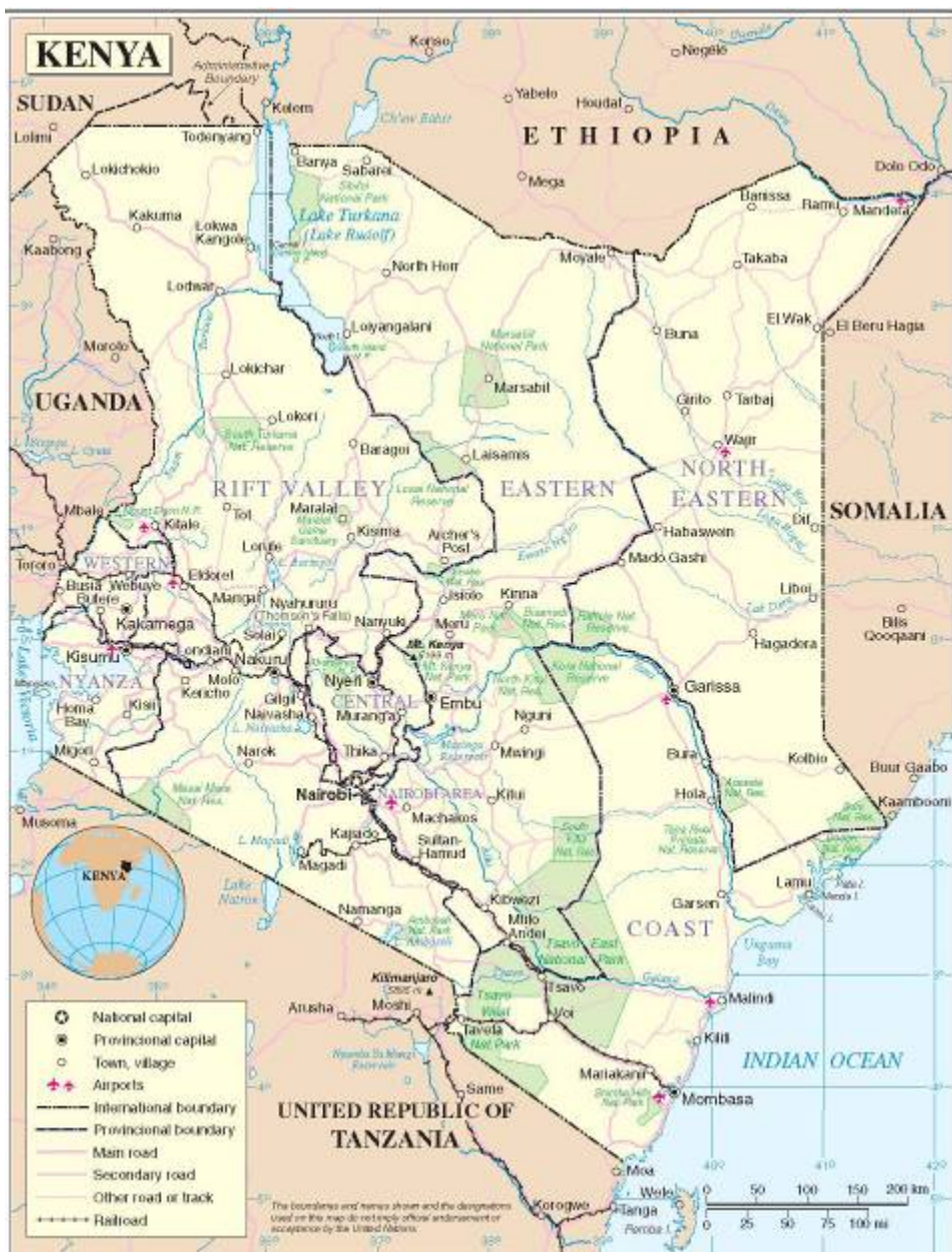
