



CRISIS APPEAL: DROUGHT EMERGENCY, KENYA July 2004

ISSUE

The poor performance of the short rains (October-December 2003), coupled with the erratic long rains (March-May 2004), has resulted in a drought emergency in 26 of Kenya's 74 districts and has rendered an estimated 2.3 million Kenyans in need of relief aid. The consequences of the prevailing food insecurity are being borne by the most vulnerable groups, i.e. children and women. In some of the worst affected districts, UNICEF coordinated surveys have found acute malnutrition and chronic malnutrition rates as high as 35% and 45%, respectively. **An estimated 37,130 malnourished children require targeted nutritional support.**

Public health services, already under-resourced and overburdened in the drought-affected areas, are suffering from acute shortages of drugs and equipment and are also poorly staffed and managed. In the Northeastern province, one of the worst affected drought areas, measles vaccination coverage is as low as 33%. Measles is one of the most contagious viruses known and can be associated with high mortality rates particularly where populations are suffering from high rates of malnutrition. **Some 520,000 children under-five are to be vaccinated against measles and provided vitamin A supplementation.**

The affected areas are also reporting **water shortages** with pans drying-up and livestock and people concentrated near the remaining few water sources, **failure of which will result in a life-threatening crisis. The areas also face risks of disease outbreaks (diarrhoea, cholera, etc) due to poor hygiene and sanitation practices as well as poor water quality.**

The arid and semi-arid areas are also the regions where school enrolment rates are extremely low at 30%. With the increased water shortages at schools and family movements, drop-out rates are now on the rise. **It is estimated that about 1.2 million primary age children could be deprived of adequate opportunities for meeting their learning and psycho-social needs.**

In the current emergency, there is an increased threat of risky behaviours as people migrate with animals or to seek jobs or girls/women engage in commercial sex to offset economic constraints. Also busy relief transport routes become magnets for commercial sex. **There is a need for widespread sensitization on HIV/AIDS prevention.**

UNICEF ACTIONS TO DATE

Assessments: With a deteriorating situation and at the request of the Government, UNICEF coordinated nutrition surveys in February 2004. Two surveys were carried out by UNICEF and the third by NGO partners. Results of the surveys were used for decisions by the Kenya Food Security Group, Office of the President, on food aid and non-food interventions. In June, UNICEF also participated in multi-sectoral assessments undertaken by the Kenya Food Security Group.

Coordination: UNICEF, with line ministries, coordinates national emergency sector groups on Health and Nutrition, Water and Sanitation and Education. The groups include UN agencies, relevant government bodies, NGOs/Community Based Organizations and donors. Through these groups, sectoral intervention plans and resource requirements have been prepared. In addition, partnership mapping to assist in optimal use of resources has been undertaken.

Interventions: Through the reprogramming of regular resources (US\$ 60,000) and deployment of contingency stocks, UNICEF has been providing supplementary food for 5,000 young children in Turkana; in addition emergency health kits and critical immunization equipment have been sent to the drought-affected areas. A recent donation of high-energy biscuits and water filters are being dispatched to the worst affected districts.

Since the last drought of 1999-2002, UNICEF has continued assistance programmes in nutrition, health, water/sanitation, education and HIV/AIDS in the Northeast province, Turkana and Marsabit.

PLANNED ACTIONS

The planned UNICEF interventions include:

- Rehabilitation of malnourished children and women;
- Measles immunization campaign;
- Provision of critical health supplies;
- Provision of sufficient potable water for affected communities and schools and health centres facing acute shortages;
- Provision of basic materials to ensure schools remain functional and are a protective environment for children;
- Sensitization on HIV/AIDS prevention.

In addition, UNICEF will expand on nutrition and health situation monitoring and continue its key role in coordination of sectoral responses.

EXPECTED IMPACT

UNICEF humanitarian actions in the drought-affected areas will contribute to the reduction and prevention of malnutrition and mortality among children. They will improve reliable access to safe water, hygiene and sanitation facilities for the drought-affected communities, especially schools. Populations will develop greater awareness about the risks associated with HIV/AIDS and its prevention. Furthermore, numbers of children dropping out of school will be kept as low as possible.

