

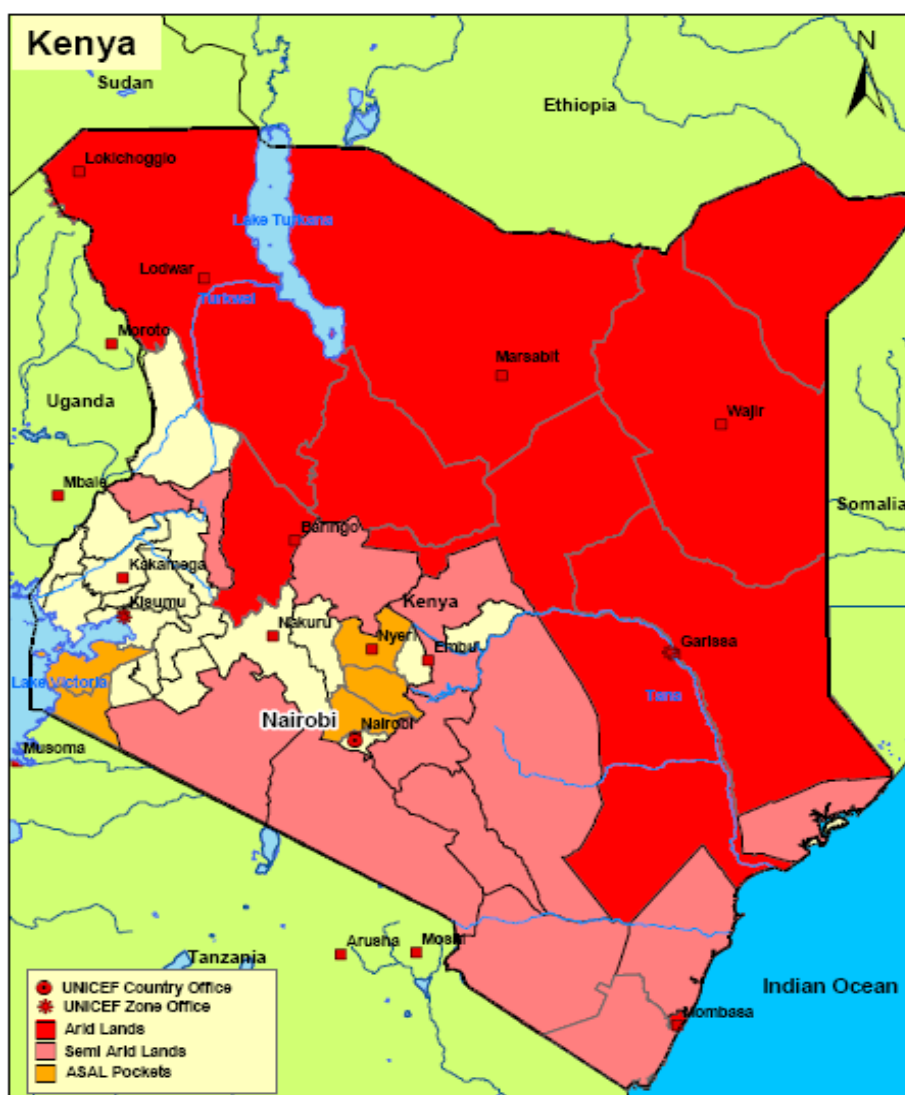
# UNICEF HUMANITARIAN ACTION UPDATE

## KENYA

22 September 2009

### UNICEF URGENTLY REQUIRES US\$ 4.9 MILLION TO ADDRESS THE IMMEDIATE NEEDS OF CHILDREN AND WOMEN AFFECTED BY DROUGHT AND FOOD INSECURITY

- Up to 3.8 million persons are in need of humanitarian assistance to meet basic food needs.
- 280,000 children under five require treatment for moderate and severe acute malnutrition.
- Lack of access to safe water contributes to increase in diarrheal diseases including cholera with more than 4,300 confirmed cases this year.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## 1. ISSUES FOR CHILDREN

Multiple factors contribute to the deepening food security crisis in Kenya. The recent failure of the long rainy season (May – July) marks the third consecutive failed rainy season, seriously impacting the pastoral and south eastern marginal lowlands causing a substantial decline in both crop and livestock production. The lack of regeneration of pasture has resulted in early migration of livestock, depriving pastoral children of milk and resulting in an increase in conflicts and cattle rustling due to competition for water and pasture. During the long rains most parts of the country received between 10-50 per cent of the normal rainfall resulting in a decline in maize production of up to 28 per cent below the five year average. This will further exacerbate the consistently high food prices – with the staple food maize price between 100 – 130 per cent higher than the five year average and consistently higher than prices in 2008 when global attention was fixed on high food prices. The number of Kenyans in need of humanitarian assistance to meet basic food needs rose from 1.2 million in January to 3.8 million after an assessment concluded in August 2009. The number of children affected by acute malnutrition rose to 281,000 (242,000 children under the age of 5 years with moderate acute malnutrition and 39,000 suffering from severe acute malnutrition) up from approximately 105,000 children at the beginning of the year. Recent nutritional survey findings indicate that levels of global acute malnutrition (GAM) are critical in Northern Arid Areas where rates are above 20 per cent<sup>1</sup> (GAM rates above 15 per cent are considered critical by WHO). In addition, rates are above 10% and considered serious in districts that are not traditionally affected by acute malnutrition.<sup>2</sup> In urban poor areas the situation is dire as households purchase virtually their whole food basket from the market and are therefore disproportionately affected by high food and commodity prices.