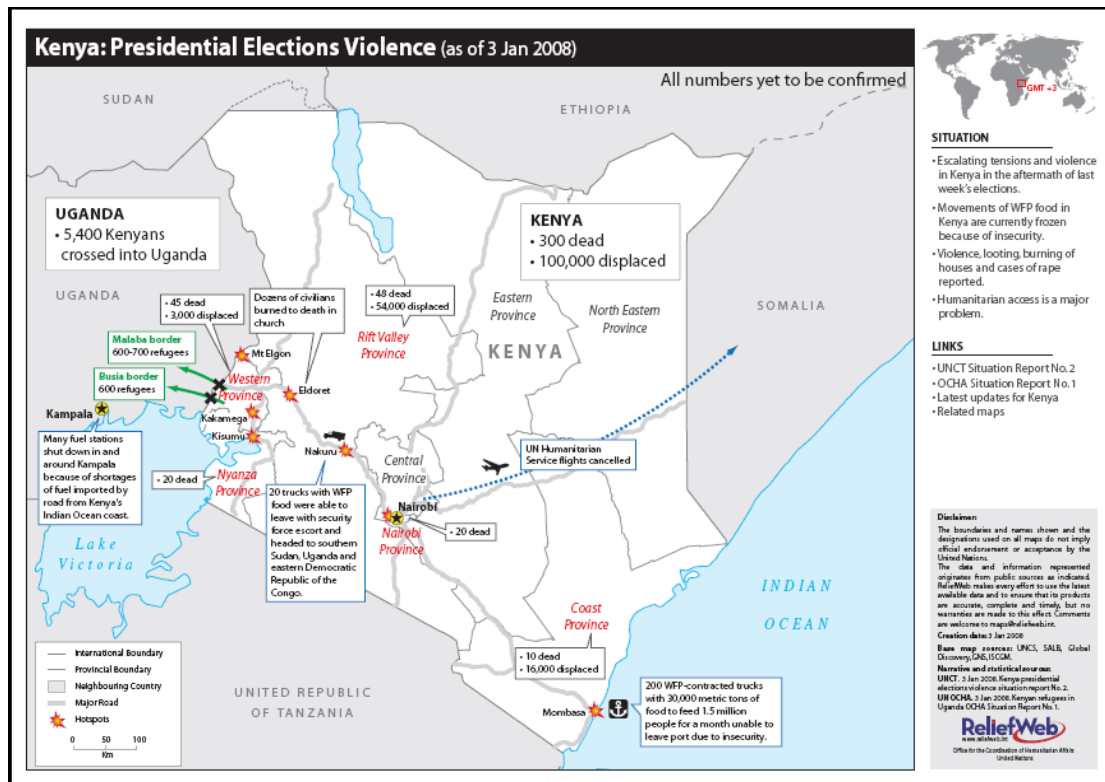


