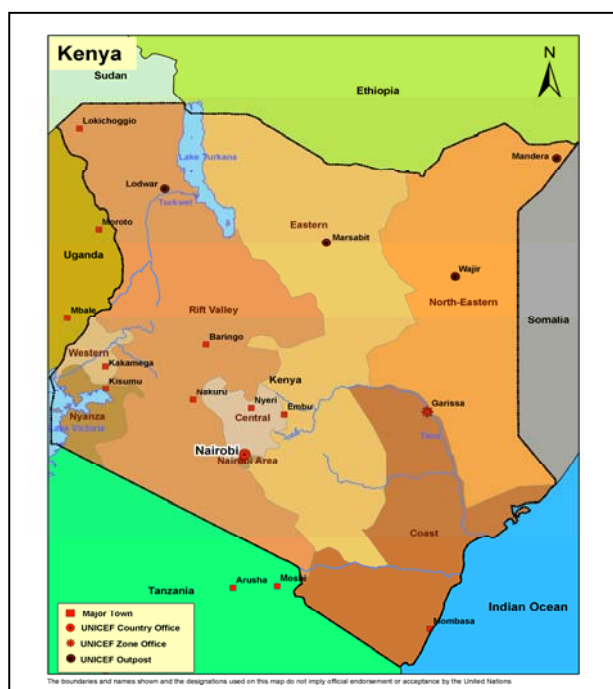


For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION KENYA IN 2008



CORE COUNTRY DATA

Population under 18 (thousands)	18155
U5 mortality rate (2006)	121
Infant mortality rate 2006)	79
Maternal mortality ratio (2000-2006, reported)	410
Primary school enrolment ratio (2000-2006, net, male/female)	78/79
% U1 fully immunized (DPT3)	80
% population using improved drinking water sources *	47
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	1300
% U5 suffering moderate and severe underweight/ stunting *	20.2 33

Sources: *The State of the World's Children 2008*
* Central Bureau of Statistics, Kenya Integrated Household Budget Survey 2005/6.

The 2004-2008 Government of Kenya/UNICEF Programme focuses primarily on 10 key districts in arid and semi-arid hard-to-reach areas, subject to repeated severe droughts and floods, where 80 per cent of the population is nomadic. After disputed national elections in December 2007 civil unrest erupted, which displaced over 250,000 people and affected a total of 500,000 persons. UNICEF is responding with emergency health, water, nutritional support and family shelter supplies as well as child protection assessments and interventions. The vulnerability of children and women is further exacerbated by the enormous social and economic impact of the high HIV/AIDS prevalence. It is estimated that there are 1.8 million orphans in Kenya; of which around 700,000 have lost both their parents. Some 15,000 children require protection services to recover from internal clashes and displacements, in addition to the earlier drought.

Summary of UNICEF financial needs for 2008

Sector	US\$
Health	2,325,000
Nutrition	2,980,800
Water, sanitation and hygiene	2,123,500
Education	1,105,000
Child protection	1,700,000
Shelter and emergency coordination	1,065,000
Total*	11,299,300

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

In 2007 Kenya has continued to grapple with humanitarian challenges, the most recurrent being numerous conflicts and population displacements caused by land clashes. These emergencies have been compounded by the drought situation that has prevailed in certain parts of the country, especially in North and North-Eastern Kenya since 2004. All of them have occurred in quick succession; often having negative impacts on every aspect of children's lives. Children have suffered from nutritional setbacks, bouts of disease, loss of already limited educational opportunities and death in the family. Available data from the 2003 Kenya Demographic and Health Survey (KDHS 2003) showed that under-five mortality had risen from 110 to 115 per 1,000 live births over the previous four to five years. Major disparities were also exposed – with under-five mortality ranging from 54 per 1,000 live births in Central Province to 163 per 1,000 in North-Eastern Province and 206 per 1,000 in Nyanza Province. Preliminary results of the just concluded Multiple Indicator Cluster Survey (MICS) also show a grim picture in terms of development indicators for children in North and North-Eastern Kenya.

