The number of people in need identified by the child protection and gender-based violence (GBV) subsectors is 323,901.

KENYA SEASONAL CALENDAR

*Western and Rift Valley*

- **Jan**: Long Rains Harvest
- **Feb**: Long Rains
- **Mar**: Planting season
- **Apr**: Long Rains
- **May**: Long Rains Maize Harvest
- **Jun**: Long Rains
- **Jul**: Long Rains
- **Aug**: Long Rains
- **Sep**: Long Rains
- **Oct**: Long Rains
- **Nov**: Long Rains
- **Dec**: Long Rains
- **Jan**: Planting season

*Eastern and Northern Kenya*

- **Jan**: Livestock migration to dry season grazing areas
- **Feb**: Livestock migration to dry season grazing areas
- **Mar**: Short Rains Harvest
- **Apr**: Short Rains
- **May**: Planting
- **Jun**: Short Rains
- **Jul**: Planting
- **Aug**: Planting
- **Sep**: Planting
- **Oct**: Planting
- **Nov**: Planting
- **Dec**: Planting
- **Jan**: Planting
STRATEGIC OBJECTIVES AND RESPONSE STRATEGY

Under the revised Kenya 2017 Flash Appeal, humanitarian partners aim to respond in a rigorously prioritized manner to the most life-threatening needs of 1.9 million people, focused on the 11 counties facing the highest levels of malnutrition and food insecurity.

The Flash Appeal revision, which covers September to December 2017, complements the Government’s thirteen-month extended response plan (from November 2016 until December 2017), to which it has so far allocated nearly $124 million, with a further $60 million pledged for the third phase (July to December 2017). It is unlikely that the funds allocated by the government for the third phase will be available before September due to political developments. This will have an impact on the overall response as many of the ASAL counties will continue to face crisis or stressed condition. The revised Flash Appeal therefore focuses on lifesaving intervention in the most affected counties, complementing the government’s drought response. The sectors have identified the most appropriate activities to reinforce the coping mechanisms of communities through approaches that are more sustainable and cost-efficient, including through cash-based programming.

Reviewing progress to date, humanitarian partners agreed that further and more focused interventions are needed to stabilize the crisis by the end of December 2017. To this end, the Flash Appeal revision provided an opportunity to maximize the impact of humanitarian assistance through a more rigorously prioritized and targeted response. The Flash Appeal reflects the Kenya Humanitarian Partnership Team’s (KHPT) principled approach to humanitarian action. It ensures that first and foremost aid reaches the most vulnerable. To this end, the humanitarian sectors have undertaken analysis of sex and age disaggregated data wherever possible, to ensure the response is differentiated according to the needs of different population groups.

The Flash Appeal is premised on the understanding that a clearly prioritized multi-sectoral and integrated response to the food and nutrition crisis is critical to increase the impact of the humanitarian response. To this end, the KHPT and government ministries produced a detailed vulnerability mapping across the 23 ASAL counties and agreed to prioritise the response to affected populations with a high or very high vulnerability score (3 or 4) in the Food, Nutrition and WASH sectors. The remaining sectors looked to maximise the impact of interventions by engaging in a joint, multi-sectoral response across the localities hosting the most vulnerable people in the Food, Nutrition and WASH sectors. This resulted in a geographic focus in 11 out of the 23 ASAL counties.

Finally, the Flash Appeal highlights the importance of development partners intensifying their efforts to prioritize longer-term resilience building projects in the 23 ASAL counties. The adoption of the 2030 Agenda and the Sustainable Development Goals (SDGs) set out to reduce risk, vulnerability and overall levels of need. In Kenya, recurrent climate driven

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1. Following the Supreme Court decision on 1 September 2017, new presidential elections have been called for within 60 days.
events, such as the ongoing drought, have cyclically reduced the ability of affected communities - particularly in the ASAL counties - to withstand shocks and move to a sustainable path of recovery and development. Whilst the ongoing humanitarian response to the drought will bring immediate and urgently required lifesaving relief to the affected population, it cannot deliver the transformational changes required for a full recovery on a longer timeframe. It is critical that the Government, UNCT and donor community prioritize existing and future programs that support and strengthen the resilience of communities in the ASAL counties over the longer-term in line with the common framework for ending drought emergencies.