# KENYA – CIVIL UNREST

UNICEF RESPONDS TO THE IMMEDIATE NEEDS FOR CHILDREN AND WOMEN AFFECTED BY POST-ELECTION VIOLENCE



5 January 2008



## 1. CRITICAL ISSUES FOR CHILDREN

Presidential and parliamentary elections took place in Kenya on the 27th of December 2007. The two main candidates for the presidential election were Mwai Kibaki (outgoing President) and Raila Odinga (opposition candidate). On the 30<sup>th</sup> of December, Mwai Kibaki was officially declared the winner, but the opposition rejected his re-election victory and international observers questioned the credibility of the results.

Following the announcement by the Electoral Commission of Kenya, violence erupted countrywide between various communities resulting in loss of lives, injuries, looting, destruction of property, and displacement of thousands of people. The violence has been fuelled by Kenya's ethnic rivalries. Kibaki belongs to the Kikuyu, the country's largest tribe, while Odinga is from the second largest, the Luo.

Up to 500,000 people –mainly children and women- currently require humanitarian assistance. More than 300 people have been reported dead to date, including up to 50 children who died when a church in Eldoret in which they were sheltering was set ablaze.

The most affected areas include: Eldoret, Burnt Forest, Kisumu, Turbo, Timboroa, Kuresoi, Molo, Narok, Uasin Gishu, Kakamega, Bungoma, Mombasa and Mandera where looting, burning of houses and incidences of mass rapes and other forms of violence are reported. The security situation there is very volatile and access is of great concern as an estimated 100,000 people are stranded without food, shelter, water, fuel, essential medicines etc. and are in immediate needs of humanitarian assistance. Most are currently seeking shelter at police stations and churches.

Homes, farms, churches and businesses have been looted and vandalized with many set on fire. Roadblocks set up by groups of people from communities are impeding access along some major roads, although these are periodically lifted by the military. The authorities have shut down several roads particularly around Kisumu which has been a centre of heavy rioting, and roads leading into the slum areas of Nairobi.

Flashpoints in the Nairobi slum areas of Kibera and Mathare (with a combined population of least 1.5 million people) remain insecure, and there is lack of food after local markets were destroyed and looted. About 10,000 people have moved out of the Kibera area and are camped elsewhere in town, mainly in a park located just outside the city centre.

Coast Province (including the main town of Mombassa) and Western Province have also been affected by violence, looting, burning of houses and reported incidences of rape. Thousands are reported to have fled into Uganda and Tanzania, and while the situation is being assessed the borders to both countries have now been closed.

While mediation efforts appear to be slowly gaining ground, food shortages and insecurity as well as lack of access to basic health care, sanitation, hygiene and protection are causing intense suffering among hundreds of thousands of people. Fuel shortages in the worst-affected areas are further hindering access to essential services and supplies. The situation is most likely to deteriorate further.

### **Context**

Kenya is classified as low income, food-deficit country. Only about 20% of the Kenya landmass consists of medium to high potential agricultural land and supports 80% of the population. The remaining 20% of the population lives on 80% of the land, which is arid and semi-arid. In recent years, the economy has been on a recovery path with GDP growing from 3.0 percent in 2003 to 6.1 percent in 2006. Overall poverty levels declined from 52% in 1997 to 46% in 2005/06 while food poverty declined from 49% to 46%. However, there are huge regional disparities. The current unrest is related to the perception that economic improvement is primarily benefiting the rich. HIV prevalence in Kenya has been declining, but remains high at 5.1% (2006), and as a consequence of this and other causes of mortality, there are 2.4 million orphans in Kenya. Approximately 12% of households consist of orphans with no adult caretaker. The areas affected by the current unrest have high proportions of these orphans.

The Kenya Demographic Health Survey (KDHS, 2003) showed that there are regional disparities in under 5 mortality across the country ranging from 54 per 1000 live births in Central Province to 206 per 1000 in Nyanza Province – home of the Luo people who feel most aggrieved by the announced election results. Nutritional status trends show that in the last 10 years there has been no significant improvement among pre-school children, with 33 percent stunted in 1998 and 34 percent in 2006. Levels of micronutrient malnutrition are high with 43% of both under-fives and of women of reproductive age suffering from iron-deficiency anaemia and 76% of pre-schoolers demonstrating vitamin A deficiency.

The multi-sectoral needs of the most vulnerable population have brought into focus the requirement for a strong humanitarian coordination mechanism among the principal stakeholders, including UN Agencies, WHO, Kenya Red Cross Society (KRCS), and the NGOs and CBOs on the ground.

## 2. UNICEF'S PLANNED EMERGENCY RESPONSE

### Nutrition

Reports from health facilities suggest that many moderately malnourished children living in the worst-affected areas are plummeting towards severe malnutrition due to acute food shortages, destruction of farms and loss of family livelihoods. Many of these children come from families that were already living in ultra-poverty at bare subsistence levels. It is anticipated that malnutrition will rapidly worsen due to insecurity and lack of access to food and assistance.