The successive poor rains have resulted in extremely limited surface water availability (water pans, dams and rivers) and decreases in the water table across the Northern and Arid areas as well as in other areas of the country with urban areas noting a significant decline in water availability and instituting water rationing. Distance to water for domestic use has tripled in some areas (25-30 km in Northern Pastoral areas) with only 2-6 litres of water available per person per day. The cost of water at household level has risen tenfold in some locations adding to stress on already stretched household resources. The limited availability of water has contributed to a rise in diarrheal disease including cholera with 4,316 cholera cases confirmed since the beginning of the year with 102 deaths. There is a rise in the number of cases of tuberculosis (including multi-drug resistant TB already reported in refugee camps in Dadaab and Kakuma), leishmaniasis and measles given lowered immunity of malnourished children. Since the last measles immunization campaign in July of 2006, there has been an accumulation of susceptible cases capable of causing a massive outbreak. This heightened vulnerability to disease comes at a time when households are redirecting limited resources to buy food and reducing expenditure on health care. School feeding programmes are effective mechanisms for keeping children in school with only moderate drop out rates in districts with school feeding programmes; in districts without school feeding programmes declines in attendance have been recorded.

In the last quarter of the year an El Nino event is expected to bring enhanced rainfall to Eastern and Western Kenya and the possibility of widespread flooding, population displacement and the separation of children from their families, crop and livestock losses, disease outbreaks and the interruption of education. UNICEF is working closely with Government and partners including the Kenya Red Cross to prepare for the potential El Nino event by pre-positioning critical food and non food supplies and enhancing the populations' understanding of measures that they can take to protect themselves.

## 2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS in 2009

UNICEF continues to support sectoral coordination for emergencies, leading 'clusters' in WASH, Nutrition, Education, and the sub-clusters in Child Protection and Gender Based Violence. Emphasis in 2009 has been on transitioning cluster functions into structures situated within Government and building capacity for Government leadership and coordination. Specific measures to enhance capacity include: training on Education in Emergencies provided to members of the Education in Emergencies Working Group (Education Cluster); planning for district level emergency preparedness and response undertaken with the Department of Children's Services; and preparedness planning within the Nutrition Technical Forum (Nutrition Cluster). Additional resources have been provided to strengthen the information management and response capacity of the WESCOORD (WASH Cluster) at national and district level to scale up response to drought and cholera.

<sup>1</sup> Z-scores, WHO 2006. Districts include Turkana, Mandera, Marsabit and Samburu.

<sup>2</sup> Z-scores, WHO 2006. Districts include Baringo, Kajiado, Kingango

## **Nutrition**

In response to the deterioration of the food and nutrition situation in pastoral and marginal agriculture districts, UNICEF embarked on new partnerships with NGOs to scale-up programmes for the integrated management of acute malnutrition (IMAM) in Kajiado, Kitui, Mwingi, Kilifi and Pokot. UNICEF has also been providing technical support, through NGO partners, in Marsabit, Turkana and Wajir and has further provided essential nutrition supplies to all affected districts. In addition, NGO partners received funding to support the Ministry of Public Health and Sanitation to provide essential nutrition services for the coming year in the arid districts of Moyale, Mandera, Wajir, Turkana, Samburu and Baringo. The coverage of the nutrition interventions from January to June 2009 remains below 50 per cent (35 per cent in Arid and Semi Arid Lands and 40 per cent for urban poor) which is below minimum standards to have a significant public health impact. The coverage figures will be reviewed at the end of September and are expected to increase as partners scale up interventions in Kitui, Mwingi, Kajiado, Kilifi and Pokot. Additional funding is urgently needed to increase the coverage of critical nutrition actions and prevent further deterioration of the health and nutritional situation of children and mothers.

## **Health**

UNICEF has supported the Ministry of Public Health and Sanitation in the development of a Diarrhea Disease Control Strategy which will address both longer term and emergency response to diarrheal diseases including cholera. Critical medical supplies for the treatment of cholera have also been provided to health centres across the country. UNICEF is further supporting the Government in scaling up the availability of Oral Rehydration therapy, one of the most effective means to treat dehydration due to diarrheal disease. UNICEF has also supported the Government in the implementation of five rounds of polio vaccination campaigns with another campaign planned for October. There have been 18 cases of wild polio virus detected this year. A nation-wide measles campaign targeting all children 9-59 months is planned for the end of September.

