HIGHLIGHTS

- By February 2019, there were 1.1 million food insecure people in Kenya, up from 700,000 people in August 2018.
- The Government of Kenya is leading the response to the extended dry spell and has provided over Kshs. 1.3 billion (US$12.8 million) for food, nutrition and water response. UNICEF requires $US5.7 million for early action to complement the Government interventions.
- Since the beginning of the year, 1198 cholera cases were reported across Narok, Kajiado, Nairobi, Garissa and Machakos counties, with four deaths reported.
- With UNICEF support, an estimated 31,000 people in cholera affected areas in Narok and Kajiado counties benefitted from access to safe water through promotion of household water treatment and storage.
- A total of 10,482 severely malnourished children and 16,489 moderately malnourished children were admitted for treatment from January to February.
- In 2019, UNICEF requires US$ 5.5 million for its Humanitarian Action for Children Appeal for refugee and disease outbreaks response and has a funding gap of 60 per cent.

UNICEF’s Key Response with Partners in 2019

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF Target</th>
<th>2019 Cumulative Results</th>
<th>Sector Target</th>
<th>2019 Cumulative Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition: children aged 6 to 59 months with severe acute malnutrition (SAM) admitted for treatment</td>
<td>13,404</td>
<td>96,028</td>
<td>10,482</td>
<td></td>
</tr>
<tr>
<td>Health: children affected by acute watery diarrhoea, malaria or measles accessing life-saving preventative and curative interventions</td>
<td>325,000</td>
<td>142,694</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH: people accessing the agreed quantity of water for drinking, cooking and personal hygiene</td>
<td>250,000</td>
<td>31,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protection: children (52 per cent girls) provided with psychosocial support, including access to child-friendly spaces with intersectoral programming interventions</td>
<td>5,575</td>
<td>791</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education: school-aged children, including adolescents (50 per cent girls), accessing formal or non-formal early learning, pre-primary, primary or secondary education</td>
<td>59,000</td>
<td>10,962</td>
<td>10,962</td>
<td></td>
</tr>
</tbody>
</table>

1. Sector-level planning is still ongoing
2. The SAM treatment target is for the refugee response
3. Refugee results are still being verified
4. Forty-five per cent of children under 5 years, who are 16 per cent of the total population in the 12 most-affected counties, are expected to be reached during integrated outreach services
5. The 2019 target is the same as the previous year’s target based on trend analysis and the destruction of water points during the flood season. As such, it is estimated that the affected population will remain the same or will increase during the projected crisis in 2019
6. The Government is increasingly taking up emergency preparedness and response responsibilities at the national and county levels, which has resulted in a reduction in the 2019 humanitarian caseload by 47 per cent compared with 2018. UNICEF and partners will focus more on strengthening systems and the policy environment for education in emergencies.
Situation Overview and Humanitarian Needs

The deficient performance of the October to December 2018 ‘short rains’ season and the subsequent delayed onset of the March to May ‘long rains’ season has caused a long dry period in Kenya between January and March 2019 especially in the arid and semi-arid (ASAL) counties. The Kenya Meteorological Department has revised the forecast for the 2019 ‘long rains’ season, indicating a higher likelihood of late onset of the rains and poor distribution. The drought status in ASAL counties deteriorated in January 2019, with 16 out of the 23 ASAL counties classified in the ‘alert’ drought phase, seven counties ‘stable’, and 16 counties reporting a worsening trend by February 2019.

The prevailing dry spell has caused food and water insecurity in the ASAL counties. Most open water sources are reported to have dried up and strategic boreholes have broken down due to over-use, thus significantly increasing average distances to water points. A UNICEF assessment in February 2019 identified that 116 schools are lacking water (29 in Wajir, 79 in Garissa and eight in Isiolo counties) with a total of 17,968 children affected. The 2018 Short Rains Assessment (SRA 2018) released on 8 March 2019 concludes that there are 1.1 million people food-insecure in Kenya, up from 700,000 people in August 2018. Of these, an estimated 800,000 people are in the crisis phase (IPC Phase 3), which is approximately six percent of the ASAL population. Additionally, about 5.4 million people (39 percent of the ASAL population) are in the stressed phase (IPC 2). The FEWSNET food security outlook for Kenya indicates that due to the delayed and below-average long rains, crop yields are likely to be at least 25 percent below average. Therefore, with the expected second consecutive poor rainy season, food and water scarcity as well severe malnutrition is likely to increase in the ASAL counties and there is likelihood of a prolonged drought affecting the country in the coming months. However, temporary relief is expected after the rains, and should they perform better than forecasted, the negative effects of the dry spell are likely to be reversed.

