

UNICEF HUMANITARIAN ACTION

KENYA

DONOR UPDATE 6 OCTOBER 2005

UNICEF URGENTLY REQUIRES US\$ 4 MILLION TO EASE THE IMPACT OF DROUGHT ON CHILDREN AND CARE-GIVERS

- Drought continues to afflict thousands of Kenyan children, leaving more than 20,000 malnourished or at serious risk of malnutrition.
- The risk of polio has risen sharply in drought-affected districts bordering Sudan, Ethiopia and Somalia where the disease has already re-emerged.
- Rising inter-tribal/inter-clan violence in 2005 has resulted in child deaths, injuries and displacement.

1. EMERGENCY OVERVIEW AND ISSUES FOR CHILDREN

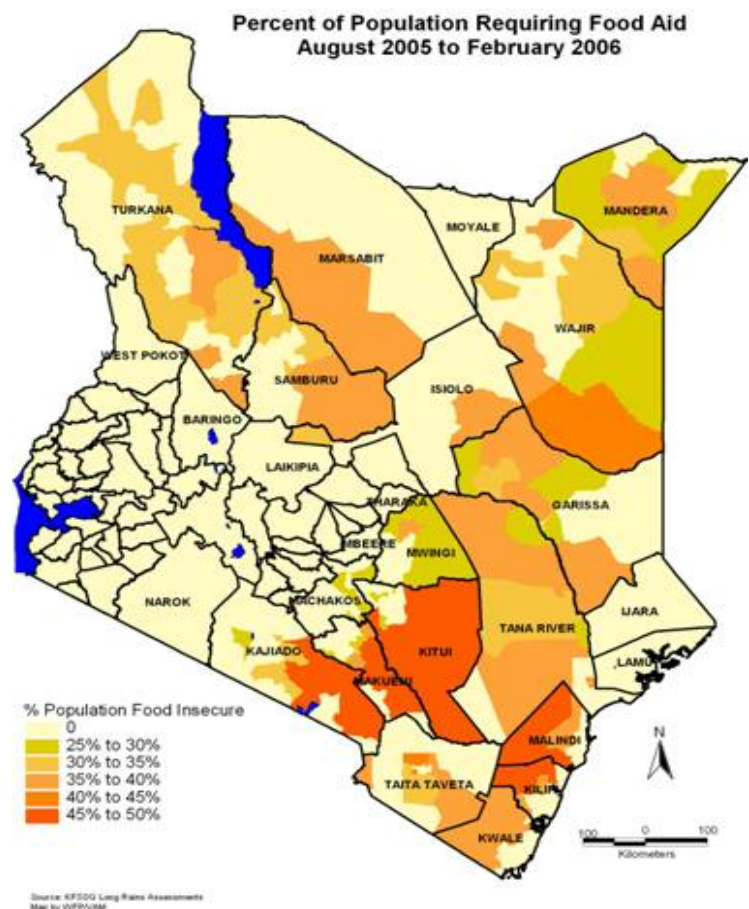
Parts of Kenya remain critically food insecure and in need of relief assistance until at least February 2006, when the next harvest should become available. The Government of Kenya and the World Food Programme have extended the Emergency Operations to cater for 1.2 million people including 200,000 school children through the expanded school feeding programme.

Nutrition

Data from July 2005 assessments undertaken by Government together with partners, including UNICEF¹, show that although the general situation seems to have improved, the health and nutrition situation of children remain of concern in some districts.

In March/April 2005, nine integrated health and nutrition surveys were conducted by UNICEF in partnership with Ministry of Health, Office of the President, and by World Vision, Christian Children's Fund, Oxfam GB and Action Against Hunger in Isiolo, Kwale, Kajiado, Turkana and Mandera districts. Results showed global acute malnutrition (GAM) rates were highest in parts of Mandera and Turkana, affecting over 25% of children under five.

A different scenario was found in the coastal district of Kwale, where GAM was 5.9 % but chronic malnutrition rates were very high, affecting



¹ Kenya Food Security Steering Group. Long Rains Assessment Report, August 2005.

a third (33.7%) of all children under-five and indicating long-term nutritional deprivation. A similar situation was present in Makueni, where the district survey conducted in July 2005 revealed a stunting rate of 34%.

The effects of food insecurity in all districts are compounded by poor infant/young child feeding practices, morbidity, and high levels of poverty. District health systems in all these areas lack the capacity to detect and manage malnutrition according to international standards.

Health

Surveys in March/April 2005 and July 2005 showed that 62% of deaths among under-five children in northwest Turkana resulted from fever and malaria, 28% from cough and difficult breathing and 10% from diarrhoea. Bilharzia is common in the coast region with more than 25% children testing positive in some of the districts. There is also a high prevalence of intestinal worms among children. Frequent outbreaks of diarrhoea and cholera are linked to low latrine coverage (50% in Kwale) and reliance on unprotected water sources.