## **WASH**

UNICEF continues to support Government and partners in cholera preparedness and response through the provision of water testing and treatment supplies, development of specific cholera communication and social mobilization plans at district level. UNICEF is further supporting the Government in implementing a nation-wide training in water quality testing and surveillance for District Health and Water Officers. A national consultation to support to roll out of district cholera communication and social mobilization plans took place in August and funding to implement these plans has been provided to the 25 most affected districts.

In July 2009, UNICEF completed a prioritization exercise for drought response in collaboration with the WESCOORD (WASH Cluster) and the Northern and Rift Valley Water Services Boards. Priority districts include: Turkana, Mandera, Marsabit, Kajiado, Isiolo, Garissa, Wajir, Kalifi, Kitui, Kwale, Mwingi and Makueni. This exercise identified boreholes and water supply schemes requiring rehabilitation, identified needs for procurement of equipment and spare parts, rehabilitation and extension of existing water supply schemes, improved water storage capacity at community level and enhanced community capacity for management of water sources to improve sustainability. Initial funds to implement this programme have just been identified but additional funds are required.

## **Education**

UNICEF's Education programme focuses on districts in pastoral areas as they are areas of greatest disparity in terms of enrolment and retention of students, particularly for girls. The focus of this programme is on increasing access through social mobilization with communities and promoting a child friendly environment through training on Child Friendly Schools (CFS) principles with teachers and education management at the school level. Work is also ongoing with the Ministry of Education on the development of National Emergency Preparedness and Response Planning that will develop capacities of Ministry of Education Officers at national, district and school level to undertake effective emergency response that will also incorporate responses to drought/food insecurity.

## Child Protection

UNICEF is working closely with the Government in the implementation of the Cash Transfer Programme for Orphans and Vulnerable Children (OVC) the objective of which is to provide a social protection system through regular cash transfers to families living with OVC in order to encourage fostering and retention of OVC and to promote their human capital development through basic education, basic health and nutrition services, and birth registration. The targeting process includes community participation in identifying the most vulnerable households taking care of OVC which are also those most affected by food insecurity. The programme is currently reaching 201,300 children in 61,000 households in 47 districts throughout Kenya. By the end of 2009, the households reached should increase to 70,000

The Child Protection Centres in major urban centres of Nairobi, Mombasa, and Garissa provide one daily meal, sports and edutainment which are pull factors for vulnerable children to access the centre. Once there they are registered, assessed, counselled and referred for additional services. UNICEF is also working with the Government to establish norms and standards, accreditation of partners for child protection in emergency and to enhance preparedness and response planning at district level for a range of emergencies including drought/food insecurity.

## 3. FUNDING REQUIREMENTS AND RECEIPTS

As part of the revised inter agency appeal the Kenya Emergency Humanitarian Response Plan launched in March 2009, UNICEF currently still needs US\$ 14,094,878 to be able to adequately respond to the needs of children and women in Kenya. The response from the donor community has been limited thus far, with only US\$ 8,046,495 received. The most urgent funding priorities, as per below table, amount to US\$ 4,920,000.

**Table 1: Funds Received against Appeal**

Appeal Sector	Requirements by Sector	Funds Received*** (US\$)	Unmet requirements (US\$)	% Unfunded
Health	3,090,000	357,927*	2,198,146	71%
Nutrition	6,248,800	5,625,907	622,893	10%
Water, Sanitation & Hygiene (WASH)	4,176,000	1,722,641	2,453,359	59%
Education	4,400,000	0**	2,651,000	60%
Child Protection	5,309,500	157,293	5,152,207	97%
Cross-Sectoral Coordination (incl. NFIs)	1,200,000	182,727	1,017,273	85%
<b>Total</b>	<b>24,424,300</b>	<b>8,046,495</b>	<b>14,094,878</b>	<b>58%</b>

\*Does not include additional \$533,927 mobilized for polio response.

\*\* Does not include \$1,749,000 received for education in emergencies.

\*\*\* 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.

**Table 2: Urgent Funding Priorities**

Project	Beneficiaries/coverage	Amount Required (US\$)
1. WASH: Emergency response to drought & cholera: rehabilitation and construction of new water supplies and improved community management capacity.	1 million people	2,000,000
2. Nutrition: Scale up of integrated management of acute malnutrition	40,000 malnourished children	620,000
3. Health: micro planning and strengthened outreach in drought affected districts to reach vulnerable communities; procurement of essential health supplies for	1 million people	1,300,000

emergency response		
4. Education: Support to low cost boarding schools with increased attendance due to the provision of meals	50,000 school children	500,000
5. Child Protection: Enhanced monitoring and advocacy with communities to protection children from conflict, exploitation and abuse		500,000
<b>Total Priority needs</b>		<b>4,920,000</b>

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

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