“I forage for firewood and sell it in the market,” said Kole Arbollo, Bonaya’s mother. “I’m widowed, I have no animals left and I have six children to fend for. With the little money I fetch, I buy maize flour and make porridge for the children. Sometimes we go to bed hungry.”
RESPONSE TO DATE

Since the Government’s declaration of drought in February and the launch of the Flash Appeal in March, the Government of Kenya and humanitarian partners have been scaling up response to local communities affected by the drought. The government has allocated 124.3 million dollars since November 2016 through phases one and two of the response plan, while humanitarian partners have assisted more than 1.4 million people to access clean water, reached 594,000 people with food assistance and 772,000 with agricultural and livelihoods support, treated 140,387 malnourished children, and assisted more than 13,200 children to remain in school.

Government funding for the third phase of the response is likely to be delayed. The Government has allocated $131.8 million for phase III of the drought response, however it is unlikely that the funds will be available before September due to political developments. This will have an impact on the overall response as many of the ASAL counties will continue to face stressed conditions. The revised Flash Appeal will seek to fill the gap by focusing on lifesaving intervention in the most affected counties while awaiting for the government to fully resume the drought response.

Nine-month-old Bonaya Arbollo is severely malnourished, but he is better than he was a month ago thanks to the treatment he is receiving. Bonaya is among 2,900 children under 5 in Marsabit County with severe acute malnutrition, which increases chances of death nine fold. In addition, three out of every ten children are moderately malnourished.
RESPONSE CAPACITY

The humanitarian response to the drought is coordinated through well established and effective mechanisms which include the Government, UN entities and non-governmental organizations (NGOs). The Flash Appeal includes 46 humanitarian partners.

The National Drought Management Authority (NDMA) is mandated by the Government of Kenya to exercise overall coordination relating to drought management, including implementation of policies and programmes. The NDMA provides a platform for long-term planning and action, as well as a mechanism for solid coordination across Government and with all other stakeholders. The Authority has established offices in 23 ASAL counties considered vulnerable to drought.

The Kenya Humanitarian Partnership Team (KHPT) has been re-established in order to ensure strategic coordination and coherence of humanitarian action by the Government, national and international humanitarian actors in the drought response.

The Humanitarian Inter-Sector Working Group is a technical level working group ensuring effective cross-sectoral collaboration. It is a UN/NGO-led coordination forum to ensure that activities proposed by UN agencies and NGOs are coordinated to achieve the strategic priorities outlined by the Government and complement their response.

The Kenya Food Security Meeting (KFSM) and the Kenya Food Security Steering Group (KFSSG) bring together various stakeholders, Government line ministries, UN agencies and NGOs with a view to responding to the needs of the food insecure population by identifying who and where they are, ascertaining their needs, and mobilising resources to respond.
OPERATIONAL CHALLENGES

Despite the strong coordination of the response, there are several operational challenges which are impacting the ability of humanitarian partners to respond effectively to the drought, including:

- **The impact of the nurses' strikes on health delivery.** Some 45,000 nurses have been participating in strikes since 6 June, after a collective bargaining agreement was rejected by the state commission, to demand an increase in their salaries. The strike is particularly affecting the health and nutrition sectors’ ability to respond adequately in counties with malnutrition. This is reflected in a significant drop in the admissions of severely malnourished children in drought affected counties since June. The reduction in skilled deliveries is also impacting the prevention of mother to child transmission of HIV, with the resulting risk of more babies being born HIV positive. Although the Flash Appeal plays a critical role in ensuring continuity of life-saving health and nutrition services for the most affected populations, it cannot substitute for the basic services ordinarily provided by government facilities.

