Kenya

Kenya faces a number of critical humanitarian challenges. While nutrition surveys conducted in 2013 in arid and semi-arid lands (ASALs) reported a reduction in acute malnutrition cases among children, from 300,000 to 285,800 cases, the total food insecure population is projected to be 1.1 million in 2014. 1 Poor rainfall is predicted for the ‘short rains’ season, 2 which has led to concerns that the situation will deteriorate, especially in the marginal agricultural livelihood zones. Children are vulnerable to frequent disease outbreaks, including measles and cholera, due to poor routine health services, flooding and cross-border population movements. Nearly one in three girls and one in five boys experience one episode of sexual violence before the age of 18. 3 With 1.2 million people living with HIV, 4 HIV prevention and treatment remains critical during humanitarian response. Recurring natural disasters and conflicts increase protection concerns and risks, compromising education for 358,000 children in drought-prone areas. 5 Kenya hosts 600,000 refugees, 6 the majority of whom are women and children requiring special protection. Despite efforts to initiate voluntary repatriation of refugees, the majority do not want to return, and thus remain vulnerable and require life-saving multi-sector humanitarian assistance, including protection and other durable solutions. In addition to the refugee population, 52,000 people 7 are internally displaced in Kenya as a result of inter-communal conflicts. The country’s ongoing transition to decentralized governance structures provides both opportunities and challenges for humanitarian response and resilience-building.

Humanitarian strategy

In 2014, UNICEF will work with the Government of Kenya and partners to meet the humanitarian needs of 1.1 million vulnerable people. UNICEF will reduce vulnerability by supporting preventative action for acute malnutrition and illnesses, providing effective and scaled treatment for acute malnutrition and strengthening coordination within decentralized structures. UNICEF will focus on water, sanitation and hygiene (WASH) in schools, health facilities and feeding centres, and will use schools to disseminate information and promote children’s rights. UNICEF will support partners to provide children and women living with HIV with essential HIV-related services, prepare for the rapid provision of a buffer supply of medication and provide HIV information through comprehensive community education initiatives. Particular emphasis will be given to the development of a child protection system that prevents and responds to violence, abuse, neglect and family separation, even during crisis. Recognizing that children are at the centre of the resilience agenda, UNICEF will support investments that empower communities and enhance their resilience to multiple and recurrent shocks, to reduce the impact of diseases and lessen chronic vulnerability.

UNICEF will also provide technical support to facilitate the inclusion of children’s rights, disaster risk reduction and early recovery approaches in the county emergency preparedness and integrated development plans and budgets. UNICEF will strengthen its role as sector co-lead in the nutrition, education, WASH and child protection sectors. Scalable strategies for programme delivery in high-risk security environments will be adapted to facilitate the continuation of essential interventions.

Results from 2013

UNICEF appealed for US$43,343,885 for 2013, and as of the end of October 2013, a total of US$17,673,249, or 51 per cent of requirements, had been received in contributions. In 2013, UNICEF’s response focused on maintaining optimum levels of programme coverage and continuing to strengthen and develop systems. WASH, education, and child protection were each funded by 50 per cent or less, however, which hindered results for children. Despite this, the number of health facilities implementing high impact nutrition interventions increased from 976 in 2012 to 1,062 by October 2013, which meant that more children accessed treatment for acute
malaria. Routine vitamin A coverage at health facilities remained low, with poor access for children between 1 and 5 years. Approximately 200,000 people were provided with quality water, improved sanitation facilities and hygiene promotion messages in schools and health facilities. Over 650,000 people received WASH-related information and training to prevent water-borne diseases. Apart from supporting polio campaigns targeting 5.5 million people, including children, in Dadaab and Kakuma refugee camps, UNICEF helped establish 160 community health units in Dadaab for improved community case management of diarrhoea, including cholera outbreaks. UNICEF and partners enhanced community outreach and protection service provisions in Dadaab refugee camps, where 29,441 children are accessing the child education and welfare centres. In areas experiencing prolonged drought, 15,336 households benefited from cash transfer programmes, while over 155,000 children received education supplies and early childhood development services.

### NUTRITION

<table>
<thead>
<tr>
<th>Cluster 2013 target</th>
<th>Cluster total results</th>
<th>UNICEF 2013 target</th>
<th>UNICEF total results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under 5 with SAM admitted to therapeutic feeding programmes in ASAL and urban areas</td>
<td>43,400</td>
<td>27,745 (63.9%)</td>
<td>43,400</td>
</tr>
<tr>
<td>Children under 5 with MAM admitted to supplementary feeding programmes in ASAL and urban areas</td>
<td>149,200</td>
<td>50,453 (33.8%)</td>
<td>149,200</td>
</tr>
<tr>
<td>Proportion of children aged 6 to 59 months receiving at least one dose of vitamin A supplement in ASAL</td>
<td>1,315,664</td>
<td>409,993 (31.2%)</td>
<td>1,315,664</td>
</tr>
<tr>
<td>Children under 5 with SAM and MAM admitted to therapeutic and supplementary feeding programmes in refugee camps (Dadaab)</td>
<td></td>
<td>50,000</td>
<td></td>
</tr>
</tbody>
</table>

### HEALTH

- Children have sustained access to essential health services for high impact preventative and curative interventions including immunization, prevention of mother-to-child transmission (PMTCT) of HIV, and emergency obstetric care, through integrated outreach services delivered using essential health supplies. 1.2 million
- Number of additional functioning community health units in northern Kenya in 2013 to strengthen community-based high impact preventive and curative interventions: 290

