

UNICEF HUMANITARIAN ACTION

KENYA

DONOR UPDATE 22 APRIL 2005

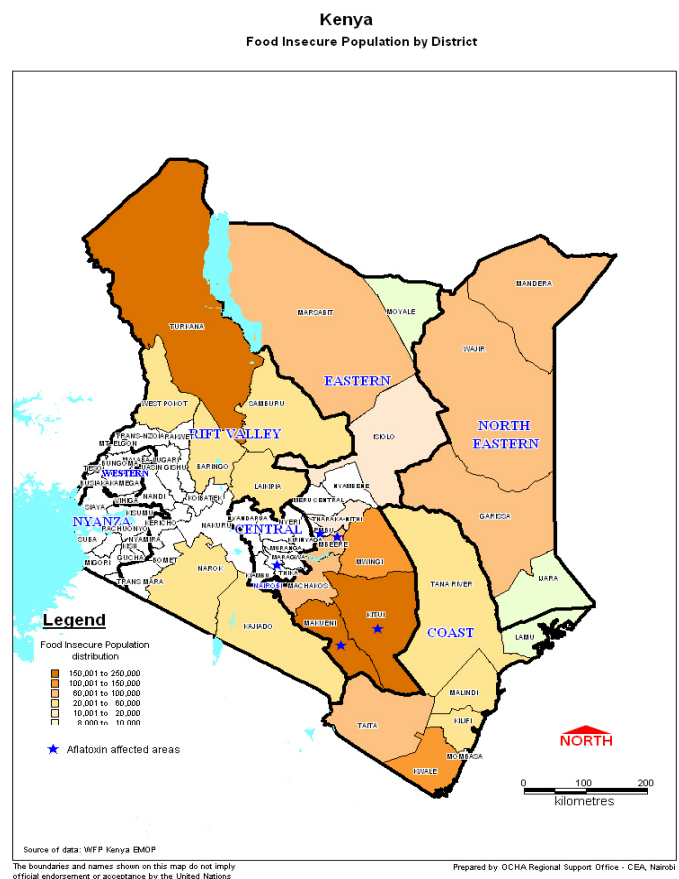
US\$ 2.94 MILLION IMMEDIATELY NEEDED TO EASE IMPACT OF DROUGHT ON CHILDREN

- Urgent nutrition rehabilitation to be provided for 30,000 malnourished children
- 241,100 children to be vaccinated against measles
- 209,360 children in at-risk areas to be vaccinated against polio
- 200,000 drought-affected people to be provided with safe drinking water
- 3,500 children to be kept in schools who will otherwise have drop-out due to drought stress

1. ISSUES FOR CHILDREN

The short rains assessment, led by the Kenya Food Security Group, was undertaken in February 2005. The report indicates that while the performance of the 2004/2005 short rains has improved food security in many locations, a substantial number of people are still highly vulnerable and **continued support is needed to protect livelihoods and reduce continued levels of high malnutrition amongst children.** The Government of Kenya and World Food Programme have extended the Emergency Operations to now cater for 1.64 million beneficiaries, down from the 2.3 million in August 2004; in addition 420,000 school children are being reached through the expanded school feeding programme. The prospects for an improved food security situation now hinge on favorable long rains between March and August 2005.

The consequences of the food insecurity are borne by the most vulnerable groups. Currently UNICEF and partners are undertaking a round of household surveys in critical districts to measure impact on nutritional status, child health, school drop-out and access to water. The data supplements routine screening data that is being collected by implementing partners. In Mandera District the March 05 data show very high levels of global acute and severe malnutrition at 26% and 3.5% respectively. Screening data (Mid Upper Arm Circumference) from Wajir indicates rates ranging from 10.4 % in Wajir Bor to 23.9% in Griftu divisions of



the district. Preliminary data from Turkana indicate rates of 20% global acute malnutrition whereas in Isiolo it is at 15.3%. Malnourishment is undisputedly related to greater susceptibility to illness and high risk of death. Extrapolating from current information and taking into account the household food security situation, we estimate that some **30,000 malnourished children will require targeted nutritional support**. Nutrition support to early childhood development centres, in addition to targeted feeding programmes, will allow for a greater coverage of malnourished and vulnerable children. Overall the poor nutritional status is attributed to inadequate diet, compounded by high incidence of disease and poor caring practices.