- **The need to further harmonize mechanisms providing cash and/or food assistance.** There are currently several mechanisms providing such assistance, including but not limited to the Hunger Safety Net Programme, the State Department of Special Programmes, the State Department of Social Protection, WFP, and non-governmental organizations. Further harmonization will help to ensure that response to drought affected families is more effective by: strengthening the targeting of beneficiaries (horizontal expansion); identifying the most appropriate amount of cash to disburse (vertical expansion); and refining market analysis in the targeted geographical areas. The Kenya Humanitarian Partnership Team (KHPT) has committed to establish a cash coordination working group to support this work.

- **Insecurity in East Pokot sub-county and Mandera counties.** Since February 2017 many health facilities and nutrition services in these areas have reduced operations due to deteriorating security. The main access road to East Pokot - the Marigat-Loruk road - has been closed, heavily affecting movement of people and goods, including food, medical supplies and critical government workers, including health staff. The sub-county is located in one of five priority counties for the nutrition sector response and for blanket supplementary feeding in Kenya. In addition, areas along the Kenya - Somalia border from Mandera to Lamu counties continue to experience insecurity due to non-state armed actors attacks, including Al-Shabaab, restricting movement of humanitarian partners. The KHPT will continue to advocate and engage with relevant authorities to gain more sustainable humanitarian access.

- **Constraints to obtaining work permits for INGO staff based in Kenya.** Kenya has for many years been a regional hub for INGOs. This has helped support the formation of an impressive national capacity to respond to humanitarian emergencies, as has been demonstrated during the drought response. As a result, INGOs today employ thousands of national staff in Kenya, with an average ratio of around 97 per cent national staff versus 3 per cent international staff. However, in recent months, INGOs have faced challenges obtaining work permits for expatriate staff. This is affecting their ability to respond in a timely and effective manner to the growing humanitarian crises in the region. The KHPT continues to advocate for a legal framework to ensure the enabling environment for humanitarian response in Kenya and in the region. In particular, the KHPT calls for the gazettement of the Public Benefit Organisation Act (2013) and the finalization of the Disaster Management policy.
SUMMARY OF NEEDS, TARGETS & REQUIREMENTS

5.6m people in need
1.9m people targeted

$106 million requirements

Agriculture and Livestock: $16.2m
FSL: $38.5m
Health: $4.3m
Water, sanitation and hygiene: $7.9m
Education: $1.8m
Nutrition: $29.7m
Early Recovery: $4.5m
Protection: $2.7m
PART II: SECTOR RESPONSE PLANS

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**EARLY RECOVERY**

**Response Strategy**

The Early Recovery (ER) response aims to restore the capacity of the communities and local institutions to recover from the impacts of the drought, prevent further deterioration, and shorten the need for humanitarian assistance. Early recovery activities will be implemented under the overarching Strategic Objective 3; which focus on strengthening the resilience of drought-affected communities to absorb and recover from climatic shocks. With drought being a perennial problem in Kenya, agencies are taking into serious consideration response strategies that would facilitate early recovery of affected communities and at the same time build their resilience to withstand the impact of future disasters. Early recovery programmes will therefore aim to strengthen the sustainability of community based activities, and rebuild livelihood support mechanisms that have been adversely affected by drought, focusing on activities that promote sustainable livelihoods and enhance long-term coping strategies to the drought. This will include restoration of basic services, livelihoods, coordination and governance as well as social cohesion and conflict management in line with the ending drought emergency framework.

The estimated number of people targeted for early recovery in the 11 counties over the next four months is 74,016. Activities will be implemented in close collaboration with the Government, both at national and local level, and with affected communities.

**Priority Actions**

- Strengthen government capacity for effective responses, recovery planning, coordination and information management.
- Create short term emergency employment including cash for work and startup grants to recapitalize small enterprises.
- Rehabilitation of community livelihood infrastructure and productive assets.
- Protect community livelihoods and diversify/provide alternative livelihoods.
- Social cohesion and conflict management - Establish and strengthen local level infrastructure for peace building.

