



KENYA

Humanitarian Situation Report

Highlights

- From 1 January to 31st October 2017, 65,412 severely malnourished children (83% of annual target) and 127,028 moderately malnourished children (65% of annual target) have been admitted for treatment.
- As catch-up campaign for children missed during the nurses' strike, a total of 364,182 children received emergency health services during the reporting period.
- During the reporting period, 149,505 people in Baringo, Garissa, Marsabit, Samburu, Turkana, Tana River and Wajir Counties gained permanent access to safe water through repair of boreholes. About 13,200 school children were reached with WASH services.
- Seven counties (Nairobi, Garissa, Embu, Kirinyaga, Mombasa, Turkana and Wajir) have active cholera outbreak. From 1st January 2017, total Cholera cases reported are 3,967 with 76 deaths (CFR 1.9%).
- The measles outbreak reported in Dadaab refugee camps is now under control, with the last case reported on 24th October 2017.
- The Kenya 2017 HAC appeal has a funding gap of 38% and without additional funding, UNICEF will be unable to optimally support the drought emergency response and mitigate the risks for children.

SITUATION IN NUMBERS

6 December 2017

3.4 million

People are food insecure
(2017 Long Rains Assessment, August 2017)

3.5 million

People are in urgent need of safe drinking water (Ministry of Water and Irrigation, June 2017)

1.6 million

Children are food insecure
(2017 Long Rains Assessment, June 2017)

104,614

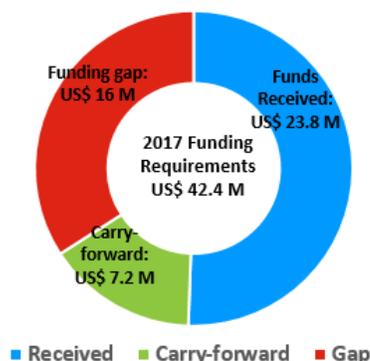
Children under 5 in need of SAM treatment (Nutrition SMART Surveys, July 2017, total caseload)

UNICEF's Key Response with Partners in 2017

	UNICEF		Sector	
	UNICEF Target	Cumulative Results*	Sector Target	Cumulative Results
Nutrition: children under 5 with SAM admitted into the integrated management of acute malnutrition programme	78,925	65,412	78,925	65,412
Nutrition: children under 5 with MAM admitted into the integrated management of acute malnutrition programme	194,656	127,028	194,656	127,028
Health: Children under 5 accessing an integrated package of interventions, including for the management of diarrheal diseases	780,000	704,153		
WASH: People gain permanent access to 7.5-15 l/p/d of safe water for drinking, cooking and personal hygiene	650,000	599,594	753,696	1,088,040
Child Protection: Most vulnerable children are provided with access to protection services, including case management, psychosocial care and access to child-friendly spaces	30,000	17,465	139,000	17,465
Education: Children aged 3 to 18 years affected by crises accessing formal and non-formal education opportunities	288,000	181,195	485,126	229,024
HIV: Children, adolescents, pregnant and lactating mothers previously on HIV related care and treatment continue to receive ART in Kakuma Refugee Camp and the host community of Turkana West	90,000	94,367		

UNICEF HAC Appeal 2017

US\$ 42,435,000

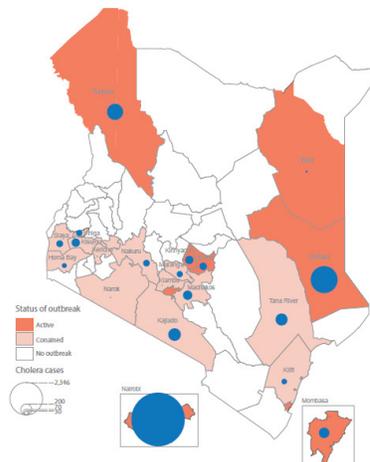


*Funds available include funding received against current appeal as well as carry-forward from the previous year (US\$7.2 million, which includes US\$2.8 million for the refugee response).