Public health services, already under-resourced and overburdened in the drought-affected areas, are suffering from acute shortages of drugs and equipment and are poorly staffed and managed. Immunization coverage against communicable childhood diseases is still poor - with Northeastern province (one of the worst affected drought areas) at 64% (KEPI 2004 administrative data). **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 241,108 children under-five are to be vaccinated against measles and provided vitamin A supplementation in phase 2 of the campaigns set to take place in 5 districts (Ijara, Gaa, Wajir, Moyale, and Kajiado). Concurrently oral **polio** vaccination will be provided to 209,360 children in 5 districts (Ijara, Garissa, Wajir, Moyale, and Mandera) – this polio campaign is geared to mitigate the spread of polio into Kenya from the Sudanese outbreak. **Malaria** is the top killer of children of Kenya – yet only 6-10% of children below five years and pregnant women have access to and use insecticide treated nets. Distribution of ITNs is a feasible and effective way to reduce the malaria burden and, with adequate resources, net distribution or re-treatment will be combined with the immunization campaigns. The distribution of nets will go hand in hand with clear health education messages, a community participatory program and improved knowledge of at-risk groups. **Cholera** continues to affect communities with inadequate sanitary facilities and poor hygiene practices. There have been 5 outbreaks of cholera in the last 6 months with 3000 persons affected, with 4 of the above incidents taking place in the drought affected districts. In all the above instances, erythromycin and chloramphenicol have been the drugs of choice based on sensitivity results. These frequent outbreaks call for good emergency preparedness plans with the provision of contingency supplies (drugs, IV fluids, and Information, Education and Communication (IEC) materials) to help contain such outbreaks.

According to the short rains assessment while several districts are regarded to be in a recovery phase, the effects of drought persist in many districts, and in one notable exception – Kajiado District, the situation has worsened. In Kajiado, many water supplies have failed, and those in operation are now under severe stress; **failure of any of the strategic water points will result in a life-threatening crisis**. Elsewhere, improvements are underway, but many underlying problems remain which leave communities vulnerable to the effects of drought. Current operation and maintenance systems are inadequate and largely unsustainable, water and environmental management systems (and related range management systems in pastoral areas) are weak or non-existent. **Risks of WES-related disease outbreaks persist 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%. The drought situation often means children move with their families or are taken out of school to undertake chores they are normally spared. **Drop-out rates are now on the increase where schools are closing due to water shortages**. It is estimated that about 11,500 primary age children could be deprived of adequate opportunities for meeting their learning and psycho-social needs.

The current national HIV/AIDS prevalence stands at 8.7% for women and 6.7% for men². As noted in the flash appeal, emergency situations tend to amplify risky behaviours as populations groups 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** at the community level and through all contact points e.g. supplementary feeding programmes, water users associations and food distribution centres, during relief operations.

2. UNICEF RESPONSE: ACTION AND IMPACT

Coordination: In the health, nutrition, education and the water and sanitation sectors the UNICEF programme has assisted line ministries to coordinate the response between partners active in the sector through a system of sub-committees that reports in turn to the Office of the President department that provides overall coordination of the food and the non-food drought response. UNICEF works together with WFP who assists in coordinating the food response and FAO that assists in the coordination of emergency efforts in the agriculture and livestock sectors. This coordination comes in the form of setting-up and chairing of monthly meetings to agree on situation

² Kenya Health and Demographic Survey, 2003.

assessment and analysis, programme strategy, coordination between implementing partners, circulating minutes, organizing joint monitoring visits to drought affected areas and updating the situation assessment in each area.