**Monitoring Indicators and Targets**

- Number of people benefitting from emergency jobs and start up grants for small enterprises (Target: 10,000)
- Number of livelihood infrastructure rehabilitated (Target: 110)
- Number of people benefitting from alternative/diversified livelihoods opportunities (Target: 30,000)

**CONTACT**

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Response Strategy

The Education sector aims to ensure that children in drought-affected counties continue to have access to education services that support their physical, social, emotional and cognitive well-being. Schools provide a platform for cross-sectoral, pre-emptive and life-saving support to drought affected communities, maximising reach while targeting the most vulnerable. Supporting education services during the drought enables children to access life-saving services such as safe drinking water, food, health care, and protection, while at the same time, continuing with education builds the resilience of children and their communities to withstand, adapt and recover from threats and shocks.

The link between nutritional levels and school attendance and attainment of educational outcomes is extensively proven. Ensuring that children receive school meals therefore both protects the most vulnerable children from drought-induced decline in nutritional status as well as ensuring that their education is not disrupted. Malnutrition, especially in the early years, has long lasting and potentially irreversible effects on physical and cognitive development. The Education Sector will therefore target 109,000 children who are not receiving school meals in Early Childhood Development (ECD) centers in the most drought-affected counties.

The Education Sector will coordinate with WASH to ensure the provision and improvement of WASH in schools, which has a significant positive impact on child health and learning outcomes. Life-saving messaging to teachers and learners will be provided on WASH, health, nutrition and child protection referral pathways, contributing to behaviour change among affected learners and their communities.

Close monitoring of the impact of the drought on the education system, through strengthened coordination and information management, both at national and county level, will provide an evidence base for advocacy and informed programming. A clear understanding of how the effects of the drought impact learning, alongside robust evaluation of response efficacy contributes to the promotion of resilience within the education system and among stakeholders.

Priority Action

- Provision of emergency school feeding in ECD centres in affected counties.
- Support national and county level coordination, including strategic inter-sectoral life-saving response interventions for children.
- Maintain a robust information management system that enables transfer of information/data from sub-county to national enabling effective planning, targeting and monitoring of response.

Monitoring indicators and targets

- # ECD children receiving emergency school feeding (Target: 110,000 children)
- # National and sub-national coordination meetings (Target: 3 national, 12 subnational)
- # EMIS system established to monitor impact of drought and the response (Target: 1)

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

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<tr>
<th></th>
<th>BY SECTOR</th>
<th>BY SEX &amp; AGE</th>
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<td></td>
<td>FEMALE</td>
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<tr>
<td>PEOPLE IN NEED</td>
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<td>481,956</td>
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<td>PEOPLE TARGETED</td>
<td>485,126</td>
<td>218,307</td>
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</table>

CONTACT

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**FOOD SECURITY**

**Response Strategy**

For this Flash Appeal, the food sector plans to complement ongoing programmes with a “protection ration” for the families of acutely malnourished children under 5 and pregnant women/nursing mothers selected for treatment of moderate or severe acute malnutrition. A monthly transfer will cover 75 percent of basic food requirements for these families for up to four months between September and December 2017. The ration will be delivered either in kind or in cash, depending on market conditions. Geographical targeting will focus on the 11 worst-affected counties: Baringo*, Garissa, Isiolo, Laikipia, Marsabit*, Mandera*, Samburu*, Tana River, Turkana*, Wajir* and West Pokot. In these 11 counties, WFP and partners expect to reach around 130,000 households with malnourished children and/or women with protection rations (900,000 people).

The protection ration will: (i) stabilize and improve food and nutrition security of the most vulnerable households; (ii) reduce sharing within families of the expensive specialized nutrition commodities for treatment of malnutrition, meant only for malnourished members; and (iii) improve uptake and coverage of nutrition services, improving the effectiveness of nutrition treatment.

The food sector will also continue support for livelihood and resilience-building activities drought-affected counties. Beneficiaries would not normally receive food assistance in December but, given the series of poor seasons, additional assistance is needed cover food gaps for these families. This assistance will reach 370,000 beneficiaries in nine arid counties (Baringo, Garissa, Isiolo, Mandera, Marsabit, Samburu, Tana River, Turkana and Wajir).

**Priority Action**

- Resource mobilization, procurement of food commodities and transportation of commodities (Primary and secondary).
- Coordination and partnerships engagements at national and county level.
- Targeting and registration; Distributions of in-kind and disbursement of cash; Monitoring and reporting.