Situation Overview & Humanitarian Needs

According to the latest Ministry of Health (MoH) disease outbreak situation report, seven counties (Nairobi, Garissa, Embu, Kirinyaga, Mombasa, Turkana and Wajir) have ongoing cholera outbreaks. From 1 January 2017, 3,967 Cholera cases have been reported with 76 deaths (CFR 1.9%). Following the Marburg Viral Disease (MVD) outbreak in Uganda, preparedness measures are being implemented in Kenya. Nine people at risk from Trans Nzoia County and 10 contacts from West Pokot County were followed up successfully for 21 days, none of which developed symptoms of MVD. Enhanced Surveillance activities will continue for three more months in the respective counties. The measles outbreak reported in Dadaab refugee camps is now under control, with the last case reported on 24 October 2017.

TREND OF CHOLERA CASES BY MONTH-2017



The Kenya Red Cross has reported flash floods in Turkana, Isiolo, Marsabit, Tana River and Kwale counties in the month of November, with 1,809 households affected. Transportation was disrupted by the floods in Turkana, Marsabit, Baringo and Mandera counties, affecting timely delivery of essential supplies. According to FEWSNET, the short rains have been above average across most of the country as of mid-November, including in Mandera and large parts of Wajir counties. However, in other eastern and southern areas, the rainfall amounts have decreased ranging between 25 to 80 percent of normal, with some pockets in south eastern and coastal areas receiving less than 25 percent of normal rainfall. The rains in the arid and semi-arid areas have had positive impact but with varying magnitude. It is likely that there will be some rainfall deficits that could impact both marginal agricultural production and pastoral livelihoods, and any positive impact of the rains is likely to take many months to be felt in terms of improvements on the nutrition outcomes. Parts of the country that have not received the expected rainfall have reported deteriorating food security indicators, including decreased milk production, in the southern Rift (Kajiado and Narok) counties. Nutrition SMART surveys are planned in those counties in January 2018 to assess the nutrition situation of women and children.

Estimated Population in Need of Humanitarian Assistance: 3,400,000 (Estimates calculated based on Government Long Rains Assessment conducted in July 2017)			
Start of humanitarian response: 10 February 2017 ¹			
	Total	Male	Female
Total Population in Need	3,400,000	1,666,000	1,734,000
Children (Under 18)	1,600,000	784,000	816,000
Children Under Five	510,000	249,900	260,100
Children 6 to 23 months	204,000	99,960	104,040
Pregnant and lactating women	204,000	0	204,000

Humanitarian Strategy and Coordination

The Government of Kenya is leading the drought response at both national and county levels. However, the scale of the needs has overwhelmed national structures and capacity to respond. The response capacity was also negatively influenced by the election campaigns, and by delays incurred by the installation of new local governments in many counties. In collaboration with the Government of Kenya and partners, UNICEF is leading a catch-up campaign to provide emergency integrated maternal and new-born health intervention to speed up recovery from the impact of the nurse strike and the drought. The UN inter-agency Flash Appeal (launched in September 2017) called for US\$ 106 million for humanitarian response, targeting 1.9 million people across the 11 counties facing the highest levels of malnutrition and food insecurity. UNICEF is leading sector coordination for Nutrition and WASH and co-leading Education and Child Protection sectoral coordination. UNICEF is also leading the Garissa and Kisumu humanitarian coordination hubs for election preparedness and response. UNICEF is supporting the drought response through technical support to

¹ The food security and nutrition situation has deteriorated significantly since the end of 2016, with the President of Kenya declaring a national disaster on 10 February 2017

Government and partners, increased partnerships, delivery of lifesaving interventions and supplies, and is currently conducting a Real-Time Evaluation of the drought response. UNICEF is also supporting floods preparedness and response for the short rains (October to December) season. UNICEF participates in the Inter-Sector Working Group led by UNOCHA and in the Kenya Humanitarian Partnership forum led by the UN Resident Coordinator.

UNICEF's Response with Partners – Summary Programme Response

NUTRITION

From 1 January to 31 October 2017, a total of 65,412 severely malnourished children (83% of annual target) and 127,028 moderately malnourished children (65.3% of annual target) have been admitted for treatment in centres run by MoH and supported by UNICEF and implementing Partners.). From January to October, over 420,000 children under 5 years of age were screened through approximately 4,200 outreach activities. Integrated Management of Acute Malnutrition (IMAM) coverage assessments are currently underway in seven counties (Tana River, Baringo, Wajir, Mandera, Marsabit, Turkana and Garissa) in order to determine program coverage as well as barriers and boosters to coverage. Nutrition commodity supply chain integration sensitization was undertaken in 11 counties (Taita Taveta, Garissa, Wajir, Kilifi, Kwale, Mombasa, Tana River Lamu, Narok, Samburu and Isiolo) by UNICEF and the Ministry of Health (MoH) to scale up the integration of nutrition commodities through the national supply agency KEMSA for improved efficiency. This brings the total of number of counties with integration through the KEMSA system to 18.