According to the integrated Phase Classification (IPC) conducted in February 2019, the nutrition situation is stable across the arid and semi-arid areas though still above emergency thresholds - Global Acute Malnutrition (GAM) ≥15 percent in selected areas. Turkana, Samburu and Mandera counties as well as East Pokot and North Horr sub-counties have remained at critical level (Phase 4; GAM WHZ 15.0 - 29.9 percent) while Wajir, Tana River, West Pokot, Garissa and Laisamis counties are at serious level (Phase 3; GAM WHZ 10.0 -14.9 percent). Isiolo, Saku and Moyale are classified as alert (Phase 2; GAM WHZ ≥ 5 to 9.9 percent) while Laikipia, Kitui, Kajiado, Taita Taveta, Kilifi, Kwale and Lamu are at acceptable level (Phase 1; GAM WHZ <5 percent). In addition, three sub counties in Wajir were at alert phase while the other three were in normal phase. The nutrition situation is likely to remain stable across the areas during the projection period except for Wajir and Tana River which are likely to deteriorate to critical and Isiolo to serious phase respectively, with potential for deterioration due to the expected deficient performance of the 2019 long rains. In addition, poor child care practices, unhygienic environment, high child morbidities and inadequate access to health care services continues.

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7 National Drought Management Authority (NDMA) February 2019 Drought Bulletin
to negatively impact on the health and nutrition situation. The capacity of the health system has been improving over the past several years in relation to continued recruitment of health workers, increasing number of health facilities and improved delivery of commodities directly to health facilities. Facilities are in the process of implementing the Integrated Management of Acute Malnutrition (IMAM) surge approach, which is a facility level model to analyze capacity and define threshold to enable predictable expansion of capacity in times of emergency. In January 2019, 10 per cent (19) of health facilities implementing IMAM surge reported an increase in admissions of acute malnutrition and thereby surpassing set thresholds. Most of the facilities (17) were in Marsabit and Turkana counties.

According to UNHCR, Kenya hosts 470,503 refugees and asylum seekers (58 per cent children) as of February 2019. Of these, 210,038 are in Dadaab refugee camps and 185,399 are in Kakuma refugee camp. Since the beginning of 2019, 1,314 refugee children (759 boys and 555 girls) have arrived in Kakuma refugee camp from South Sudan; with 775 children arriving in in February alone, which is one of the highest intakes in the last 14 months. Out of these, 195 (110 boys and 85 girls) children are separated and 34 (25 boys, 9 girls) are unaccompanied. In Dadaab, 106,550 children of school-going age (3-17 years) are currently in Dadaab, of which only 65,373 are enrolled in school (62 per cent of GER). Since December 2014, 79,113 Somali refugees have returned home (6,324 in 2018; 33,398 in 2017 and 33,219 in 2016), resulting in IFO2 and Kambioos camps being closed. Voluntary repatriation will continue in 2019 for Somalis and other nationalities, if the situation permits in the countries of origin, however, the number recorded is very low. The Kenya refugee operation continues to be marked by the political developments and humanitarian situation in Somalia and South Sudan and Kenya remains among the top refugee hosting countries in Africa.