**Monitoring indicators and targets**

Food and cash transfers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries (disaggregated by gender):

- Number of women and men, boys and girls receiving food assistance disaggregated by sex and modality of transfer
- Quantity of food assistance distributed disaggregated by type as a percent of planned
- Percent of beneficiaries with “borderline” and “poor” food consumption scores

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1. Counties with asterisks have Integrated Food Security Phase Classification Phase 3 “crisis” levels of food insecurity.
HEALTH

Response Strategy

The Health sector will increase access to and utilization of both curative and preventive life-saving health services for children (girls and boys), pregnant and lactating women, people living with HIV and people living with disabilities, and selected populations in extremely poor areas. It will focus on strengthening the capacities of both the Government health workers and implementing partners for early identification, investigation, and interruption of disease outbreaks and management of severe acute malnutrition with medical complications cases, management and timely referral of complicated cases for treatment, essential maternal, reproductive health services including antenatal care and post-natal care services, that are inclusive of prevention of mother to child transmission of HIV, referral of complicated cases to health facilities, provision of community based health promotion services to the targeted population to ensure appropriate health knowledge and practices. The strategy also encompasses supportive supervision, mentorship and monitoring mechanisms to oversee and to contribute to the effective coordination of interventions across all the partners.

Priority Action

- Scale up uninterrupted delivery of life saving medical interventions for infectious diseases for the prompt management of epidemics, ART and TB for people living with HIV and TB patients, and sexual reproductive health (SRH) supplies and services for women, men and children at health facility (county, sub county hospitals and other lower health facilities).
- Establish community based primary health outreachs in the affected counties (ORT, management of minor illnesses and referral treatment); and provide water purification, spring water protection and water quality surveillance.
- Scale up Early Warning, Alert and Response (EWARNs), outbreak investigation and confirmation activities in counties and sub counties.
- Activation of the and county and sub county EOCs and multi-sectoral sectoral meetings within each of the 23 counties.
- Procure and distribute essential lifesaving medical and health related commodities for hard hit areas (drugs, vaccines, non-pharmaceuticals RH Kits for essential life-saving maternal and newborn health services etc).

Monitoring indicators and targets

1. Number of under five children who received measles immunization
2. Number of under five children who received treatment for diarrhea
3. Number of under five children who received treatment for ARI
4. Number of people reached with health promotion campaigns

| BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE |
|---|---|---|
| **PEOPLE IN NEED** | **2,894,934** | **1,505,366** |
| **PEOPLE TARGETED** | **602,631** | **313,368** |
| **FEMALE** | **1,505,366** | **313,368** |
| **MALE** | **1,389,568** | **289,263** |

CONTACT

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Dr. J. Teprey
(tepreyj@who.int)
+254 733330100
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0716470710
Sector Coordinators
LIVELIHOOD AND AGRICULTURE

Response Strategy

The Livelihood and Agriculture sector will continue working within the Ending Drought Emergencies (EDE) framework with county governments, NGOs, private sector and UN agencies to ensure that Lives and Livelihoods are protected. The Kenyan Government provided $30 million worth of support to agriculture and livelihoods in phases 1 and 2. Significant impact was achieved through the quantities of animal feed, vet drugs and vaccines that were dispatched to counties and by the cash injected when livestock were bought and meat distributed after slaughter. Government funds for phase 3 are yet to be released.

Temporary relief provided by the long rains was not widespread and only short-lived. There is a need for an even more rapid and larger scale response to protect core breeding livestock and to buy and slaughter excess livestock before they become valueless, including distributing their protein-rich meat to feed the most vulnerable households.

Direct livestock inputs targeting the 11 worst affected counties will address the needs of 1.9 million people and will include animal offtake and livestock feeds, drought relevant animal health responses; fast growing fodder seeds and cash transfers for rangeland rehabilitation activities to ensure income for remoter rural poor families. In addition, crop inputs such as seeds, tools, fuel, fertilizer as well as capacity building will be provided to address the needs of 792,000 crop farmers.