A third of all child deaths occur within the first month of life. This is often linked with inadequate care during pregnancy and birth. About half of all deliveries in Kenya take place without skilled attendance. Other primary causes of child deaths are malaria, diarrhoea, respiratory infections and HIV and AIDS. Many malaria deaths are due to lack of access to insecticide-treated nets. Furthermore, prompt, effective and affordable malaria treatment is not always available. Malnutrition remains a key underlying factor in more than 55 per cent of all child deaths. About one third of Kenyan under-five children are chronically malnourished. The most recent government study completed in 2005/2006¹ showed a slight increase in stunting (33 per cent), wasting (6.1 per cent) and the proportion of under-fives who are underweight (20.2 per cent). There are wide regional disparities, with more than a quarter of children in North-Eastern Province suffering from wasting. During periods of food insecurity in ASAL (arid and semi-arid lands) districts, which are mostly in North and North-Eastern Kenya, levels of acute malnutrition have reached 37 per cent in some divisions. A key factor in poor child nutrition is low exclusive breastfeeding for six months, which is practised by less than 3 per cent of mothers, as well as consumption of diets of inadequate quality and diversity. It is unlikely that the pace of improvement in child survival can be maintained without significant breakthroughs in improving child nutrition, since this is an underlying factor in more than half of all child deaths.

Malnutrition affects boys and girls equally. Levels of micronutrient malnutrition are high with 43 per cent of both under-fives and women of reproductive age suffering from iron-deficiency anaemia and 76 per cent of preschoolers demonstrating vitamin A deficiency.² Kenya has shown some progress towards the elimination of iodine deficiency disorders, with goitre rates moving down from 16 per cent in 1994 to 6 per cent in 2004 (Kenya Medical Research Institute (KEMRI), 2004). However, this far exceeds the International Council for the Control of Iodine Deficiency Disorders (ICCIDD)/WHO acceptable rate of 5 per cent with pockets around the country where prevalence reaches 36 per cent in certain areas, such as Lamu District.

Many under-five deaths in Kenya are also related to unsafe water supply, inadequate sanitation and unhygienic practices and behaviours. Diarrhoeal diseases account for almost 20 per cent of under-five mortality. According to the Kenya Integrated Household Budget Survey (KIHBS 2005/6), only 47 per cent of Kenyans have access to safe drinking water. The same study shows that 17 per cent have access to a flush toilet or ventilated improved pit (VIP) latrine, 67 per cent to pit latrines and 16 per cent are without any access to sanitation.

The 2003 KDHS shows a clear correlation at the provincial level between low child health indicators and low education indicators. Mothers with no education also have the highest levels of underweight children (33 per cent), whilst mothers with some secondary education have the lowest levels of underweight children (11 per cent). Almost 30 per cent of women with no education do not attend antenatal clinics, compared to 2 per cent of those with some secondary education. In the education sector, only 2 (one for girls) out of 10 children in North and North-Eastern Kenya have access to basic education under normal circumstances. In this region, gross enrolment ratio (GER) stood at 27.6 in 2006 (33.4 for boys and 20.5 for girls) compared to the national average of 109.9 per cent (boys 104.4, girls 107.2) for the same year. Many children have been put in boarding facilities to combat emergencies, and many of the facilities have become overstretched and need

¹ Central Bureau of Statistics, Kenya Integrated Household Budget Survey 2005/6.

² Ministry of Health, Kenya Medical Research Institute (KEMRI), University of Nairobi, Social Sciences and Medicine-Africa Network (SOMA-Net), *Anaemia and the status of Iron, Vitamin-A and Zinc in Kenya : the 1999 national micronutrient survey report*, Ministry of Health, 1999.

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support. They are located in areas mainly inhabited by nomads and pastoralists, who in many instances do not see the value of education for their children, especially the girls, even under normal situations.

After disputed national elections in December 2007 civil unrest erupted in Kenya, which displaced over 250,000 people, killed more than 600, and affected a total of 500,000 persons. UNICEF is responding with emergency health, water, nutritional support and family shelter supplies as well as child protection assessments and interventions.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of Kenyan children caught in various emergencies. Support has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection. However, these interventions were often hindered by inadequate funding and lack of access to some parts of the country, especially during the floods experienced during the first months of 2007, and in the areas affected by land clashes due to security issues.