Disease outbreaks have continued to plague the country since January 2019, with alerts for new outbreaks being issued by the concerned authorities. As per the Ministry of Health disease outbreak report of 1 April 2019, a total of 1198 Cholera cases have been reported across Narok, Kajiado, Nairobi, Garissa and Machakos counties, with four deaths (case fatality rate of 0.3 per cent). A total of 418 measles cases with three deaths have been reported across Wajir, Tana River, Kilifi and Kwale counties. Dengue Fever outbreak has been reported in Mombasa County, with 660 cases reported, of which 286 are confirmed. Nyandarua County has reported 147 human cases of Rift Valley Fever with 15 confirmed. Wajir and Marsabit counties have confirmed a Kala-azar outbreak, with a total of 137 cases reported (102 in Marsabit). The Ebola

In ASAL counties and urban informal settlements, the estimated total number of children (6 to 59 months) requiring treatment for acute malnutrition in 2019 is 541,309 (113,941 for Severe Acute Malnutrition and 427,368 for Moderate Acute Malnutrition).
outbreak in the Democratic Republic of the Congo is ongoing, and while all alerts and suspected cases in the neighboring countries including Kenya have been negative, there is a considerable risk of importation of cases to Kenya, which is a regional travel hub.

**Estimated Population in Need of Humanitarian Assistance: 1,171,330**

(Estimates calculated based on Government Long Rains Assessment conducted in August 2018 and the UNHCR Refugee data)

<table>
<thead>
<tr>
<th>Start of humanitarian response: 10 February 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>Total Population in Need</td>
</tr>
<tr>
<td>Children (Under 18)</td>
</tr>
<tr>
<td>Children Under Five</td>
</tr>
<tr>
<td>Children 6 to 23 months</td>
</tr>
<tr>
<td>Pregnant and lactating women</td>
</tr>
</tbody>
</table>

**Humanitarian Strategy and Coordination**

With the current food and water shortage in arid and semi-arid lands, the Government is leading the response and has provided over Kshs. 1.3 billion (US$12.8 million) for food, nutrition and water response between February and April 2019, of which food and safety net received Kshs. 601 million (US$5.9 million), support to household irrigation water storage program received Kshs. 600 million (US$5.9 million), and support to water trucking, maintenance and rehabilitation of boreholes received Kshs. 150M (US$1.4 million). The National Drought Management Authority (NDMA) is supporting water trucking in Mandera, Wajir, Turkana, Garissa, Marsabit and Tana River and maintenance of water points in Turkana, Wajir, Mandera and Marsabit counties through the Drought Contingency Fund supported by the European Union. County

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8 Food insecure population and refugees
9 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
governments of Turkana, Baringo, Samburu, West Pokot, Garissa and Tana River are also allocating resources and leading general food distribution and water trucking to affected communities.

For Nutrition, WASH, Child Protection and Education sectors, UNICEF is taking a lead role in sectoral preparedness and supporting government-led efforts to deliver life-saving services. Through existing government structures, key humanitarian interventions such as enhancing integrated health and nutrition outreach services in hard-to-reach areas, supporting vaccination campaigns, repairing strategic water points and conducting behaviour change communication as part of disease outbreak response are ongoing. Integrated outreach will be scaled up and programme delivery strategies modified to ensure timely identification and treatment of acute malnutrition, with emphasis on provision of integrated treatment services including provision of micronutrients and education services to caregivers towards enhancing prospects for successful infant and young child care and feeding practices. Efforts will be made to further support the community health units to provide community level services specifically surveillance actions in the most affected counties to ensure there is sustained case finding and continued support to caregivers to implement optimal maternal, infant and young child nutrition practices. UNICEF is continuing to support the Ministry of Health and partners to respond to disease outbreaks and is providing technical support to the Cholera Task Force. The zonal offices in Lodwar, Kisumu and Garissa continue to provide coordination oversight and technical support to the humanitarian response. UNICEF is also supporting multi-sectoral preparedness and response through the Kenya Humanitarian Partnership Team and supporting them in collecting and collating information through weekly multi-sectoral updates and sharing with relevant stakeholders. With the evolving drought risk, UNICEF has developed a three-month multi-sectoral drought preparedness plan focusing on early action and requires $5.7 million to complement government action.