Nutrition: UNICEF, in partnership with MSF (Belgium), MSF (France), Merlin, Action against Hunger among others, reached some 13,100 nutritionally vulnerable children and 2,100 adults (mainly pregnant and lactating women) with supplementary feeding programmes. Community based therapeutic care and ambulatory nutritional support were the main strategies used in populations which are vastly dispersed and mobile. Four surveys were undertaken in 2004 at the request of the Kenya Food Security Group and currently eight surveys are taking place under the coordination and, in some cases, financing and leadership of UNICEF. The data from these surveys are used for advocacy, resource mobilization and prioritization of interventions.

Health: Supplementary Measles and Vitamin A supplementation campaign was held in six districts, Tana River, Mandera, Marsabit, Turkana, Kitui, Mbere and Mwingi, targeting 228,613 children under 5 years. The overall coverage was a successful 96.7%. Emergency health kits boosted district supply of fast-moving medicines and supplies in Garissa, Ijara, Marsabit, Wajir, Mandera and Turkana, 10,000 insecticide treated nets were distributed to children under five and pregnant women in Turkana, Wajir and Mandera and supplies were dispatched to contain a Cholera outbreak in Makueni district. In addition, given an upsurge in Wild Polio virus cases in Southern Sudan, UNICEF, WHO and the Ministry of Health organized an emergency mop-up polio campaign targeting 191,000 under fives in three border districts. The first round coverage was 98% in West Pokot, 84% in Marsabit and 74% in Turkana, while in the second round all districts surpassed the set target of 90% coverage with West Pokot achieving 97%, Marsabit 108% and Turkana 104%. For areas within the districts, which did not meet the set target in both rounds, additional efforts will be made to ensure that they are covered through routine immunization.

Water and Sanitation: WES emergency assistance from UNICEF has targeted 215,000 beneficiaries, 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. These projects are carried out with communities, government partners, numerous international and local NGOs, and local contractors. Short-term measures included the tankering of water and improved storage to critical areas including schools and health centres in 4 districts, and the supply of spare parts and support to rapid response maintenance teams in 5 districts. 200 family water kits were distributed to the most needy in 3 districts, and in addition 450 family water filtration kits were delivered to Wajir District.

Longer-term projects include the rehabilitation and the installation of equipment (gensets, pumps) on 40 stressed strategic boreholes (Mandera 6, Wajir 8, Tana River 2, Kwale 3, Moyale 3, Isiolo 6, Turkana 8), and a more comprehensive rehabilitation of 10 over-stressed community water systems in the same districts. Approximately 200 handpumps have also been delivered to implementing partners mostly in Turkana and Wajir to ensure a clean water supply for smaller village clusters. 3 water testing kits were supplied and proved effective in water quality (particularly bacteriological) monitoring, and have been used in Wajir South to detect sources of contamination which were leading to unacceptable levels of diarrhoeal morbidity and mortality, particularly in children.

Education and Protection: UNICEF undertook a rapid assessment on the impact of the drought on education in schools in Marsabit, Moyale and Isiolo. In addition to these three districts UNICEF worked in 8 more drought-prone arid and semi-arid districts (Turkana, W. Pokot, Wajir, Mandera, Garissa, Tana River, Ijara and Kwale) to improve education through provision of supplies and capacity building of Government personnel as well as communities. Over 1,300 boys and girls in 36 boarding schools were able to continue education due to availability of key boarding facility supplies. Four flood-affected districts (15,634 children in 58 primary schools) were also assisted through provision of 270 education kits. Twenty education officials were trained as Trainer of Trainers on Disaster Preparedness and Management in order to build the capacity of both national and district/community in disaster preparedness and management. Finally UNICEF worked together with World Food Programme to train free food distribution teams in preventing and mitigating against sexual exploitation of beneficiaries by persons associated with the distribution system.