TOTAL BUDGET

The Kenya Food Security Group, led by the Government, is currently working on a consolidated, multi-sectoral flash appeal for drought emergency. This UNICEF Crisis Appeal is a part of the sector-wide broader appeals that are being finalized through the sectoral coordination groups of the Kenya Food Security Group.

SECTORS	AMOUNT REQUIRED (US\$)
HEALTH AND NUTRITION	3,393,600
WATER AND SANITATION	3,528,000
EDUCATION & CHILD PROTECTION	1,713,600
TOTAL	8,635,200

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HEALTH AND NUTRITION

ISSUE

Nutritional surveys (February 2004) in Turkana and Marsabit have found very high rates of acute malnutrition (ranging from 20-35%) amongst young children – the most vulnerable group in any population. This is well above the WHO threshold of 15% malnutrition, indicating a crisis situation. In the Coast province, as verified by a February 2004 survey, the rates of chronic malnutrition are very high (over 35% and in some locations up to 45%) and over national averages (31%). Early warning reports and recent rapid assessment data in pastoral and agro-pastoral areas (e.g. Garissa, Wajir) also indicate deterioration in nutritional trends due to decreased household milk availability¹. Overall the poor nutritional status is attributed to inadequate diet, compounded with high incidence of disease and also poor caring practices.

Reports from some of the drought affected districts and those recently affected by floods indicate that there is an upsurge of malaria. The reported water scarcity in the drought affected areas is likely to complicate the already delicate environmental health and hygiene situation, leading to diarrhoeas and other water and sanitation related diseases. The combination of disease and malnutrition is often a fatal one.

Public health services, already under-resourced and overburdened in the drought-affected areas, are suffering from acute shortages of drugs and equipment and are also poorly staffed and managed. Immunization coverage against communicable childhood diseases is still poor – national measles immunization coverage is at 72% with Northeastern province (NEP) as low as 33%. Measles is one of the most contagious viruses known and can be associated with high mortality rates particularly where populations are suffering from high rates of malnutrition.

The current national HIV/AIDS prevalence stands at 8.7% for women and 6.7% for men (2003 KDHS). Poor nutrition increases the vulnerability of persons living with the virus, increasing the risk of opportunistic infections and resulting in higher morbidity and mortality. In addition, economic constraints to the purchase of food, especially in an emergency situation, predispose populations to seek jobs or favours that expose them to increased risk of contracting the virus.

ACTION TO DATE

During 2003 and early 2004, UNICEF activities in drought-prone areas have included:

- *Nutrition surveys for decision-making and resource allocations by Government, partners and donors*
- *In 2004, provision of supplementary food from contingency stocks for immediate feeding of 5,000 children in early childhood development (ECD) centres;*
- *Distribution of high energy biscuits to partner agencies for use in ECD centres and health facilities*
- *Provision of anthropometric equipment, vitamin A and iron-folate to health facilities and partners in Turkana, Marsabit, Isiolo, Garissa, Mandera as well as training on infant feeding and care practices*
- *Organization and support to Child Action Days in Mandera, Marsabit, Garissa, Turkana and Kwale*
- *Emergency obstetric care (EOC) assessment and provision of supplies for health facilities to ensure minimum standards; training of health workers on EOC*
- *Roll out of immunization-plus strategy in NEP; supply and support the maintenance and monitoring of cold chain equipment; training of health workers on cold chain and new EPI initiatives*
- *Scaling-up of malaria control activities through provision of over 15,000 insecticide treated bed nets, drugs and epidemic supplies and community mobilization*
- *Integrated Management of Childhood Illnesses (IMCI) training for over 24 clinicians*
- *Provincial hospital in Garissa assessed and upgraded to better support prevention of mother to child transmission of HIV*
- *Life skills and HIV/AIDS prevention training*

¹ Long Rains Assessment 2004, Consolidated Inter-agency Report, Kenya Food Security Steering Group, June 2004

PLANNED ACTIONS

1. Nutritional rehabilitation, monitoring and improvement of care practices. The primary aim of nutrition emergency interventions will be to provide targeted feeding to rehabilitate some 37,130 malnourished children in 12 highly vulnerable districts. Training of care-givers on positive care practices will be an integral part of such programmes so that they are better equipped to prevent malnutrition, recognize early signs and seek early assistance. UNICEF will procure supplementary and therapeutic food items² and support partners on the ground to implement the programmes. Technical support from trained UNICEF field nutritionists will ensure adherence to standard protocols, monitor progress of the interventions as well as undertake assessment and surveys as required.

