Kenya

Poor rains related to El Niño and La Niña conditions have left 1.3 million people food insecure in Kenya. Global acute malnutrition and severe acute malnutrition (SAM) caseloads have increased by 19 per cent and 25 per cent, respectively, since July 2016. An estimated 337,292 children under 5 are expected to require treatment for moderate acute malnutrition (MAM) and 75,300 children under 5 will require SAM treatment. Disease epidemics, including measles and chikungunya fever, continue, while risk factors for yellow fever outbreaks remain. Cholera outbreaks have continued since December 2014, with a case fatality rate of 1.5 per cent, above the emergency threshold. Kenya currently hosts an estimated 502,739 refugees, primarily from South Sudan and Somalia, 57 per cent of whom are children under 18. The situation of children may be further exacerbated by 2017 post-election violence, with 220,000 people at risk of displacement, and the proposed closure of Dadaab Camp, which hosts 276,269 refugees, most from Somalia.

Humanitarian strategy

Building on results achieved in 2016, UNICEF will continue to strengthen its sector coordination, multi-sectoral coordination at national and county levels and cross-border coordination, and will work with the Government and key partners to implement life-saving and protective interventions. In 2017, UNICEF and partners will respond to the survival and protection needs of more than 600,000 children by delivering nutrition treatment; increasing access to safe water, hygiene and sanitation; strengthening disease prevention and response, focusing on cholera; improving access to education; and providing protection services, particularly for children affected by resource-based community conflict tied to the La Niña-related drought. UNICEF’s response, particularly in nutrition, will continue to bridge the humanitarian-development divide through multi-sector convergence and programming for resilience. Preparedness measures and support to national and county level contingency planning will be put in place for potential post-election violence and displacement. Response to refugee influxes will continue and will include profiling protection concerns for children affected by the voluntary repatriation of refugees due to the potential closure of Dadaab Camp.

Results from 2016

As of 31 October 2016, UNICEF had received US$12.3 million against the US$16.4 million appeal (75 per cent funded). UNICEF supported the management of MAM cases through training, data quality assurance and supervision through partner non-governmental organizations and supported 123,565 children under 5 with treatment for acute malnutrition. UNICEF surpassed targets for diarrhoeal treatment, reaching 444,041 children under 5, 890,000 people with access to safe water, and 520,000 people with behaviour change communication messages, thanks to additional funds, including an internal UNICEF loan made available to respond to the cholera outbreak. Some 192,242 children (42 per cent girls) in crises, including refugees, continued their education through temporary learning spaces and with emergency education supplies. The planned target of 75,000 was surpassed due to the availability of education supplies carried over from the last quarter of 2015. An estimated 15,541 unaccompanied, separated and vulnerable children (34 per cent girls) in Kakuma Refugee Camp benefited from protection services, including psychosocial support. Some 5,299 adolescents (42.9 per cent girls) – fewer than planned due to limited funding – received HIV life-skills education in Kakuma Camp and Turkana host community.

Humanitarian Action for Children

Total people in need: 2,021,000
Total children (<18) in need: 869,000
Total people to be reached in 2017: 800,000
Total children to be reached in 2017: 600,000

2017 programme targets

Nutrition

• 66,475 children under 5 with SAM admitted into the integrated management of acute malnutrition programme
• 146,000 children under 5 with MAM admitted into the integrated management of acute malnutrition programme

Health

• 434,500 children under 5 accessing an integrated package of health interventions, including for the management of diarrhoeal diseases

WASH

• 232,000 persons affected by crises are reached with safe water interventions
• 400,000 people reached with hygiene education

Child protection

• 25,000 children affected by crises have safe access to community spaces for safety, socialization, play and learning

Education

• 172,000 children aged 3 to 18 years affected by crises accessing formal and non-formal education opportunities

HIV/AIDS

• 60,000 adolescents have access to HIV, sexual and reproductive health and life-skills education and access to services that include testing and treatment
NUTRITION