In line with the Comprehensive Refugee Response Framework, UNICEF is collaborating with the United Nations High Commissioner for Refugees (UNHCR) to support the Government in strengthening coordination in the refugee response and develop policies that facilitate the inclusion of refugee children in national systems. Cross-border coordination is ongoing to support the voluntary repatriation of refugees from the Dadaab refugee camp to Somalia and to monitor refugee influxes into Kakuma refugee camps and Moyale in order to facilitate timely assistance particularly for women and children.

Summary Programme Response

**Nutrition**

A total of 10,482 severely malnourished children (10.9 per cent of the annual target) and 16,489 moderately malnourished children (6.9 per cent of the annual target) in the arid and semi-arid lands (ASAL) counties and urban informal settlements were admitted for treatment from January to February 2019 with UNICEF support. UNICEF has distributed 17,729 cartons of Ready-To-Use Therapeutic Food (RUTF) across 1,937 health facilities in twenty-three ASAL counties and Nairobi urban informal settlements through the Kenya Essential Medical Supplies Authority to treat 17,729 severely malnourished children. A total of 97 per cent of the facilities implementing IMAM have ensured commodity request and reporting through the Logistics Management information systems (LMIS). As part of the 2018 short rains assessment, UNICEF supported the implementation of two nutrition SMART surveys in Isiolo and Tana River counties, and in collaboration with IPC global and regional offices, supported IPC for acute malnutrition training and analysis. Scale up of IMAM surge approach continued in January and March with a total of 60 sub-county health management teams trained from six counties of Marsabit, Wajir, Isiolo, Garissa, Tana River and Mandera. Mass screening and integrated outreach services are planned in March for Wajir, Garissa, Samburu and Turkana through support from National Drought Management Authority (NDMA) Drought Contingency Fund. So far 4 counties (Tana River, Wajir, Turkana and Samburu) have received Drought Contingency funds (Kes 2,663,750) for drought response activities (mass screening, outreach). In addition, most affected counties have undertaken mapping of hot spots areas for mass screening and outreach support. Coordination through the Emergency Nutrition Advisory Committee has continued in the first quarter, with increased intensity due to the prevailing food insecurity situation. The sector preparedness and response plan are under review and will seek to ensure timely and consistent implementation of ongoing system-wide activities, early action, preparedness activities and rapid scaled response in areas where deterioration has been significantly noted. Communication trees between National and County level committees have been activated to further enhance congruence of actions.

UNICEF has also distributed 1,200 cartons of RUTF to support treatment of 1,200 children in Dadaab refugee camp. In addition, UNICEF has a 12 months partnership agreement with International Rescue committee (IRC) contributing USD 292,000 to support Maternal Infant and Young Child Nutrition (MIYCN) in Dadaab camp and High Impact Nutrition Interventions for refugees and new arrivals in Kakuma refugee camp. The number of malnourished children admitted for treatment from January to February 2019 in Dadaab and Kakuma refugee camps is being verified for subsequent reporting.

**Health**

In 2019, a total of 142,694 children have been reached with life-saving preventative and curative health interventions, including treatment for malaria and acute watery diarrhoea. Of these, 81,509 children aged 06-59 months were reached with measles rubella vaccination in Wajir. In response to cholera outbreaks in Kajiado and Narok Counties, a total of 60,427
people were reached with Cholera awareness messaging while 748 were treated at Cholera Treatment Centres and isolation units with UNICEF-supported health supplies. UNICEF provided technical support to Kajiado and Narok counties to strengthen multi-sectoral coordination and implementation of best practices. Through a partnership agreement with Kenya Red Cross Society (KRCS), UNICEF provided support to the establishment of Cholera Treatment Centers and Isolation Units in Olenkulo and Narok County Hospital in Narok, Oloika, Mosiro and Shampole in Kajiado County. The support also included dissemination of cholera awareness messages using multiple channels of communication including audio-content on cholera awareness and key best practices in local language, information, education material on hygiene promotion which were disseminated through interpersonal communication by community health volunteers, opinion leaders including chiefs and member of county assembly for Magadi Ward. The interventions were timely and contributed to reduction in mortalities in the affected counties and containment of the outbreak in both counties. The outbreaks were associated with contamination of Ewaso Nyiro River, which is shared by both counties. This was coupled with low sanitation coverages in both the counties and the spread was accentuated by populations moving across the two counties. Community level interventions to improve and sustain proper hygiene and sanitation practices were therefore heightened during the period.