In November, 9,356 cartons of RUTF were distributed to 15 counties (Samburu, Mombasa, Kilifi, Kwale, Lamu, Mandera, Narok, Kajiado, Machakos, Kitui, Makeni, Nairobi, West Pokot, Laikipia and Turkana) through KEMSA. 23,081 children were screened for acute malnutrition in 11 counties (Baringo, Garissa, Isiolo, Kajiado, Kilifi, Marsabit, Samburu, Tana River, Turkana, Wajir and West Pokot) in November with the children identified as acutely malnourished being immediately admitted for treatment. Preparations are underway for 12 SMART surveys to be conducted in eight counties (Isiolo, Tana River, Turkana, Mandera, Marsabit, Baringo, Kajiado and Narok) in January 2018 to monitor the situation. Coordination training for sub county teams and county directors was conducted for Tana River, Isiolo and Samburu Counties, with the aim of strengthening their coordination capacities at a further devolved unit of implementation and planning.

HEALTH

During the reporting period, a total of 364,182 children benefitted from a catch-up integrated emergency health and nutrition campaign, bringing the total number of children reached in 2017 to 704,153 (90% of the annual target). This includes health interventions in the 11 drought-affected ASAL Counties where 30,270 children under-5 received 3rd dose of Penta vaccine, and 11,973 pregnant and lactating women received emergency maternal and new-born services. A total of 32,400 households were mobilized to access MNCH services resulting in 33,432 people receiving assorted health interventions including basic treatment for minor ailments. Samburu and Isiolo counties completed their 8-day outreaches with 1,603 and 2,054 children immunized against measles respectively. Round one outreach campaign was completed in Tana River, Baringo and West Pokot counties with 2,109, 1,502 and 1,426 children immunized against measles respectively.

UNICEF is continuing to support Ministry of Health (MoH) and affected Counties in disease outbreak preparedness, including support to both the Marburg and Cholera national taskforces. The result of a Marburg rapid risk assessment carried out in Trans Nzoia and West Pokot Counties is being used for risk communication and social mobilization activities in the communities. In collaboration with MENTOR, UNICEF is scaling up its response in Turkana and Marsabit in response to malaria upsurge and have started Indoor Residual Spraying (IRS), mobilized communities, distributed Long Lasting Insecticidal Net (LLINs), and conducted training of health workers on management and prevention of malaria epidemics. The number of people reached with door-to-door cholera sensitization campaigns in Nairobi County by Community Health Volunteers increased from 213,431 to 364,182 people (100,092 males, 128,893 females and 152,604 children), including 746 patients that were referred to the three cholera treatment centres (CTCs) in Nairobi.

HIV

In the reporting period, a total of 11,691 young people were reached with HIV testing services. For the month of October, there was an increase in expected HIV interventions from 73% to 94% on the national health management information systems database, and 91.6% were reported on time, which is attributable to the end of nurses' strike. Counties have continued to make contingent provision for people living with HIV to receive a minimum three-month stock of antiretroviral treatment.

WASH

During the reporting period, a total of 149,505 people in Baringo, Garissa, Marsabit, Samburu, Turkana, Tana River and Wajir Counties gained permanent access to safe water through the rehabilitation of boreholes and pipeline extensions with UNICEF's support. 69,033 people were also reached with hygiene messages to prevent spread of diseases during the reporting period. 13,200 school children reached with hygiene messages and also gained access to safe water. 182,777 people were provided with temporary access to safe water through distribution of aqua tabs and Jerry cans. In addition, in November 2017, a total of 286 families displaced by floods in Tana River County benefitted from UNICEF Family Relief kits.