Working with WFP, UNICEF is seeking US\$ 1,980,800 to provide technical support for the prevention and reduction of malnutrition among displaced and other vulnerable populations in the worst-affected areas; targeting 50,000 children and 5,600 pregnant and lactating mothers.

While the initial response of UNICEF and WFP will be to address reduced food access and prevent malnutrition, the capacity to manage malnutrition will also be supported.

Plans include assistance through additional field and external expertise, to provide:

- Supplementary and/or complementary foods (high protein, high energy, fortified, both ready-to-eat and blended porridge) to prevent malnutrition;
- Equipment for family and group feeding;
- Monitoring, assessment and analysis of the situation related to nutrition;
- Therapeutic food, guidance and technical support for outpatient management of moderate and severe malnutrition;
- Micronutrient supplements and fortification where indicated;
- Support to NGOs with technical expertise for immediate scale-up of management of severe malnutrition at health facilities and community level. These NGOs will work with the Ministry of Health (MOH) to ensure that health workers are trained in the management of malnutrition, implement standard practices, and support district health systems to enable effective management of severe malnutrition;
- Support to breastfeeding;
- Technical support for planning and coordination with WFP, KRCS and other partners to reach displaced and vulnerable populations with appropriate food and nutritional support;
- Logistical support for regular field monitoring and on-going mentoring for management of malnutrition and essential nutrition actions;
- Ensuring essential nutrition actions are integrated as part of transitional planning (e.g. Melazi Bora or routine health and nutrition services, infant and young child feeding support, management of malnutrition, nutritional care and support for populations infected and affected by HIV and AIDS and activities to address micronutrient deficiencies).

UNICEF will continue its role to support coordination of the nutrition sector in Kenya and will ensure that core 'cluster' functions as applied in emergency situations are incorporated.

### Health

UNICEF and WHO plan to immediately address the most urgent health threats to vulnerable populations by:

- Providing emergency health supplies;
- Establishing emergency health sector response through active disease surveillance and early warning systems, disease outbreak investigation, and response specifically to the displaced population;
- Identifying gaps in disease outbreak response and the emergency health care delivery system, and offering prompt gap-filling interventions;
- Monitoring emergency health response activities with partners.

Recent assessments conducted in Nairobi and the countryside have identified emergency trauma management as the most pressing need. Supplies and staff are needed to treat victims of shooting, burning, beating, slashing and trampling. Among those seeking

assistance at clinics are many women and children, and a lot of these children are also malnourished. There is a pressing need for psycho-social social care, provision of primary health care and essential health kits (including trauma, and reproductive health kits with post exposure prophylaxis).

With WHO, the Ministry of Health and other partners, UNICEF aims to contribute to life-saving emergency health care for over 500,000 displaced and injured victims, including children and women.

Overall, support from UNICEF amounting to US\$ 825,000 will contribute to the following key results:

- Provision of a minimum life-saving health package for the affected population - particularly women and children.
- Improved emergency response to the health needs of the displaced and injured vulnerable population within local systems and among health partners.

#### **Proposed Activities**

- Provide emergency health kits, trauma kits, and other essential drugs, commodities and supplies, tools and guidelines to enable rapid response to urgent health needs of those directly affected by conflict.
- Support emergency measles vaccination for all displaced children under five years in affected communities.

#### **HIV/AIDS**

UNICEF and its partners have assessed the emergency situation regarding HIV/AIDS and have determined that this is not a priority intervention area for UNICEF. Kenya has one of the largest PEPFAR programmes in the world with numerous implementing partners including a heavy contingent in the conflict-affected areas, which are also among the highest HIV-prevalence areas. These partners have already been deployed. For example, USAID, CDC and the US Department of Defence with implementing partners are operating a US\$ 300m+ per annum programme. The Clinton Foundation and Elizabeth Glazer Foundation provide major support for children living with HIV and AIDS.