WASH

In 2019, a total of 31,000 people in cholera-affected areas in Narok and Kajiado counties and 19,000 people in drought affected counties (Tana River, Mandera and Isiolo) have benefitted from access to safe water through promotion of household water treatment and storage. UNICEF distributed over 10,000 Jeri cans, 11,850 bars of soap, 3000 buckets, 490,000 PUR Sachets and over 1.7 million tablets of Aqua tabs in the first 3 months of the year. Over 50,000 women, girls, boys and men received critical WASH related information including hand washing with soap at critical times for the prevention of illnesses. Several schools and health facilities benefitted from the support. UNICEF supported multi-sectoral weekly technical visits to the Cholera-affected counties to provide oversight the response and provided guidance to the County Cholera coordination meetings.

Child Protection

In the first quarter of 2019, UNICEF has facilitated assessment and provision of care and support to 791 (301 girls) unaccompanied and separated children in Kakuma. A total of 174 (69 girls) unaccompanied children were supported through placement in foster families. During the same period, UNICEF provided supplies for use by over 5,000 children in the Kakuma, Kalobeyei and Dadaab case management case load. The items distributed included 1,500 dignity kits for girls and boys, 5,300 kits comprising of assorted sizes of clothes to cater for children across all ages. UNICEF also distributed 250 nurturing kits to adolescent mothers, 200 recreation kits (comprising of assorted play items and 250 tarpaulins). Coordination: UNICEF organized and facilitated a joint mission including the Department of Child Services, Turkana County and UNHCR Kakuma Sub-Office to inform the ongoing initiative of including refugee children in the national child protection system, which will support the government’s lead role on policy and service provision to children in the refugee context.

Education

During the first quarter of 2019, a total of 10,962 children (2,256 girls) and 269 teachers (85 female) were reached through various interventions that included emergency education supplies, provision of permanent classrooms, WASH facilities and improved quality of learning. UNICEF trained 269 teachers in Kalobeyei, Kisumu, Baringo, Mandera, Garissa and Turkana counties. Out of this number, 8,430 ECDE children (3,628 girls) received 297 skipping ropes, 105 ECDE kits, 97 modelling clay, 80 building blocks and 53 manila papers. The primary school children received 145 education kits, 46 recreational kits and four classroom tents to help in decongesting classrooms in 4 sub-counties of Kisumu County. This has helped improved learning activities and increased participation of 6,234 (2,689 girls) in the host communities and 4,728 refugee children (2,117 girls) in the school. Through EUTF funding, UNICEF completed construction of 48 permanent classrooms, 34 gender sensitive WASH facilities, 3 kitchens and staff rooms and one laboratory, and which had started in 2018. NRC has completed in February 2019 the training of over 600 (20% girls) AEP learners in Dadaab and trained some of their 35 teachers. UNICEF conducted country a wide SMS based survey on the hazards impacting negatively on education of children focusing on the floods, drought and conflicts and this reached 23,600 head teachers and had a 20% completion rate. The results indicated that 48% of schools in ASAL were impacted by drought already and some like Garissa, Baringo and Mandera affected by conflict. Towards the end of February 2019 UNICEF has commenced the construction of 32 teachers houses and one teachers’ resource center in Kalobeyei and continues with fund raising activities to mobilize resources for refugee education programming.