2. Measles immunization campaign, Vitamin A supplementation, improved delivery of minimum health care package. UNICEF, with the Ministry of Health, will organize measles immunization campaigns for children aged 9 months – 4 years in the worst affected districts. Vitamin A supplementation will go hand in hand. It is estimated that 520,000 children will be reached. In addition, district health management teams and health systems will be supported to provide a basic essential health care package that is tailored to the morbidity profiles of particular districts. The package may include immunization, malaria control, HIV/AIDS and TB prevention and management, implementation of integrated management of childhood illnesses strategy, STI prevention and management, and interventions to control environment-related communicable diseases.

3. HIV/AIDS prevention. Community members will be systematically reached with HIV/AIDS prevention measures at every opportunity. Peer education and training of trainers will be the key strategies. Contact locations will include food distribution sites, health facilities, selective feeding sites, schools and so on. Full involvement of community-based organizations, youth and women groups will be solicited to increase coverage with key messages. Appropriate materials and communication tools will be produced and disseminated.

EXPECTED IMPACT

- Reduction of malnutrition among children.
- Caregivers are informed on ways to prevent malnutrition and provide comprehensive care for children so that they are able to reach their full potential.
- Nutrition situation is carefully monitored so that responses are efficient and resources well utilized.
- Measles immunization coverage is boosted in affected districts and thus to any associated mortality.
- Vitamin A supplementation coverage is increased to offer better protection to children against disease and prevent deficiency diseases.
- Improved disease surveillance and basic health service delivery in affected districts will lower morbidity.
- Communities are well informed about ways to prevent HIV/AIDS and discourage risky behaviours amongst their people.

² UNICEF works in coordination with the World Food Programme (WFP) which solicits food items for general food distribution. The supplementary food items UNICEF is appealing for are over and above the WFP appeal as, through the coordination mechanisms, it was agreed that UNICEF will be responsible for soliciting foods for TARGETED feeding programmes for REHABILITATION of malnourished children and women.

BUDGET

Activities	Amount Required (US\$)
Procurement and transport of supplementary and therapeutic food items	1,000,000
Implementation of targeted feeding programmes	450,000
Improvement of care practices	60,000
Monitoring of nutrition situation	50,000
Improved delivery of minimum health care package; disease surveillance and response	140,000
Procurement and distribution of essential health packages supplies	600,000
Measles/Vitamin A campaign + outreach	550,000
Sensitization on prevention of HIV/AIDS	80,000
Coordination, technical support	100,000
Sub-total	3,030,000
UNICEF recovery costs (12%) ³	363,600
Grand total	3,393,600

³ The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

WATER AND SANITATION

ISSUE

The short rains of 2003 (October to November 2003) and the long rains of 2004 (March to May 2004) were much below normal in quantity and unevenly distributed. Assessments coordinated by the District Steering Groups and Kenya Food Security Steering Group, in which UNICEF was a participant, showed significant areas experiencing water shortages with pans (open depression in the ground for collecting and impounding rainwater) drying-up and livestock and people concentrated near the remaining few water pans as well as permanent water points, especially boreholes. These critical water points are being over-utilized and are increasingly liable to break down. This will result in a life threatening crisis as populations will not have access to potable water, nor water for livestock and nor water to prepare relief food.

Many of the drought affected areas also face risks of disease outbreaks due to poor hygiene and sanitation practices as well as poor water quality. Outbreaks of diarrhoeal diseases have been reported in Marsabit, Turkana and Kwale. Kwale is a district prone to cholera. Lack of sanitation facilities in these areas, particularly in schools where children concentrate, constitutes an emergency by itself.

Although water trucking operations have already been launched (by the government) in at least 5 of the districts to keep schools and health centres operational as well as provide domestic water and secure livelihoods, the current scale of intervention is insufficient to meet the needs.