Priority Action

- Provision of animal feeds to key breeding stock belonging to the most vulnerable families.
- Purchase and immediate slaughter of animals with the meat distributed to the most vulnerable families and institutions.
- Provision of fuel, mobile water tanks and fast moving spare-parts for boreholes and water pumps.
- Livestock disease control and provision of fast maturing food and fodder crop seed and fertilizer.
- Provision of transport support to county government to distribute incoming and existing stock.

Monitoring Indicators and targets:

- # breeding animals surviving and continuing milk production after receiving animal feeds for 3 months (Target: 77,000 TLUs in 11 counties)
- # animals receiving drought relevant animal health treatments or appropriate vaccinations (Target: 1.7 million TLUs in 11 counties)
- # animals and amount of money injected into local markets through purchase and slaughter of animals for local meat distribution (Target: USD 2.7 million used to purchase 9,800 TLUs)
NUTRITION

Response Strategy

As part of the ongoing nutrition response to the drought emergency in 11 counties (Baringo, Garissa, Isiolo, Mandera, Marsabit, Samburu, Tana River, Turkana, Wajir, West Pokot and Laikipia), the nutrition sector aims to reach 156,680 acutely malnourished boys and girls and 28,139 pregnant and lactating women to the end of December 2017. In addition, 617,317 children 6 to 59 months and 162,466 pregnant and lactating women will be targeted for prevention of malnutrition under the Blanket Supplementary Feeding Program (BSFP) in the 7 most affected counties (IPC for acute malnutrition phase 4 and 5) to prevent deterioration of nutritional status in light of the ongoing drought. Overall in the 11 focus counties, therefore the nutrition sector will target 821,470 children under 5 and pregnant and lactating women with targeted treatment and prevention programmes. To achieve this, the nutrition sector will continue to implement through the existing government structure completed with a scale up of service delivery through integrated outreach services in the hard to reach areas and employ mass screening/active case finding, surge scale up and community engagement.

- Integrate priority actions and messages on appropriate maternal infant and young child nutrition, and WASH practices in the outreach programmes.
- Prepositioning and distribution of therapeutic, supplementary and other essential nutrition supplies.
- Intensified nutrition surveillance and data quality assurance activities at County and sub county level.
- Strengthened capacity and coordination efforts for nutrition response at national, county and sub county level.
- Provision of a blanket supplementary feeding program for children 6 to 59 months and pregnant and lactating women in the most affected counties.

Monitoring indicators and targets

- Number of severely malnourished children (6-59 months) admitted for treatment (Target: 42,674 in 11 counties) for 1 year.
- Number of moderately malnourished children (6-59 months) admitted for treatment (Target: 114,006 in 11 counties) for 1 year.
- Number of moderately malnourished pregnant and lactating women admitted for treatment (28, Target: 139 in 11 counties) for 1 year.
- Number of children 6 - 59 months reached through blanket supplementary feeding program (Target: 555,585 in 7 counties)

Priority Actions

- Enhanced service delivery and treatment of acutely malnourished children and women through integrated outreach services, mass screening and active case finding, surge scale up and community engagement.

Contact

Victoria Mwenda:
+254721822030; Nutrition Sector Coordinator

Breakdown of People in Need and Targeted by Status, Sex and Age

<table>
<thead>
<tr>
<th></th>
<th>BY SECTOR</th>
<th>BY SEX &amp; AGE</th>
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<td>PEOPLE TARGETED</td>
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<td>181,545</td>
<td>639,925</td>
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PEOPLE IN NEED 941k
PEOPLE TARGETED 821k
SECTOR REQUIREMENTS (US$) 29.7m
# OF PARTNERS 24
PROTECTION

Response Strategy

Protection sector partners will collaborate with other sectors to monitor and respond to 74,746 children, adolescents and young women at risk and in need of child protection and GBV integrated services. The priority will be to strengthen prevention and protection of the most vulnerable populations from violence, abuse, exploitation and GBV through provision of life-saving supplies and services including information on existing community based protection, prevention and referral mechanisms for timely response to child protection, sexual and GBV survivors. This will entail strengthening capacities of community structures, government and other stakeholders to provide a coordinated response in the provision of multi-sectorial comprehensive services including psychosocial support and referral systems to respond to GBV and child protection. Additional activities will be to facilitate government led Child Protection in Emergencies and GBV sector coordination forums at national and county levels. Emphasis will be to strengthen information management systems for effective coordination, collection of disaggregated data, monitoring and reporting of child protection and GBV related issues.