#### **Child Protection**

As with other sectors, plans for emergency protection response focus on two geographical areas - Nairobi and North Rift/Western Kenya. UNICEF is seeking US\$ 950,000 to support the following activities:

**Monitoring and reporting:** UNICEF has already established a relationship for monitoring and reporting of child rights violations with the National Council of Churches in Kenya in the areas of Mount Elgon and Molu. UNICEF will add one international staff member to expand/improve monitoring and reporting including training, analysis of information and use of information in advocacy for protection and access to services.

**Separated Children:** UNICEF has been working with the KRCS for more than a year now on a family reunification programme in Mount Elgon district, where ethnic conflict is widespread. With additional funding the programme could be expanded to other districts affected by the current conflict. We expect an increase in the number of separated children due to both primary and secondary causes – i.e. violence, loss of home and/or income and rising poverty as a result of the violence.

**Communication:** In collaboration with KRCS, messages will be formulated and broadcasted in all local languages to emphasize the need for parents to keep children close-by and safe, and what parents/children should do in case children are separated.

**Psycho-social social support and safe spaces:** There will be a need for safe spaces for all displaced mothers and children. Family kits, including plastic sheeting will be distributed to

enable creation of private spaces for women and separate spaces for children up to the age of 12, including toys.

**Participation in Reconciliation:** Past experience has shown that those affected – especially children – experience a more rapid psycho-social recovery and are able to return to normalcy faster when they participate in helping and working together with others in the emergency context. Working with the Inter-Religious Council of Kenya, an umbrella body for religious organizations operating throughout the country, UNICEF will support peace and reconciliation among young people from communities at greatest risk. Older children and youth, who at the moment are to some extent involved in the conflict or are at risk of becoming involved, must urgently be engaged in positive activities. These include community dialogue to define how communities can heal as well as community activities such as creating playing fields or meeting places for young people that are safe and monitored and not politicized.

## Shelter

UNICEF had already pre-positioned 15,000 family kits including blankets, plastic sheeting, cooking sets, soap and jerry cans sufficient for 100,000 people. The KRCS will distribute 8,000 of these. Other agencies are also providing significant shelter support for displaced populations. To replenish current stocks, an additional 10,000 family kits and shelter supplies are required to meet the needs of a further 75,000 people, amounting to US\$ 450,000.

## Water, Sanitation and Hygiene

Most internally displaced persons (IDPs) are currently congregating in public places such as police stations, churches and schools. While the authorities urge the IDPs to return home, many are reluctant to do so out of fear. The IDP sites are unable to provide drinking water or sanitation facilities. The risks of disease outbreaks and death among the most vulnerable children and women are high.

UNICEF is requesting US\$ 1,123,500 to provide support for 100,000 IDPs who have been affected by the violence. With these funds, UNICEF will:

- Provide minimum life-saving water and sanitation for 100,000 IDPs;
- Support ongoing assessment, monitoring and evaluation of the water/sanitation and hygiene crisis affecting IDPs,
- Improve emergency response to water and sanitation needs of the displaced and injured vulnerable population within local systems and among health partners;
- Complement the work of other partners also helping to meet the critical needs of IDPs in communities scattered across many districts in Kenya.

As cluster lead for water, and co-chair of the Water and Sanitation Emergency Response Group that normally functions through the Office of the President, UNICEF will continue to support partners, provincial and district teams to help coordinate and respond to public health threats. Funds will also be used to assist partners with distribution costs and management as well as further support in case of any outbreak of water borne diseases in the region.

### Proposed Activities

Respond to urgent water and sanitation needs of those directly affected by conflict and predict and respond to increasing numbers through the following:

- Distribution of Emergency WES supplies including jerry cans, aqua-tab purification tablets, buckets, pumps, water bladders etc;
- Ensure supply of safe drinking water;
- Ensure supply and construction of emergency sanitation facilities;
- Provision of hygiene promotion & education materials & activities;
- Support ongoing assessment, monitoring and evaluation;
- Support local authorities and other government partners in providing adequate water and sanitation to the displaced population as long as the situation prevails;
- Support and assist other partners to respond to the needs of the widely scattered populations.