CHILD PROTECTION

A total of 306 children (213 girls, 93 boys) were reached with child protection services during the reporting period, of which 227 (134 girls and 93 boys) children in Dadaab and Kakuma were assessed and protection interventions successfully determined by the inter-agency Best Interest Determination Panels. UNICEF continues to collaborate with UNHCR and partners in strengthening the capacity of BID panel members on the best interest of children. 79 girls from drought affected families in West Pokot were rescued from the risk of Female Genital Mutilation or Child Marriage and were placed in temporary safe facilities as discussions were held with their families to ensure their safe return home. Additionally, UNICEF worked with Terre des Hommes in publishing communication booklets to promote child rights and inform children and their families in Dadaab on child protection considerations in making decisions on Voluntary Repatriation. The booklets have also been translated into Somali language. UNICEF co-chaired the November Child Protection in Emergencies meeting chaired by The Department of Children Services, during which Sub-Sector performance in drought and emergency response was reviewed.

EDUCATION

During the reporting period, through UNICEF and Save the Children's coordination of the Education in Emergencies (EiE) Working Group, emergency education partners cumulatively reached 57,236 (boys 34,183 girls 23,053) children and adolescents with educational supplies including sanitary pads for girls, school feeding, WASH in schools, life skills and peace education trainings among other interventions. A total of 889 learners forcibly displaced by insecurity in East Pokot sub-county benefitted from six tents and 40 education kits during the reporting period. In collaboration with partners, refresher training for 36 education managers, School Boards of Management and head teachers in Kisumu County was carried out with a focus on EiE preparedness and School Safety, including fire drills. In Kakuma, 200 (one female) teachers have commenced their training under the Teachers College Columbia University to enhance their professional skills on teaching pedagogy. UNICEF in partnership with UNHCR distributed soap and conducted fumigation of latrines/school compounds in seven secondary schools benefitting 1,245 (366 girls) form four candidates who were sitting for their Kenya Certificate of Secondary Education (KCSE) examinations as a cholera prevention response. In coordination with UNICEF, NRC supported 518 (314M-204F) Alternative Education Programme (AEP) learners in Dadaab to continue their education, out of which 84 (20 girls) learners sat for their Kenya Certificate of Primary Education (KCPE) national examinations in November 2017. In total, 5,900 candidates sat their KCPE exams and 1,076 candidates sat their KCSE national examinations in both Dadaab and Kakuma Refugee camps. The KCPE examination results have shown overall improvements in performance compared to last year results, especially among the girls.

Cash-based programming

150,000 USD was transferred to the government and they are conducting the registration of the drought most affected households. This amount will be used in the next payment cycle to provide support to 6,500 households with orphan and vulnerable children.

Communications for Development (C4D), Community Engagement & Accountability

In the reporting period, UNICEF continued to support the development and dissemination of disease outbreak prevention messages. Marburg messages were developed and disseminated in Trans Nzoia, West Pokot, Turkana, Bungoma and Busia Counties through the local FM stations and using local languages. Cholera messages continued to be disseminated in the national radio station, the Kenya Broadcasting Corporation (KBC), Radio Citizen, on North Eastern regional radio station and Star FM, reaching over 20 million audiences daily. Messages on guinea worm control and prevention were also developed and disseminated nationally, through both TV and radio.

Media and External Communication

UNICEF Kenya continues to sustain communication efforts to raise awareness on the drought and other emergencies in order to support advocacy and resource mobilization. Social media updates on the ongoing Catch-up Campaign with the Kenya Red Cross Society have been made available reaching wide audiences: <https://goo.gl/YJCMhz>

Multi-media assets showing education and child protection interventions in Kakuma Refugee Camp and Kalobeyei Settlement been developed and disseminated.

- Temporary Learning Classrooms in Kalobeyei: <https://goo.gl/dDycr4>
- Teacher Learning Circles in Kakuma Refugee Camp: <https://goo.gl/JoAHF4>
- Furaha Centre in Kakuma Refugee Camp: <https://goo.gl/GYXcyf>

Supply & Logistics

No change since last report.

Security

The President of Kenya was sworn in on 28 November, and the security situation across the country has remained largely calm.

Funding

UNICEF requires US\$ 42.4 million for its Humanitarian Action for Children (HAC) Appeal in Kenya, revised in September 2017 due to increasing humanitarian needs as a result of the deteriorating drought situation. This includes US\$ 24.7 million for the drought response, US\$ 7.3 million for refugee response and US\$ 10.4 million for election preparedness, inter-communal conflict, disease outbreaks and flash floods.