Priority Actions

- Identify, document and respond to protection needs of 74,746 (55% female) children, men and women in 11 high risk Counties vulnerable to protection risks.
- Facilitate registration, family tracing and re-unification of children separated from their families access to safe temporary places.
- Strengthen community based child protection and GBV prevention and response mechanisms.
- Procure and distribute lifesaving essential supplies and NFIs (Dignity and RH, recreation kits).
- Strengthen/establish survivor-centered multi-sectorial services including medical, legal and psychosocial support and referral systems to respond to GBV.
- Community sensitized on life-saving information about protecting themselves from violence and access to referral mechanisms.
- Identify, establish and ensure access to safe spaces for affected boys, girls, adolescents and young women.
- Mobilize communities, local government and relevant organizations to prevent and respond to sexual exploitation and abuse, family separation, trafficking, forced child marriages.
- Linking with other sectors and government structure to provide integrated response.

Monitoring indicators and targets

- # of unaccompanied and separated children benefiting from IDTR services (including interim and alternative care arrangement) (Target: 10,000)
- # of boys and girls in need of psychosocial support benefiting from PSS and psychosocial activities (Target: 40,000)
- # of vulnerable women and adolescent girls reached with PSS in women friendly spaces (Target: 4,000)
- # of health centres that meet international standards of care for clinical management of rape and response to other forms of GBV (Target: 10)

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

<table>
<thead>
<tr>
<th></th>
<th>BY SECTOR</th>
<th>BY SEX &amp; AGE</th>
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<tbody>
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<td></td>
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<tr>
<td>PEOPLE TARGETED</td>
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CONTACT

Aminul Islam UNICEF Kenya, OIC Chief, Child Protection, aislam@unicef.org +254 20 762 21219

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Ademola Olajide, UNFPA Kenya Country Representative, olajide@unfpa.org, +254(0)207624421

UNWOMEN- Zebib Kavuma zebibkavuma@unwomen.org
WASH

Response Strategy

The WASH sector response will be carried out under the overarching Strategic Objective 1 (Provide timely life-saving assistance to people affected by the drought). An estimated 2.7 million people in the 23 drought-affected counties are facing water insecurity. The response will be carried out in partnership with other UN agencies, funds and programmes with a focus on the 11 most affected ASAL counties (Mandera, Wajir, Garissa, Tana River, Marsabit, Isiolo, Baringo, Samburu, West Pokot, Laikipia and Turkana) that were identified as having a high severity need in terms of water insecurity (based on distance to viable water sources, per capita water consumption, and price of water) as shown by the SMART surveys analysis carried out at the end of June 2017. The initial phase of the response reached 607,000 people with safe water through rehabilitation of water sources. The WASH sector will target 753,696 people in 11 priority counties for immediate WASH emergency interventions.

Government counterparts and NGO partners with demonstrated capacity will also be involved in the implementation of the response strategy.

The WASH sector will strengthen inter-agency and inter-sector coordination among partners at national and county level throughout Kenya. The national WESCOORD is already actively engaged at the highest level of the Ministry of Water and Irrigation, and will provide leadership for national level planning and response, collection and analysis of data for decision-making. Linkages to county WESCOORD platforms will be strengthened for better coordination of the response at local level.

Priority Action

- Rehabilitation of broken down strategic water points.
- Hygiene promotion providing key messages to prevent waterborne diseases.
- Provision of WASH services for children in school; ensuring schools remain open.
- Strengthen information management and sector coordination mechanisms.

