Kenya

More than 1 million people remain food insecure in Kenya. This includes 239,446 children suffering from moderate acute malnutrition (MAM) and 2,600 children suffering from severe acute malnutrition (SAM) that are receiving treatment every month.1 Approximately 309,200 persons remain displaced due to conflict,2 primarily in the northern Rift Valley and northeastern regions.3 In these regions, 1,200 teachers have deserted their positions and 122 schools remain closed. Some 465,000 emergency-affected children remain out of school due to multiple shocks. Heavy rainfall4 associated with the El Niño weather phenomenon is expected to last until early 2016 and the resulting floods may affect an estimated 2 million people and displace 800,000.5 A cholera outbreak has affected 21 out of 47 counties, with 9,163 cases and 166 deaths reported and a case fatality rate of 1.8 per cent.6 Kenya is hosting more than 591,000 refugees, with 346,000 in Dadaab refugee camps, 183,000 in Kakuma, including 49,171 new refugees (67 per cent children) from the South Sudan influx, and 62,000 refugees in Nairobi.7 HIV prevalence in Turkana stands at 7.6 per cent, with an estimated 5,736 children living with HIV. The majority of these children are located in the Kakuma Refugee Camp.

Humanitarian strategy

In 2016, UNICEF will continue to support responses3 to the humanitarian needs of more than 470,000 children affected by food insecurity, flooding, malnutrition, disease outbreaks, displacement,10 insecurity and sexual and gender-based violence. This support will include strengthening the coordination of the nutrition, health, water, sanitation and hygiene (WASH), child protection, education and HIV and AIDS sectors, as well as contingency planning, leveraging of resources, and information management at national and county levels. UNICEF will also respond to the effects of the El Niño weather phenomenon, including large-scale flooding in many parts of the country. In particular, UNICEF will respond to cholera outbreaks and refugee influxes, prepare for the 2017 elections and address the education crisis in insecure areas. UNICEF will enhance real-time HIV data, integrated HIV services for adolescents, child protection case management and alternative care services for refugee children. Advocacy campaigns will be conducted to support school enrolment and quality teaching. High-impact nutrition interventions will be expanded and the high default rates of treatment programmes will continue to be addressed. In addition, UNICEF will continue to utilize Communication for Development as a cross-cutting strategy to facilitate behaviour and social change for achievement of programme results in all sectors.

Results from 2015

As of 31 October 2015, UNICEF had received 40 per cent (US$10.1 million) of its US$25 million appeal, in addition to US$10.8 million carried forward from 2014. With these funds, UNICEF enhanced sectoral coordination and built the emergency preparedness and response capacities of key stakeholders, including the Government (at national and county levels), non-governmental organization partners and communities. UNICEF WASH and health support, which included the provision of essential treatment, safe water, improved sanitation and evidence-based behaviour change communication, was critical to curbing the spread of the cholera outbreak that began in December 2014 and affected more than 9,100 people by December 2015.

Throughout 2015, adolescents gained better access to integrated HIV services and their voices were included in HIV programming by the Government and partners. School enrolment campaigns, in-service teacher trainings and alternative basic education contributed to education access for more than 71,000 emergency-affected children, especially in areas affected by inter-communal conflict and terrorism. More than 12,000 unaccompanied and separated children in the Kakuma Refugee Camp received same day best interest assessment and case follow-up plans were implemented. Some 36,880 vulnerable children were treated for SAM, including in urban and refugee settings. Essential WASH supplies and family relief kits, including cooking sets and mosquito nets, were provided in response to El Niño-related flooding in high-risk parts of the country.

2016 programme targets

Nutrition

• 59,817 children under 5 years suffering from SAM admitted to community-based management programmes
• 118,399 children under 5 years suffering from MAM admitted into integrated management of acute malnutrition programmes

Health

• 1,470,000 children under 5 years accessed an integrated package of health interventions8
• 140,800 children under 5 years accessed treatment for diarrhoeal disease

WASH

• 80,000 internally displaced persons and host community members provided with safe water (7.5-15 litres per person per day)
• 80,000 people provided with access to appropriate sanitation facilities
• 150,000 emergency-affected persons benefitted from hygiene and sanitation promotion messages

Child protection

• 20,500 most vulnerable children provided with access to protection services, including case management, psychosocial care and access to child-friendly spaces

Education

• 120,000 school-aged children, including adolescents, accessed quality education (including through temporary structures)

HIV and AIDS

• 4,000 adolescents accessed HIV, sexual reproductive health and life-skills education
Who to contact for further information:

**Pirkko Heinonen**  
Representative, a.i.  
Kenya Country Office  
Tel. +254-719232505  
Email: pheinonen@unicef.org

**Yasmin Haque**  
Deputy Director, Office of Emergency Programmes (EMOPS)  
Tel: +1 212 326 7150  
Email: yhaque@unicef.org

**Olav Kjorven**  
Director, Public Partnership Division (PPD)  
Tel: +1 212 326 7160  
Email: okjorven@unicef.org

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**Funding requirements**

UNICEF is requesting US$16.45 million to meet the humanitarian needs of children in Kenya in 2016. Financial assistance will enable UNICEF to continue to support the ongoing response to the country’s nutritional crisis, and to support critical WASH and health services and behaviour change communication, which are essential to curbing the spread of cholera. In addition, UNICEF requires funding to respond to El Niño-related flooding and to ensure that emergency-affected populations build resilience to future shocks. Basic emergency education supplies and support to teacher training are also urgently required to respond to the education needs of conflict-affected children. Additional funding is required to ensure timely preparedness ahead of the 2017 elections.