In 2017, the **Governments of Australia, Germany, Japan, United Kingdom, United States (USAID/Food for Peace, USAID/OFDA), European Commission/ECHO, the Netherlands Committee for UNICEF, the Belgian Committee for UNICEF, and the Central Emergency Response Fund (CERF)** have generously supported UNICEF's humanitarian response in Kenya. However, the existing HAC appeal still has a funding gap of 38 per cent and without additional funding, UNICEF will be unable to optimally support the national drought emergency response, and mitigate the risks of a worsening situation for children. To address the most urgent funding gaps of US\$ 3 million, UNICEF used the regular resources and the internal Emergency Programme Fund loan.

Appeal Sector	HAC Requirements	Funds available*	Funding Gap	
			\$	%
WASH	6,100,000	3,464,791	2,635,209	43%
Education	6,935,000	2,286,573	4,648,427	67%
Health	5,000,000	3,264,776	1,735,224	35%
Nutrition	15,500,000	17,528,940	0	0%
Child Protection	2,000,000	3,237,585	0	0%
HIV/AIDS	1,500,000	15,283	1,484,717	99%
Social Protection	4,300,000	150,000	4,150,000	97%
Cluster/sector coordination	1,100,000	1,113,466	0	0%
Total	42,435,000	31,061,413	14,653,577**	35%

*Funds available include funding received against current appeal as well as carry-forward from the previous year (US\$7.2 million, which includes US\$2.8 million for the refugee response).

**The funding gap and funds available do not equal the total HAC requirements as there is a surplus in the following sectors: nutrition, child protection and cluster/sector coordination due to multi-year grants (2016 to 2018).

Next SitRep: 12 January 2018

UNICEF Kenya HAC appeal: https://www.unicef.org/appeals/files/2017_Kenya_HAC_rev-Sep.pdf

Error! Hyperlink reference not valid. UNICEF Kenya Crisis Facebook: <https://www.facebook.com/UNICEFKenya/>

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Annex A

SUMMARY OF PROGRAMME RESULTS 2017

	Sector Response				UNICEF and Implementing Partners		
	Overall needs	2017 Target	Total Results	Change since last report ▲▼	2017 Target	Total Results	Change since last report ▲▼
NUTRITION							
Children under 5 with SAM admitted into the integrated management of acute malnutrition programme	104,614	78,925	65,412	▲ 5,966	78,925	65,412	▲ 5,966
Children under 5 with MAM admitted into the integrated management of acute malnutrition programme	378,268	194,656	127,028	▲ to12,938	194,656	127,028	▲ to12,938
HEALTH							
Children under 5 accessing an integrated package of health interventions, including for the management of diarrhoeal diseases					780,000	704,153	▲ 364,182
Children under five vaccinated against measles*					185,000	124,764	No change
WATER, SANITATION & HYGIENE							
People gain temporary access to 7.5-15 l/p/d of safe water for drinking, cooking and personal hygiene		753,696	1,344,599	▲182,777	120,000	532,616	▲182,777
People gain permanent access to 7.5-15 l/p/d of safe water for drinking, cooking and personal hygiene	3,500,000	400,000	1,088,040	▲149,505	650,000	599,594	▲149,505
People that receive critical WASH-related information to prevent child illness, especially diarrhoea		520,000	1,028,609	▲69,033	600,000	649,055	▲69,033
Children access safe water, sanitation and hygiene facilities in their learning environment		110,000	79,441	▲13,200	110,000	79,441	▲13,200
CHILD PROTECTION							
Most vulnerable children are provided with access to protection services, including case management, psychosocial care	206,400	139,000	17,465	▲ 306	30,000	17,465	▲ 306
EDUCATION							
Children aged 3 to 18 years affected by crises accessing formal and non-formal education opportunities	860,000	485,126	229,024	▲ 57,236**	288,000	181,195	▲ 1,407
HIV and AIDS							
Adolescents have access to HIV, sexual and reproductive health and life-skills education and access to services that include testing and treatment					90,000	94,367	▲ 11,691
SOCIAL PROTECTION							
Number of vulnerable households in six ASAL counties receive top-up cash transfers to help meet basic needs					70,000	-	-***

* Higher figures reached in the reporting period are due to increased rate of completion of activities and reporting by the partners

** Partners like World Vision, DRC, Save the Children, NRC, BHER, AET, IAS, RET reported cumulative beneficiaries reached not previously reported and not necessarily reached in November, 2017 but earlier in the year.

*** Support will focus on providing top-ups to the most vulnerable households. Beneficiary numbers will be reported in subsequent sitreps.