## Education

The Government has announced that opening of schools will be delayed by one week to January 15th. An assessment in the coming week will determine the extent to which schools may have suffered damage while being used as shelter by IDPs.

At least 4,448 primary schools are in the affected areas, with a student population of 2,154,863 (see table 1 below). Even in the absence of any assessment, it can be assumed that at least a quarter of these children will be in areas where they will have difficulty attending school. It is vital to ensure that learning opportunities are not lost for these children and that they are not traumatized by the violence. UNICEF is seeking US\$ 310,000 to help address critical emergency education needs for children in the affected communities.

### Proposed Activities

- Set up temporary classrooms (tents);
- Train teachers and School Management Committees, to identify and support children who have witnessed or been exposed to violence and are suffering from stress;
- Provision of education kits and recreational kits ;
- Psycho-social social support (families/children and women);
- Education for tolerance and citizenship (with special attention to HIV/AIDS and Peace).

## Emergency Telecommunications

To ensure the rapid establishment of an appropriate information technology and telecommunication services in emergency areas, UNICEF is seeking US\$ 50,000 to assist the following:

### Proposed Activities

- Satellite phones (BGAN and Thuraya) already exist in UNICEF's Kenya Country Office and the East and Southern Africa Regional Office based in Nairobi. These will be made operational for rapid assessment and to provide e-mail connectivity when in the field.
- UNICEF vehicles for field use are already MOSS-compliant and the UNICEF Radio Room is operational on a 24x7 basis.
- Should additional support offices be established, two iDirect VSAT systems originally purchased for use in response to the flooding and drought are now in Nairobi and available for deployment.
- An emergency response centre will be established in the UNICEF country office premises at Gigiri, with all the necessary IT and Telecoms equipment.
- Communication assessments for Nairobi and the targeted areas will be conducted. Standby partners will also be used as and when necessary and coordination with other UN agencies on the ground will be assured.

## Coordination

Emergency response coordination in Kenya is usually led by the Office of the President. Within this Office, the Kenya Food Security Steering Group coordinates several sub-committees including those dealing with Water and Sanitation, Health and Nutrition and Education – in which UNICEF serves as co-chair. Currently these mechanisms are not functioning properly.

The Kenya Red Cross Society is mandated by the government as the leading agency in sudden onset disasters and has offered to provide interim coordination leadership. Since the KRCS may be overstretched, shared KRCS-UN coordination will be explored, linked with the UN Humanitarian and Disaster Management Team, built on the cluster approach.

The UN IASC Country Team is discussing the possibility to develop a joint UN Flash Appeal and to seek the support of the CERF for rapid response. This Immediate Needs document constitutes UNICEF's portion of the UN efforts and shall be folded into the Flash Appeal.

### 3. ESTIMATED FUNDING REQUIREMENTS FOR PLANNED ACTION FROM JANUARY TO JUNE 2008

**Table 1: Estimated funding requirements from January - June 2008**

Sector	US\$
Health	825,000
Nutrition	1,980,800
Water, Sanitation and Hygiene	1,123,500
Education	310,000
Child Protection	950,000
Shelter and Non-food items	450,000
Emergency Telecommunications	50,000
Monitoring, Evaluation and Reporting	200,000
Coordination and Logistics	210,000
Other Cross-Sectoral Costs***	155,000
<b>Total Funding Needs</b>	<b>6,254,300</b>
<b>Funded**</b>	<b>1,150,000</b>
<b>Total amount requested*</b>	<b>5,104,300</b>

\*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006. Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

\*\* This includes reprogrammed Regular Resources (US\$ 200,000) and a contribution from the Spanish Government (US\$ 950,000)

\*\*\*This includes cross-sectoral costs to support emergency UNICEF outposts, including in Kisumu and El Doret, as well as advocacy/communications costs.

UNICEF's appeal amount will be adjusted following more detailed assessments and analysis.

Further information on the UNICEF emergency programme in Kenya can be obtained from:

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