Water and Sanitation

The 2005 long rains assessment reports indicate a general improvement of the water situation in some of the drought-affected areas. However, the pastoral households of the North Eastern, the marginal agricultural households of Eastern Province and the pastoral households of Coastal Province, especially Tana River and Kwale remain of immediate concern.

In parts of Marsabit and Mandera and Wajir along the Kenya- Somalia border a significant population could not access areas with water and pasture due to armed conflict or were forced to flee their homes and close schools.

Hygiene and sanitation remain causes of concern in all regions. While in many of the surveyed areas no water and sanitation-related disease outbreaks were reported, the incidence of diarrhoea was very high. Particular areas of concern are the marginal agricultural areas and Kwale with over 28 % diarrhoeal disease incidences.

Education and Protection

Given the low enrolment rates of children in schools and the extreme gender disparities in some areas, the need for psychosocial support and life skills support for children affected by drought and violence cannot be overemphasized.

In 2005, a large number of tribal and clan clashes have occurred between various groups, and increasingly children have been among the victims. In Marsabit, a massacre in July 2005 left about 100 people dead – including more than 20 children killed at their primary boarding school – and hundreds more injured and displaced. In the vast majority of clashes, the perpetrators act with impunity.

Since December 2004 an estimated 20,000 people have been displaced by violence in Mandera district. According to a UNICEF investigation, many displaced and injured people are traumatized and have lost confidence in the institutions that should have protected them. In several locations, even before the clashes, children were exposed to numerous rights abuses including sexual assault while they were out searching for water and fuel wood.

The traumatized survivors of these events are uprooted from their schools, forced to flee their homes and abandon their family livelihoods. In Isiolo district some children resorted to survival sex – selling sex to get money or other material support for themselves and their families. Many of the children exposed to these circumstances have left their homes and now live on the streets where the risks of contracting HIV/AIDS are particularly high. The national HIV/AIDS prevalence is officially estimated at 6.8% but there are wide regional variations.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

Coordination

In the health, nutrition, education and water and sanitation sectors UNICEF Kenya has helped the Government to coordinate response between partners through a system of sector coordination committees that report to the Kenya Food Security Group, the overall structure in the Office of the President which is responsible for emergency preparedness and response. UNICEF co-chairs monthly sector meetings with the Government to agree on situation assessments and analysis, programme strategies, coordination of interventions between implementing partners, identification of resource gaps and the organization of joint monitoring visits to drought or conflict-affected areas.

Nutrition

In 2005, UNICEF partnered with Action Against Hunger (Mandera), Merlin (Wajir and Turkana), World Vision (Turkana and Kajiado), Christian Children's Fund (Turkana), Salvation Army East Africa (Turkana), Diocese of Lodwar (Turkana), Amref (Turkana), MOH and Office of the President/Arid Lands to assess the situation as well as implement specific programmes. Technical, material and financial support was provided to these partners to

undertake surveys, mount therapeutic and supplementary feeding programs, distribute Vitamin A capsules, iron/folate and de-worming tablets.

A total of 21,968 children and 3,422 pregnant and lactating mothers have been admitted in targeted supplementary feeding programmes. In addition, 770 children have been treated in therapeutic feeding programmes. UNICEF has supported these programmes with UNIMIX, dried skimmed milk, vegetable oil, sugar, de-worming tablets and vitamin A capsules, as well as necessary basic equipment for the needed medical care. Therapeutic milks (F-75 and F-100) and Plumpynut are used to rehabilitate severely malnourished children. The targeted programmes and regular contacts with caregivers have provided opportunities for passing key messages on care for children.

Health

Approximately 310,000 persons in Wajir, Mandera and Garissa are benefiting from primary health care interventions through use of the basic and supplementary kits at mobile clinics and static health facilities. (The intervention in Mandera started late due to the insecurity in the area.) Mobile clinics offer a vital service in areas where distance to health facilities are very long and quality of services inadequate. In addition, 1,500 pregnant women and women-infant pairs in the 3 districts have received Long Lasting Insecticide-Treated Nets (LLITN). UNICEF provided International Rescue Committee with 450 LLITN and 1,000 treatment kits for vulnerable populations in Kakuma refugee camp to offset a malaria upsurge, and provided Action Against Hunger and the Ministry of Health with 1,000 nets, treatment kits and nutrition supplies for vulnerable populations in Mandera.

Due to the outbreak of polio in neighbouring countries, there is a real risk of polio spreading to Kenya. Accordingly, the Government of Kenya has decided to target 20 districts with polio and measles vaccination campaigns. UNICEF has been requested to delay previously planned campaigns while the government looks for funds to cover the expanded number of districts. Only 65% of the funds required have been raised so far – an additional \$560,000 is needed for this. The polio vaccination campaign is currently expected to take place in early October 2005.



UNICEF support enables distribution of treated mosquito nets in Wajir through a mobile clinic operated by the NGO Merlin. The clinic also supplies supplementary food (UNIMIX) for families with malnourished children, provides immunization, Vitamin A and other basic services.