UNICEF continued having a strong presence in Northern Kenya through the establishment in 2006 of four permanent outposts. In these districts, UNICEF was able to upgrade its support to the Government of Kenya by monitoring and providing updated information on the situation of women and children and coordinating water, sanitation and hygiene, education, and health and nutrition emergency response committees. UNICEF also supported North-Eastern Kenya districts to prepare joint health, nutrition and water emergency preparedness plans.

In the area of health and nutrition, since January 2007, UNICEF has distributed 3,500 family kits to the displaced populations of Mount Elgon; non-food items to the displaced populations of Kieni in Central Province; 2,000 family kits to the populations affected by floods, drought and conflicts in Wajir, Garissa, Tana River and Marsabit districts. Some 159,000 under-five children have benefited from improved coverage of essential routine health and nutrition services. Fixed outreach routine immunization services have been strengthened through increased technical and supply assistance to the Ministry of Health and other national partners. The Malezi Bora weeks have ensured that children and their mothers continue to receive routine health and nutrition services. Some 6,000 severely malnourished children have received treatment thanks to the establishment of treatment centres, the provision of nutritional supplies and the training of health staff. UNICEF has set up child-friendly spaces to provide educational, recreational and counselling services to displaced children in the Dadaab refugee camp. Assistance has also been extended to local communities through the provision of boarding facilities (beds, mattresses and bed sheets) for 2,684 girls in Marsabit, Garissa, Wajir and Turkana districts. Ten classrooms have been constructed to accommodate 400 primary schoolchildren in the Dadaab refugee camp.

UNICEF is partnering with Action Aid to rehabilitate 12 flood-affected schools, including appropriate sanitation facilities, in Tana River district. To improve the coordination capacity at both national and district levels, 12 computers and printers are being procured. UNICEF also partnered with the Kenya Red Cross to ensure the delivery of 100 educational kits and 1,000 desks for some 7,000 internally displaced children in Mount Elgon. Fifty key education officers from the national level and from 11 districts were trained on emergency preparedness and response. UNICEF continued to support a hygiene education programme for schools in the cholera-prone areas of Mombasa district that reached over 10,000 children. A total of 26 portable water testing kits and reagents were supplied to the Public Health Department to monitor the quality of water in flood-affected districts. Over 2 million chlorine tablets and another 2 million PUR sachets for household water disinfection were distributed to over 18,000 flood-stricken families. Seven diesel-driven generating sets, pipes and fittings were provided to CARE International for water supplies in the refugee camps, benefiting 42,000 refugees. UNICEF Kenya has also contributed immensely to the ongoing review of national humanitarian coordination structures.

During 2007, the Child Protection Section brought in a child protection officer to focus specifically on emergency preparedness and provide appropriate responses in line with UNICEF's *Core Commitments for Children in Emergencies*. In the Mount Elgon region, new partnerships were developed with national NGOs to help strengthen protection responses for children displaced by the conflicts in the region. The Kenya Red Cross is conducting child tracing activities for an estimated 250 children (of more than 500 people seeking tracing services), and UNICEF is working with other NGOs, such as the National Council of Churches in

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Kenya (NCKK) and Inter-Medico Legal Unit (IMLU) to support evidence-based monitoring of abuses perpetrated upon children and the delivery of medical and legal assistance to children in areas where services are no longer accessible.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership

The cluster approach is not formally implemented in Kenya. UNICEF, other UN agencies and international NGOs are working with the Government of Kenya in order to ensure that it addresses more effectively and efficiently all stages of the disaster management cycle (prevention, mitigation, preparedness, response and recovery) for natural and man-made disasters as well as humanitarian emergencies (the main objective of the UN Development Assistance Framework (UNDAF) for disaster management).

Regular programme

UNICEF operates within the framework of the 2004-2008 Country Programme of Cooperation with the Government of Kenya. This programme focuses on five priority areas, namely: health, nutrition, water, sanitation and hygiene, child protection and education. Humanitarian activities are mainstreamed into the programme which geographically targets the most disadvantaged districts of North and North-East Kenya. In this region, key social indicators are amongst the worst in the country and drought cycles have progressively compromised the livelihoods of children and women. UNICEF works in these areas to ensure that sectoral programmes accelerate key lifesaving interventions during times of emergency in line with UNICEF's *Core Commitments for Children in Emergencies*.