Communications for Development (C4D), Community Engagement and Accountability

On the cholera response nationally, UNICEF is pursuing a multi-pronged approach that includes participation in the national cholera elimination plan, conducting the rapid cholera assessment using behavioural science methodologies and providing technical support and guidance in cholera outbreak areas. A Rapid Cholera Assessment using behavioural economics methodologies commissioned by UNICEF will be conducted in Nairobi, Narok and Kajiado counties and will target household-level behaviour change through establishing personality frames for decision making and cholera risk perception.
resulting in audience segmentation, behaviour profiling and development of revised cholera prevention and control messages. The UNICEF cholera SWAT team (Health, WASH and C4D) conducted several joint programmatic visits to Narok and Kajiado counties, which presented an opportunity to identify advocacy and programme implementation gaps, and prioritising risk communication and hygiene promotion in hotspots and highlighted the need for county cholera multi-sectoral coordination, which has contributed immensely to the control of cholera outbreaks in the two counties. A cholera messaging matrix, with key messages on cholera prevention and control was shared with national government and all UNICEF focus counties to inform and guide multimedia cholera prevention and control efforts. In Kajiado county, pre-recorded messages transmitted prior to dialogue days served as a trigger to community focused discussions/dialogues. The ensuing community dialogue sessions held at Endonyolasho, Lormoswa-church, Pakase and Musenke, reaching 341 household heads, reached consensus on community-led actions to prevent cholera in the communities. Further, three primary schools with a population of 686 pupils and teachers were reached with hygiene education and promotion. In both counties, its reported that Maasai-speaking FM stations were used to alert people on the cholera outbreak and how to prevent/control outbreak. The UNICEF-supported cholera flip chart and the handwashing with soap posters enabled enhanced hygiene promotion and effective community engagement. In Narok County, seven schools in the hotspots with a population of 5000 pupils, were reached with cholera messaging and demonstrations of handwashing with soap and water treatment. At community level, 7000 community members living in seven cholera hotspot villages, with a total of 438 households were engaged on cholera prevention and control measures by CHVs. The live Public-Address System on how to prevent and control cholera focusing on market days, reached 6,200 people, with 2516 posters on HWWS distributed. In Kajiado, a total of 7497 households were reached with cholera prevention and control messages, with 3283 handwashing posters being distributed and demonstrations on handwashing and water treatment held for 12,420 and 12,899 community members. SMS on cholera were updated and sent out to headteachers in the 10 counties neighbouring the cholera affected on in February. The SMS were an alert to the schools on possible cholera outbreak, including a message to enhance hygiene promotion among pupils and their families to prevent cholera.

UNICEF provided C4D technical support to Wajir County Health team and Save the Children to conduct a measles/rubella mop-up campaign following the measles outbreak. UNICEF oriented 186 community mobilizers across the six sub-counties on social mobilization and inter personal communication to lead community mobilization for the mop-up campaign. UNICEF has established a new partnership to investigate beliefs and practices of religious leaders and members of religious groups and sects who are hesitant or resistant towards health interventions in ten counties. As part of the Polio outbreak response, nomads, refugees, IDPs, and people living in high density urban areas are being mapped and social data is being collected to improve vaccination coverage in these hard to reach areas. The tool is being piloted in Garissa county.

Media and External Communications

In 2019, several communication activities have been undertaken to support advocacy in the emergency context including EU supported programmes in Kakuma. Human interest stories were developed on UNICEF support to youth skills building, empowering young mothers facing multi-dimensional challenges, psychosocial support and service satisfaction for distributed items in Kakuma Refugee Camp. A powerful story of young Fifo was produced to show UNICEF’s intervention in borehole restoration in Marsabit County- shortening walking distances to access safe water for communities. Efforts to ensure every child has safe access to clean water were supported through World Water Day posts on Social Media. Media and digital support was given for activities in varied humanitarian contexts with frequent social media updates made on Twitter, Facebook, and Instagram.

Supply and Logistics

In 2019, no supply and logistics challenges have been encountered. UNICEF has supported the distribution of emergency supplies to various counties, including WASH and Health emergency supplies in response to Cholera Outbreak in Kajiado and Narok counties. UNICEF Burundi Country Office replaced a consignment of cholera supplies previously loaned by UNICEF Kenya County Office in response to the Burundi cholera outbreak earlier in the year.