Children under 5 with SAM admitted to community-based management programmes (results as of the end of September 2016)

Cluster 2016 target: 59,817  
Cluster total results: 49,066  
UNICEF 2016 target: 59,817  
UNICEF total results: 49,066

Children under 5 suffering from MAM admitted to integrated management of acute malnutrition programmes

Cluster 2016 target: 118,399  
Cluster total results: 74,499  
UNICEF 2016 target: 118,399  
UNICEF total results: 74,499

HEALTH

Children under 5 accessing an integrated package of interventions

Cluster 2016 target: 470,000  
Cluster total results: 386,457

Children under 5 accessing treatment for diarrhoeal disease

Cluster 2016 target: 140,800  
Cluster total results: 444,041

WATER, SANITATION AND HYGIENE

Internally displaced persons and host community members provided with safe water (7.5–15 litres per person per day)

Cluster 2016 target: 80,000  
Cluster total results: 890,000

Internally displaced persons and host community members provided with appropriate sanitation facilities

Cluster 2016 target: 80,000  
Cluster total results: 50,000

Emergency-affected persons benefiting from hygiene and sanitation promotion messages

Cluster 2016 target: 150,000  
Cluster total results: 520,000

CHILD PROTECTION

Most vulnerable children provided with access to protection services, including case management, psychosocial care and access to children-friendly spaces

Cluster 2016 target: 20,500  
Cluster total results: 15,541

EDUCATION

School-aged children, including adolescents, accessing quality education (including through temporary structures)

Cluster 2016 target: 350,000  
Cluster total results: 192,242

HIV AND AIDS

Adolescents have access to HIV, sexual and reproductive health and life-skills education

Cluster 2016 target: 60,000  
Cluster total results: 15,299

Results are through 31 October 2016 unless noted.

Funding requirements

UNICEF is requesting US$23,019,000 in 2017 to meet the humanitarian needs of children in Kenya. Without additional funding, UNICEF will be unable to support the national response to the country’s continuing nutrition crisis, as well as critical emergency WASH services. With increasing vulnerability and the ongoing deterioration of the nutrition situation due to La Niña drought conditions, the number of children and women requiring nutrition response is expected to increase. Emergency education supplies are also urgently needed to uphold children’s rights to education and protection during crises.

3 United Nations High Commissioner for Refugees, ‘Statistical Summary – Refugees and Asylum Seekers in Kenya’, 31 October 2016. Figure includes 276,269 in Dadaab refugee camps (Alinjugur and Dadaab), 163,192 in Kakuma and 63,278 urban refugees.
4 In 2017, an estimated 337,292 children under 5 are projected to require MAM treatment and 75,300 children under 5 will require SAM treatment, of which UNICEF is targeting 43 per cent and 88 per cent, respectively. UNICEF’s SAM target is covered under the humanitarian programme (there are not multiple targets for SAM).
5 Ibid.
6 Available funds included funding received against the current appeal of US$7.3 million and US$5 million carried forward from the previous year.
7 UNICEF supports the provision of SAM and MAM services in an integrated manner in Kenya, by enhancing the quality of case management through on-the-job training, data quality assurance and supportive supervision through partner non-governmental organizations in arid and semi-arid counties. The SAM and MAM targets are for the most affected areas including arid and semi-arid lands, urban informal settlements and refugee populations.
8 The high-level achievement in WASH is linked to the response to a cholera outbreak in January, which was funded through the reprogramming of regular resources and an internal UNICEF loan.

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Cluster 2016 target  Cluster total results  UNICEF 2016 target  UNICEF total results

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF 2017 requirements (US$)</th>
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<tr>
<td>Nutrition</td>
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<tr>
<td>Health</td>
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<tr>
<td>Water, sanitation and hygiene</td>
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<td>Child protection</td>
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<td>Education</td>
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<td>HIV/AIDS</td>
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<tr>
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<td><strong>Total</strong></td>
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