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<table>
<thead>
<tr>
<th>Cluster 2015 target</th>
<th>Cluster total results</th>
<th>UNICEF 2015 target</th>
<th>UNICEF total results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years suffering from SAM admitted to community-based management programmes</td>
<td>52,114</td>
<td>36,880</td>
<td>52,114</td>
</tr>
<tr>
<td>Children under 5 years suffering from MAM admitted to integrated management of acute malnutrition programmes</td>
<td>136,199</td>
<td>71,408</td>
<td>136,199</td>
</tr>
</tbody>
</table>

| **HEALTH**          |                      |                    |                      |
| Children under 5 years access an integrated package of interventions |                      | 1,200,000 | 1,452,556<sup>12</sup> |
| Children under 5 years access treatment for diarrheal disease |                      | 600,500 | 351,163<sup>13</sup> |

| **WATER, SANITATION AND HYGIENE** |                      |                    |                      |
| Internally displaced persons and host community members (including approximately 80,000 children) provided with safe water (7.5-15 litres per person per day) | 300,000 | 80,743<sup>14</sup> | 150,000 | 80,743 |
| Internally displaced persons and host community members provided with appropriate sanitation facilities | 200,000 | 24,257 | 100,000 | 24,257 |
| Emergency-affected persons benefiting from hygiene and sanitation promotion messages | 300,000 | 268,854 | 150,000 | 268,854 |

| **CHILD PROTECTION** |                      |                    |                      |
| Children provided with access to safe community spaces for socialization, play and learning |                      | 60,000 | 12,000<sup>15</sup> |

| **EDUCATION** |                      |                    |                      |
| School-aged children including adolescents accessing quality education (including through temporary structures) | 160,000 | 165,832 | 70,000 | 71,375 |

| **HIV AND AIDS** |                      |                    |                      |
| Adolescents have access to HIV, sexual and reproductive health and life-skills education |                      | 60,000 | 15,000<sup>16</sup> |

*Results are through 31 October 2015 unless otherwise noted.*

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<table>
<thead>
<tr>
<th>Sector</th>
<th>2016 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>7,400,000</td>
</tr>
<tr>
<td>Health</td>
<td>2,500,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,100,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Education</td>
<td>2,500,000</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Cluster/sector coordination</td>
<td>450,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16,450,000</strong></td>
</tr>
</tbody>
</table>
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Pirkko Heinonen  
Representative, a.i.  
Kenya Country Office  
Tel: +254-719232505  
Email: pheinonen@unicef.org

Yasmin Haque  
Deputy Director, Office of  
Emergency Programmes (EMOPS)  
Tel: +1 212 326 7150  
Email: yhaque@unicef.org

Olav Kjorven  
Director, Public Partnership  
Division (PPD)  
Tel: +1 212 326 7160  
Email: okjorven@unicef.org

2 Ibid.
8 The integrated package of health interventions includes health communication and social mobilization (health-seeking behaviour and key health community practices), immunization (polio and measles), prevention of mother-to-child transmission of HIV and referral of children to higher-level health facilities.
9 The country’s ongoing transition to decentralized governance structures provides both opportunities and challenges for humanitarian response and resilience-building. The Government of Kenya has made a commitment to end the worst of the suffering caused by drought by 2022. The actions needed to achieve this are set out in the Drought Risk Management and Ending Drought Emergencies Medium Term Plan (MTP) for 2013-2017, which is part of the Kenya Vision 2030 MTP2. With the Government of Kenya, UNICEF is currently co-chairing the pillar on human capital (education, health, nutrition, hygiene and sanitation) and contributes to all of the other pillars, including institutional development and knowledge management. See <www.dmikenya.or.ke/home/18-newitem/34-drm-and-ede-common-programming-process.html>.
10 According to estimates from the Office for the Coordination of Humanitarian Affairs (OCHA), a total of 309,000 persons are currently displaced due to inter-communal conflict. According to the displacement tracking matrix for Kenya recently launched by the International Organization for Migration (IOM) across 59 displacement sites in seven counties, the basic needs of the internally displaced remain grossly unmet, especially for the most vulnerable, including pregnant or lactating women.
11 Although there was a significant reduction in the MAM caseload, this programme also faced a funding gap between March and August.
12 High-impact interventions, including polio and measles routine and campaign vaccinations.
13 To be updated during the last quarter of 2015, including Kakuma interventions.
14 Partners have not reported achievements to the sector. Only UNICEF results are included.
15 The 2015 target was unrealistically high against the available capacity to respond and was reduced for 2016.
16 Due to low levels of funding for HIV and AIDS programming in 2015, this result was lower than expected.