Photo: UNICEF Kenya/Wendy Stone

Water and Sanitation

Water and sanitation emergency assistance reached 215,000 people, mostly in Mandera, Wajir, Turkana, Moyale, Isiolo, Tana River, Garissa, Kwale, and Samburu districts, of which some 92,000 have benefited from long-term measures. Key implementing partners were communities, government partners (ALRMP, MOEST, MOH, MoWI), numerous international and local NGOs (including AMA, Catholic Dioceses, CIDRI, CCF, CCM, Merlin, Nomad Life, Merlin, Oxfam GB, PRASO, RACIDA, and World Vision), and local contractors.

Short-term measures deployed during the early stages of the drought emergency included tanking of water to schools and health centres in 4 districts, the supply of spare parts and support to rapid response maintenance teams. UNICEF distributed 200 family water kits to the most needy and an additional 450 family water filtration kits were distributed in Wajir District. In central and northern Turkana, UNICEF reached more than 50,000 people through a large scale hygiene and sanitation promotion effort based on distribution of 5,000 water filters and training of 5,000 households in the use of the kits and hygiene.

Longer-term interventions included the rehabilitation and the installation of equipment on 39 stressed strategic boreholes in Mandera, Wajir, Tana River, Kwale, Moyale, Isiolo. 195 hand pumps were installed in Turkana Samburu and Wajir districts.

A Geographical Information Database on water resources, schools and health facilities has been developed for Garissa district – this was done through the provision of equipment and training for district and National level Ministries of Health and Water Officers. These facilities will provide data for planning, monitoring and reporting on

water supply and risk mapping of disease outbreaks.

Education and Protection

Following the eviction of more than 9,000 families in the Mau Forest, UNICEF undertook a rapid assessment which found that education was interrupted for 3,500 children. UNICEF also continued monitoring the effects of recent ethnic conflicts on education and schools in Marsabit and Mandera. While peace negotiations in Mandera are making progress, children continue to suffer trauma as a result of the clashes.

UNICEF worked in 8 drought-prone districts (Wajir, Mandera, Garissa, Tana River, Ijara, Turkana, W. Pokot, and Kwale) to improve education through the provision of supplies and capacity building of Government personnel as well as communities. Over 470 boys and girls in 10 boarding schools were able to continue education due to the availability of key boarding supplies. UNICEF also assisted 15,909 children in primary school in the conflict-affected districts of Mandera and Marsabit and the flood-affected Isiolo district through provision of 115 education kits. UNICEF supported training for 50 Trainers of Trainers on Disaster Preparedness and Management, psycho-social skills and conflict resolution in order to build the capacity of both national and district/community levels in disaster preparedness and management.

3. APPEAL REQUIREMENTS AND RECEIPTS

Table 1: Appeals and Funding Received (USD)			
Appeal Date	Appeal Amount	Funds Received	Gaps
Kenya Flash Appeal – August 2004 (Sep 04 – Feb 05)	8,635,200	3,051,501 (or 35%)	5,583,699
Donor Update April 2005 (Apr – Sep 05)	2,935,630	697,446 (or 23%)	2,238,184

Table 2: Funds Received (USD) for above appeals		
Donor	Purpose	Contribution (US\$)
DFID	Health and Nutrition	Health 459,550
		Nutrition 993,691
ECHO	Health and Nutrition Water and Sanitation	678,425
OFDA	Health and Nutrition	Health 146,609 Nutrition 147,380
	Water and Sanitation	WES 106,011
Spanish Government	Health and Nutrition	Health 330,000 Nutrition 168,460
	Water and Sanitation	WES 202,333
	Education	Education 113,317
Government of Finland	Health and Nutrition	Health 98,464 Nutrition 122,100
	Water and Sanitation	WES 111,001
Canadian National Committee for UNICEF	Health and Nutrition	Nutrition 21,981
US Fund for UNICEF	Water and Sanitation	WES 49,625
TOTAL²		3,748,947

Planned Humanitarian Actions for 2005-2006

A total of US\$ 4 million is needed to provide targeted feeding for malnourished and vulnerable children, to support vitamin A supplementation, integrated immunization campaigns, provision of a basic health package as well as repair and rehabilitation of critical water sources to provide the minimum quantities of water needed for human consumption. Recommendations from the 2005 long-rains assessment stated the urgent need to monitor the

² The total includes a maximum recovery rate of 12%. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

nutritional status of vulnerable population residing in districts where recovery has been minimal. Efforts are required to ensure that educational facilities are well resourced and authorities able to retain children who may otherwise drop out due to migration of families or involvement in other chores. Emergency assistance is also needed to establish child friendly drop-in centres and counseling for children and families who have suffered deaths, injuries and displacement. As long as the clashes persist, women and children will continue to be the long-term victims.

Table 3: Critical Gap in Funding to February 2006	
Sector	US\$
Health and Nutrition - includes 560K urgently needed for polio campaign	2,548,481
Water and Sanitation	1,006,500
Education and Protection	450,000
TOTAL	4,004,981

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