Monitoring indicators and target

- # of people with temporary access to 7.5-15 litres per person per day of safe water
- # of people with permanent access to 7.5-15 litres per person per day of safe water
- # of people reached with critical WASH-related information to prevent child illness, especially diarrhoea
- # children access safe water, sanitation and hygiene facilities in their learning environment

CONTACT

Contact Information:
Andrew Trevett (atrevett@unicef.org +254 702 969 356)
Response Strategy

To ensure that humanitarian action effectively responds to the needs of the worst affected people, a comprehensive and inclusive coordination mechanism is needed at national level to guide emergency preparedness and response. Existing national and sub-national coordination mechanisms, managed by the National Disaster Management Agency, will be supported as appropriate. Under the leadership of the Resident Coordinator, OCHA will provide technical support to the KHPT by providing coordination services to partners in areas such as information management, communication, advocacy and resource mobilization.

Priority Action

- Ensure a coordinated humanitarian response based on assessed needs and working in partnership with the Government.
- Provide information to raise awareness among international stakeholders.
- Assist the National Disaster Management Authority and Kenya Humanitarian Partnership Team (KHPT) with response planning and monitoring.
- Strengthen humanitarian coordination mechanisms and strategies required at national level to respond to drought-related emergency needs.
- Support KHPT to mobilize resources to cover critical gaps.

Monitoring indicators and targets

- Percentage of partners satisfied with humanitarian coordination support services (Target: 85%).
- At least 6 humanitarian situation report produced to inform humanitarian stakeholders on the emergency response progress (Target: 100%)
- Number of inter-agency coordination meeting (ISWG and KHPT) conducted (Target: 80%)
PART III: ANNEXES

Humanitarian Partners 26
Participating Organizations & Funding Requirements 27
Guide to Giving 28
HUMANITARIAN PARTNERS*

AGRICULTURE AND LIVESTOCK SECTOR (TOTAL 13)
AA, VSF-G, VSF-CH, PACIDA, Vetwork EA, ACTED, KRCS, Laikipia Wildlife Forum, WVK, NRT, Caritas, CRS, FAO

HEALTH (7)
UNFPA, UNICEF, Kenya Red Cross, WHO, IOM, UNAIDS, Doctor of the world

WASH (17)
NRC, World Vision Kenya, Caritas Switzerland, Samaritan’s Purse, UNICEF, KRCS, ACTED, Save the Children, Welthungerhilfe e.V, LVIA, Plan International, Finn Church Aid, Caritas, Diocese of Lodwar, UNHCR, OXFAM GB, DRC.

EDUCATION (6)
World Vision Kenya, ROAD Int., Save the Children, FINN Church Aid, AVSI, UNICEF

EARLY RECOVERY (4)
UNDP, IOM, ADA Consortium, GAA

FOOD SECURITY (9)
WFP, Action Aid; Arid Lands Development Focus; Childfund Kenya; Consortium of Cooperating Partners; Kenya Red Cross Society; Ramati Development Initiatives; Relief Reconstruction and Development; and World Vision International.

NUTRITION (23)

PROTECTION (9)
UNICEF, UNFPA, UNWOMEN, World Vision, Save the Children, Kenya Red Cross Society, ChildFund, Amref health Africa, TDH-L

COORDINATION (44)
PACIDA, VSF-Germany, ACTIONAID, Save the Children, ACTED, LWF, Vetworks Eastern Africa (VEA), World Vision Kenya, ROAD, FINN Church Aid, AVSI, Caritas Switzerland, Samaritan’s Purse, UNICEF, KRCS, Welthungerhilfe e.V, LVIA, Plan

*Note that not all the sector partners are appealing for funding through this Flash Appeal
### Participating Organizations & Funding Requirements

#### Protection Requirements (US$)

<table>
<thead>
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<td>NRC</td>
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<td>OXFAM</td>
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#### Agriculture and Livestock Requirements (US$)

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#### Food Security Requirements (US$)

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<tbody>
<tr>
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</table>
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To read about Kenya's humanitarian needs and donate to the Kenya Flash Appeal 2017, visit:


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CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

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The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact: logik@un.org.

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OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its aim is to give credit and visibility to donors for their generosity to show the total amount funding and resource gaps in humanitarian appeals. Please report your contributions to FTS, either by email to fts@un.org or through the on-line contribution report form at http://fts.unocha.org.

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