ACTION TO DATE

UNICEF's water interventions in the drought-prone districts (Turkana, Marsabit, Wajir, Mandera, Kwale and Garissa) have aimed at reducing vulnerability in these areas. Some recent activities include:

- *Large scale hygiene and sanitation promotion in Kwale*
- *Provision of 140 hand pumps in Kwale, Turkana and Wajir*
- *Distribution of safe water to communities*
- *Drilling of three new boreholes in Mandera*
- *Provision of 100 plastic latrines in schools in Garissa and Kwale*
- *Provision of technical assistance to local authorities, local and international NGOs in the assessment of the water supply situation and in designing response*

PLANNED ACTIONS

1. Provision of emergency water: The current water trucking operations will need to be expanded. The target for UNICEF support is 100,000 people, at 10 litres per person per day in 25 districts for 5 months. This operation will be coordinated closely with WFP and will involve ferrying water an average of 300km return journey. The government will provide most of the water trucks, but when they are not available, they will be hired through UNICEF and NGOs. To optimize the use of the tankers, water storage facilities, where none exist, will be provided. Local communities will manage the distribution of trucked water through the food distribution committees set-up by WFP. Existing contingency boreholes will be opened in consultation with communities.

2. Strengthening District Rapid Response Teams: These teams will aim to reduce vulnerability of water supplies, repair equipment within a 24-hour period from the time of breakdown as well as detect and respond to diarrhoeal disease outbreaks, especially cholera, in a rapid manner. Assessments will be carried out to determine the setting-up of cholera camps, to identify routes, and contribute to the risk reduction through chlorination and hygiene promotion.

3. Improvement of water quality: This will be mainly in areas and schools that depend on surface water. Water filters and treatment chemicals will be provided and training carried out on household water treatment and hygiene. Mobile water testing kits and treatment of water at source will be undertaken where appropriate.

4. Replacement/development of boreholes and rain-harvesting structures: The replacement of existing boreholes that suffer irreparable structural breakdown will be the priority. Where new boreholes

are planned, especially to support school feeding programmes, there will be environmental impact study. Further in each school, low cost, water-saving irrigation systems will be installed to supplement the food aid. A total of 30 boreholes and 80 rain harvesting structures including small pans/dams and sand dams will be constructed through the food-for-work programme supported by WFP. Assistance will include provision of tools/materials and training on rain harvesting technology. In addition, support will be extended for water supply operation, maintenance and management training for communities and development of maintenance support systems.

5. Emergency hygiene and sanitation: Large-scale mobilization and training of households will be carried out using participatory tools and methods. Sanitation facilities at 1,000 schools, at US\$ 500 per school, will be constructed. WFP has factored in the food-for-work programme to construct the latrines while UNICEF is to provide materials including soap and technical support.

EXPECTED IMPACT

- Through water tankering operations, drought affected population facing acute water shortages have access to minimum quantities of potable water.
- Drought affected communities have reliable access to safe water and adopt adequate hygiene and sanitation practices that prevent diseases.
- 1.2 million primary school children continue going to school and have adequate water for drinking and cooking meals at school, separate sanitation facilities for boys and girls, and are reached by hygiene education.
- The outbreak and spread of infectious diseases is prevented.

BUDGET

Activities	Amount Required (US\$)
Emergency Water Provision	800,000
Rapid Response Teams	600,000
Water Quality Improvement	250,000
Replacement/Development of boreholes and pans	900,000
Emergency hygiene and sanitation	500,000
Coordination, technical support and monitoring	100,000
Sub-total	3,150,000
UNICEF recovery costs (12%) ⁴	378,000
Grand total	3,528,000

⁴ The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

EDUCATION AND CHILD PROTECTION

ISSUE

The Arid and Semi Arid Lands' districts of the Rift Valley, North Eastern, Eastern and Coastal Provinces are once again faced with drought conditions. The looming drought may deprive about 1.2 million primary age children of adequate opportunities for meeting their learning and psycho-social needs. These are areas where enrolment rates have increased from around 15-20 per cent in class one to around 30 per cent as a result of free primary education in the last two years. These figures are still shockingly bad and are a result, in great measure, of the effects of recurrent droughts in these areas over the course of the last twenty years. This emergency programme is designed to mitigate against losing the gains made in education in the last two years.