3. PLANNED HUMANITARIAN ACTION FOR 2005

Nutrition: **\$ 780,000**

Expected outcomes:

- Rehabilitation of approximately 30,000 malnourished children and 10,000 at risk pregnant and nursing women
- Efficient coordination of sector and monitoring of nutritional status of vulnerable populations

- Activity areas
- Provision of supplementary and therapeutic foods and partner support for targeted programmes
 - Repeat surveys in 6 districts
 - Technical support to coordination, field monitoring
 - Logistics, transport

Health: \$ 996,630

- Expected outcomes:
- 241,108 children under five in vulnerable districts immunized against measles and provided vitamin A capsules.
 - 209,360 children under five in at-risk districts provided with oral polio vaccination
 - Reduction in malaria related morbidity in target district
 - Improved preparedness in response to Cholera outbreaks
 - Increased awareness on HIV/AIDS issues in the communities in target districts
 - Improved capacity of districts to provide basic health care

- Activity areas
- Organization and implementation of measles campaign in Garissa, Ijara, Wajir, Moyale and Kajiado.
 - Organization and implementation of polio campaign in Garissa, Ijara, Wajir, Moyale and Mandera
 - Purchase and provision of insecticide treated nets and treatment for malaria
 - Social mobilization on disease prevention
 - Provision of basic medical supplies to key health facilities
 - Contingency stocking for cholera outbreaks

Water and Sanitation: \$ 784,000

- Expected outcome
- Safe water provision for 200,000 persons in drought stressed areas

- Key activity areas
- Replacement/development of boreholes/pans
 - Water quality improvement
 - Support to district rapid response teams through supplies, logistics and technical backup
 - Sensitization and mobilization on sanitation and hygiene

Education and Protection: \$ 375,000

- Expected outcome
- 3,500 more children immediately accommodated in boarding schools and protected from migration and disrupted education due to food and water stress.
 - WFP emergency food distributors and UNHCR staff managing the two refugee camps trained against sexual exploitation in emergency situations

- Key activity areas
- Provision of supplies, teaching learning materials
 - Support to rapid appraisals
 - Sensitization on protection of children and women in emergencies

4. CURRENT FINANCIAL SITUATION

Table 1: Critical Gap in Funding till August 05 (required for key interventions April – August 05)	
Sector	US\$
Health and Nutrition	1,776,630
Water and Sanitation	784,000
Education and Protection	375,000
TOTAL	2,935,630

Table 2: Funds Received for 2004 Flash Appeal (total appeal \$8,635,200)

Donor	Purpose	Contribution (US\$)
DfID	Health and Nutrition	Health 185,827 Nutrition 719,968
ECHO	Health and Nutrition Water and Sanitation	678,425
OFDA	Health and Nutrition Water and Sanitation	Health 71,609 Nutrition 72,380 WES 106,011
Spanish Government	Health and Nutrition Water and Sanitation Education	Health 330,000 Nutrition 168,460 WES 202,333 Education 113,317
Government of Finland	Health and Nutrition Water and Sanitation	Health 98,464 Nutrition 122,100 WES 111,001
Government of Norway	Health and Nutrition Water and Sanitation	Nutrition 82,912 WES 66,338 Donation in kind – BP5 biscuits, health kits and water filters worth 500,000
Canadian National Committee for UNICEF	Contribution received March 31 and is still being allocated to specific purpose	21,981
US Fund for UNICEF	Water and Sanitation – contribution just received	12,125
TOTAL³		3,663,251⁴

Details of the UNICEF Kenya Emergency Programme can be obtained from:

Heimo Laakkonen
UNICEF Representative
Kenya

Olivier Degreef
UNICEF EMOPS
Geneva

Gary Stahl
UNICEF PFO
New York

Roger Pearson
Senior Programme Officer
UNICEF Kenya

Tel: + 41 22 909 5655
Fax: + 41 22 909 5902
E-mail: odegreef@unicef.org

Tel: + 1 212 326 7009
Fax: + 1 212 326 7165
E-mail: gstahl@unicef.org

Tel: + 254 20 621094
Fax: + 254 20 622746
E-mail: hlaakkonnen@unicef.org
rpearson@unicef.org

³ 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.

⁴ Includes value of donation in kind from Government of Norway