### WATER, SANITATION AND HYGIENE

- Number of affected populations including children and women with access to sufficient water of appropriate quality and quantity for drinking, cooking and personal hygiene: 388,961 (32.4%) 700,000 300,000 (42%) 750,000 814,697 (108.6%) 700,000 650,000 (93%) 300,000 288,629 (96.2%) 200,000 200,000 (100%) 300,000

### CHILD PROTECTION

- Number of children regularly attending (daily) the child-friendly spaces in Dadaab, Kakuma and non-refugee settings, by sex: 16,000 30,422 (20,707 boys, 9715 girls)
- Number of separated and unaccompanied children that receive child protection services, by sex: 100% of those identified [internal target 2,500 (refugee setting) and 300 in other locations] 139 identified, 24 addressed
- Number of gender-based violence survivors that receive psychosocial and/or medical/legal services (women/girls): 100% of those identified [internal target 280 (refugee setting) and 2,450 in other locations] 319

### EDUCATION

<table>
<thead>
<tr>
<th>Cluster 2013 target</th>
<th>Cluster total results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children, including pre-school aged, girls and other excluded children, access quality education opportunities</td>
<td>360,000</td>
</tr>
</tbody>
</table>
Funding requirements

In line with the inter-agency Kenya Humanitarian Strategy for 2014, UNICEF is requesting US$29.1 million to meet the humanitarian needs of children and build the capacities of communities and local and national service delivery systems to enhance resilience to recurrent shocks. Without additional funding, gains in programme coverage and coordination may be lost, and women and children faced with multiple shocks, including food crises, drought and temporary or protracted displacement, will not receive timely assistance to fulfil their basic needs and realize their basic rights.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2014 HAC requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>7,700,000</td>
</tr>
<tr>
<td>Health</td>
<td>4,000,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>4,000,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>4,900,000</td>
</tr>
<tr>
<td>Education</td>
<td>5,500,000</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Cluster/sector coordination</td>
<td>2,000,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29,100,000</strong></td>
</tr>
</tbody>
</table>

1 The food insecure population declined from 1.1 million in February 2013 to 850,000 in August 2013, according to an October 2013 report from the Kenya Food Security Steering Group 2013 Long Rains Season Assessment led by the Government of Kenya. During the Kenya Humanitarian Strategy Meeting led by the Office for the Coordination of Humanitarian Affairs (OCHA) in mid-November 2013, however, the Kenya Humanitarian Partnership Group (the Inter-Agency Standing Committee in Kenya) agreed to continue planning for an affected population of 1.1 million for 2014.
2 The ‘short rains’ season takes place from October through November/December.
6 Ibid.
8 In Urban areas, there are approximately 44,800 acutely malnourished children under 5, and most of these children are residents of informal settlements. UNICEF decided to include data for urban areas beginning in May 2013.
9 UNICEF and sector targets are the same because UNICEF provides technical and supply support to all integrated management of acute malnutrition programmes. The caseload calculation is based on the specific SAM prevalence in ASAL and urban areas: SAM incidence of 1.6 and coverage of more than 50 per cent in ASAL, more than 70 per cent in urban areas and more than 90 per cent in refugee camps.
10 MAM coverage below 50 per cent is affected by several factors, including limited awareness and access, insecurity in northern Kenya, population movement and staff and capacity shortages in health facilities.
11 Vitamin A coverage through routine health facility systems remains low, with poor access among older children who miss attendance after completion of immunization in the first year.
12 A polio outbreak was declared in Kenya on 10 May 2013. Five rounds of emergency polio vaccination campaigns targeting 127 districts were conducted along the Nakuma-Nairobi-Dadaab corridor, where approximately 5.2 million out of 5.5 million children were vaccinated. The increase in coverage from 1.2 million to 5.2 million was due to expanded coverage to districts beyond the northern Kenyan district, which showed a high risk of polio virus transmission. Additionally, the target population increased from children under 5 initially to children over 5. Adults were also included in Dadaab refugee camps.
13 WASH activities focus on schools, health facilities and the communities within the catchment area of the health centres. Since 2011, WASH activities have been imbedded within the nutrition section programme cooperation agreement addressing integrated management of acute malnutrition in feeding centres in the arid areas of northern Kenya. In 2013, considerable achievements were recorded by non-governmental organizations with WASH officers conducting hygiene promotion activities within the UNICEF-supported feeding centres.
14 Target is above 100 per cent due to outreach activities, formation of child-friendly spaces management committees and inclusion of data from country programmes for children.
15 Attributed to the relatively calm 2013 Kenya elections.
16 Target is low due to the late start of programme cooperation agreements, which affected the reports received.
17 Refers to the number of children and teachers reached through education in emergencies interventions, including: provision of learning materials, school WASH activities, construction, rehabilitation of classrooms and teacher training.
18 UNICEF target consists of 66 per cent of the cluster target.
19 Some of the activities were completed in October and November 2013, when cumulatively, 30 per cent of the targeted children were reached, though only 35 per cent of the total funding was received during the reporting period. The numbers include 21,900 children reached through supplies in Mandera, Marasabit, Wajir and Kisumu, and 1,121 children and youth reached through an alternative basic education programme in Dadaab.

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