Recent rapid assessments have shown that drop-out is increasing substantially and schools are closing where water access has become impossible. The teaching force and educational administrative personnel are also affected.

ACTION TO DATE

Over the past months, UNICEF has continued its work in seven drought-prone arid and semi-arid districts of Turkana, W. Pokot, Moyale, Marsabit, Wajir, Mandera, Garissa and Kwale to improve education through provision of supplies and capacity building of Government personnel as well as communities. Actions include:

- *Provision of supplies for girls boarding schools and basic education kits for primary schools*
- *In-service training of over 5,000 teachers of grades 1-4 as well as of education officers in 7 districts on improved education quality; training of 20 trainers on disaster preparedness and management.*
- *Surveys/assessments in all primary school facilities i.e. water & sanitation situation in schools; and construction of sanitation facilities in schools in partnership with communities.*
- *Capacity building of school management committees and youth, and community leaders in micro planning.*
- *Value of girls' education and dangers of HIV/AIDS in 8 districts.*

PLANNED ACTIONS

1. Provision of key inputs to reduce drop out rates and migration to urban areas. Specific inputs proposed include training teachers to design and organize teaching/learning activities relevant to psychosocial and educational needs of children in conditions of crisis; provision of equipment and learning materials for schools; and the repair of critical infrastructures such as food storage facilities, water systems and latrines (the latter will be done in conjunction with the water and sanitation programme). Special attention will be placed on girls through conscious and deliberate interventions such as separate toilets and washrooms to cater for specific needs of girls; focus on girls boarding facilities where they exist and strategies for where none are available. The interventions will be extended to complementary non-formal education (NFE) systems run by religious organizations and NGOs (serving destitute and orphaned children).

2. Enhance community commitment and participation to safeguard education in emergency situations. The need for community involvement in all aspects of education programming is essential to ensure the sustainability of schools and improve parents' and caregivers' overall commitment to learning and education. Specific interventions to encourage participation include training in micro-planning and strengthening the linkage between school planning, overall community development and emergency planning. In particular, NFE will be linked to the above activities. School gardens (as successfully piloted in West Pokot district) and income generation schemes will also strengthen the food security of these communities. Income generating activities (such as the goat keeping programme in some of the schools in NEP) will be strengthened and expanded in conjunction for example with Agriculture and Livestock Subgroup that are planning livestock offtake interventions and protecting terms of trade for the pastoralists. School management committees and communities will be trained on sustainable school feeding options.

3. Strengthen the capacity of local authorities and education officers to carry out rapid response appraisals, manage and maintain educational facilities, and accelerate response to crises. The education inspectorate and education officers will be trained and equipped to carry out rapid response appraisals of schools affected by drought and impart information to all stakeholders to ensure early targeted emergency response in the sector. Essential interventions will be evaluated by the District Steering committee, reviewed by the Education Sub-Group of the Kenya Food Security Group and prioritized for funding.

4. Accelerate the use of schools as an avenue to pass key messages on HIV/AIDS and peaceful co-existence. Schools will be used as an entry point to sensitize communities HIV/AIDS prevention, avoidance of conflict over scarce resources and peaceful resolution of disputes.

EXPECTED IMPACT

It is estimated that these interventions will reach about 30,000 school children in 120 boarding schools in selected districts. Specifically:

- Fewer children drop out of school due to drought stress.
- More primary schools remain operational with key materials as well as functioning water supply.
- More girls' boarding schools in areas where educational indicators are very poor are properly equipped and staffed so as to keep girls in schools.
- Greater community involvement and more income generating activities to support schools to remain operational.
- Greater number of primary and secondary schools use life skills curricula to pass on key messages.

BUDGET

Activities	Amount Required (US\$)
Rapid needs assessments	100,000
Provision of key inputs to reduce drop out rates and migration to urban areas	1,000,000
Enhance community commitment and participation to safeguard education in emergency situations; income generating activities	200,000
Accelerate the use of schools as an avenue to pass key messages on HIV/AIDS and peaceful co-existence	150,000
Project support	80,000
Sub-total	1,530,000
UNICEF recovery costs (12%) ⁵	183,600
Total	1,713,600

⁵ The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.