Health (US\$ 2,325,000)

Key activities will include:

- Procure and distribute essential emergency drugs and equipment to 200 health facilities;
- Train 100 health workers and 250 village-level staff in immunization services and cold chain;
- Provide essential drug supplies to 10 districts for 683,768 people;
- Train 250 community-based health workers to promote the use of insecticide-treated mosquito nets;
- Distribute 70,000 insecticide-treated mosquito nets to 9,000 households.

Nutrition (US\$ 2,980,800)

Populations in the most affected arid and semi-arid lands will continue benefiting from the following interventions:

- Procure and distribute essential emergency food and equipment to about 400 health centres in the most affected districts;
- Train about 1,200 health workers in infant and young child feeding practices and the management of malnutrition;
- Continue supporting therapeutic feeding programmes previously established and managed by partners and the Ministry of Health;
- Assist the Ministry of Health to scale up the management of severe malnutrition at district hospitals and at community level for severely malnourished patients;
- Continue supporting the Ministry of Health in the management of mild and moderate malnutrition through the UNICEF/World Food Programme partnership for about 35,000 moderately malnourished children and 25,000 pregnant and lactating mothers;
- Support the implementation of eight nutritional surveys, assessments and evaluations;
- Procure and administer vitamin A to all under-five children;
- Support field monitoring and supervision;
- Support additional district nutritionists;
- Continue supporting coordination systems at national and district levels in order to plan and coordinate nutritional response according to priority needs with partners.

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Water, sanitation and hygiene (US\$ 2,123,500)

Some 100,000 displaced persons, focusing particularly on children and women, will be reached through the following key activities:

- Rehabilitate/construct wells and adequate sanitary facilities in 50 schools;
- Rehabilitate/construct 100 wells and boreholes and install handpumps to provide safe drinking water to some 25,000 individuals in permanent and return areas;
- Rehabilitate/construct 100 household latrines;
- Train 200 local water authority management teams and 12 central teams in county/city water and sanitation assessments, strengthen implementation and monitoring capacity, disaster preparedness and response, good governance, strategic options, rehabilitation planning and water quality testing;
- Promote hygiene education and hygiene awareness programmes in 50 schools and 50 local communities in order to complement existing water and sanitation services.

Education (US\$ 1,105,000)

UNICEF is working in the drought-affected areas and also provides support through its regular programmes. The education programme aims to promote access to quality early learning and education for all children in affected communities with special emphasis on girls, in collaboration with other partners. Key activities will include:

- Procure 1,000 educational and recreational kits to support 50,000 children;
- Procure 10 tents to create safe learning environment for 400 children;
- Support joint rapid assessment missions to drought- and conflict-affected areas;
- Strengthen Ministry of Education's capacity to prepare for and respond to emergencies;
- Expand boarding facilities to accommodate 1,000 children in the affected areas;
- Support joint monitoring and evaluation exercises.

Child protection (US\$ 1,700,000)

In 2008, UNICEF will embark on developing comprehensive child protection emergency preparedness plans in 10 arid districts prone to natural hazards in partnership with the Government of Kenya, non-governmental/faith-based organizations and UN agencies. The development process will include workshops with stakeholders and intergenerational forums with children aiming at producing child protection emergency response networks in each district. These initiatives will focus on the following activities:

- Strengthen services for youth focusing on sports and on the training of youth facilitators;
- Train community paralegals and provide advocacy services to children during the monthly mobile courts;
- Undertake advocacy focusing on shari'a courts, and create a child protection police unit specifically for Dadaab;
- Train and incorporate teachers into the psychosocial support network.

Shelter and emergency coordination (US\$ 1,065,000)

UNICEF will strengthen its own capacity for coherent and coordinated preparedness to respond to forthcoming emergencies. In doing so UNICEF will, through the UN Country Team joint approach, ensure that efforts are provided to develop the Government of Kenya's capacity to deal with disaster management (from preparedness to timely and effective response as well as recovery). Activities will include:

- Strengthen UNICEF's multisectoral preparedness and readiness capacity to immediately respond to any forthcoming emergency (medium-scale emergency: 100,000 affected persons);
- Coordinate UNICEF's multisectoral response to emergencies;
- Build Government's capacity to deal with disaster management, from the district to the national level;
- Immediately respond with comprehensive family kits to the shelter needs of 100,000 internally displaced persons (by conflict, floods and/or drought).