Security

In the first quarter of 2019, sporadic incidents of inter-communal conflict that are attributed to scarcity of water and pasture for livestock have been reported. In mid-January, a terrorism-related attack on an office and hotel complex was reported in Nairobi.
Funding

In 2019, UNICEF is requesting US$5.6 million to meet the humanitarian needs of children affected by disease outbreaks and provide basic services to refugees and host communities (this excludes needs for nutrition in ASAL counties and urban informal settlements). In addition, UNICEF requires US$5.7 million for early action to complement government interventions in response to the looming drought situation in Kenya. Without adequate funding, UNICEF will be unable to support the survival and protection needs of vulnerable children. Basic supplies for primary education are also urgently needed to uphold refugee children’s right to education. The emergency nutrition response is included in programme planning supporting system strengthening to improve the linkages between humanitarian action and development programming. In 2019, the Government of Japan has generously contributed to UNICEF Kenya humanitarian funding needs.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>HAC 2019 Requirements</th>
<th>Funds Available</th>
<th>Funding Gap***</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds Received**</td>
<td>Carry-Forward Funds from 2018*</td>
</tr>
<tr>
<td>Nutrition</td>
<td>500,000</td>
<td>0</td>
<td>1,112,455</td>
</tr>
<tr>
<td>Health</td>
<td>2,250,000</td>
<td>621,000</td>
<td>127,798</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>500,000</td>
<td>414,000</td>
<td>64</td>
</tr>
<tr>
<td>Child protection</td>
<td>500,000</td>
<td>0</td>
<td>15,789</td>
</tr>
<tr>
<td>Education</td>
<td>1,708,000</td>
<td>0</td>
<td>453,704</td>
</tr>
<tr>
<td>Sector coordination</td>
<td>100,000</td>
<td>215,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,558,000</strong></td>
<td><strong>1,250,000</strong></td>
<td><strong>1,709,809</strong></td>
</tr>
</tbody>
</table>

* Carry-forward from the previous year (US$ 1.7 million). The carry-forward figure is provisional and subject to change.

**Funds received is funding received against current appeal year

***Funding gap excludes the surplus for Nutrition and Sector coordination

Next SitRep: 30 June 2019

UNICEF Kenya Crisis Facebook: https://www.facebook.com/UNICEFKenya/

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Annex A
SUMMARY OF PROGRAMME RESULTS 2019

<table>
<thead>
<tr>
<th>Sector Response</th>
<th>Overall needs</th>
<th>Sector Target</th>
<th>Total Results</th>
<th>Change since last report ▲▼</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUTRITION</td>
<td>Children aged 6 to 59 months with severe acute malnutrition (SAM) admitted for treatment</td>
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<td>N/A</td>
<td>13,404 ▲, 12</td>
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<tr>
<td>HEALTH</td>
<td>children affected by acute watery diarrhoea, malaria or measles accessing life-saving preventative and curative interventions</td>
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<tr>
<td>CHILD PROTECTION</td>
<td>Children (52 per cent girls) provided with psychosocial support, including access to child-friendly spaces with inter-sectoral programming interventions</td>
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<td>791</td>
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<tr>
<td>EDUCATION</td>
<td>School-aged children, including adolescents (50 per cent girls), accessing formal or non-formal early learning, pre-primary, primary or secondary education</td>
<td>364,046</td>
<td>10,962</td>
<td>N/A</td>
<td>59,000 ▲, 15</td>
</tr>
</tbody>
</table>

10 Sector-level planning is still ongoing
11 The SAM treatment target is for the refugee response
12 Refugee results are still being verified
13 Forty-five per cent of children under 5 years, who are 16 per cent of the total population in the 12 most-affected counties, are expected to be reached during integrated outreach services
14 The 2019 target is the same as the previous year’s target based on trend analysis and the destruction of water points during the flood season. As such, it is estimated that the affected population will remain the same or will increase during the projected crisis in 2019
15 The Government is increasingly taking up emergency preparedness and response responsibilities at the national and county levels, which has resulted in a reduction in the 2019 humanitarian caseload by 47 per cent compared with 2018. UNICEF and partners will focus more on strengthening systems and the policy environment for education in emergencies.