Humanitarian Situation Report

January –March, 2015

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UNICEF Kenya Country Office

Highlights:

- **The food insecure population increased from 1.5 million in August 2014 to 1.6 million people in February 2015**, due to poor rainfall performance in the last short rains season (October to December 2014). Normal to below-normal long rains from March until May 2015 are expected to increase food and nutrition insecurity both in the pastoral and marginal agricultural areas through August 2015.[1] The onset of rains will also result in sporadic flooding and potential threat to water contamination and disease outbreak.
- **In January 2015, cholera outbreak was reported in Homa Bay, Migori and Nairobi Counties, which further spread to Kisii and Bomet**. The outbreak peaked in mid-February with resurgence of cases on 11 March in Migori and Homa Bay and spread to Bomet. As at 23 March 2015, a total of 1,451 cases and 20 deaths had been reported across the 5 counties. The continued outbreak is attributed to insufficient resources, weak coordination, and lack of awareness at household level, poor hygiene and sanitation and shortage of clean drinking water.
- **The emergency response plans have been updated for the counties and a national plan prepared by Emergency Nutrition Advisory Committee to respond to the nutrition situation given the deterioration of the situation particularly in Garissa, Wajir and Marsabit following the under-performing short rains.** The current expected total caseload of children requiring treatment in the ASAL and urban areas for acute malnutrition is 304,083. This is based on a comprehensive nutrition situation analysis conducted across the most vulnerable arid and semi-arid counties to monitor the nutrition situation in February 2015, as part of the short rains seasonal performance assessments.
- **Kakuma refugee camp had received 45,681 new asylum seekers from South Sudan as at 31 March 2015**, since the beginning of the conflict in South Sudan in December 2013 and consequently, the number of South Sudanese refugees in Kakuma had doubled to 90,714 by early March 2015, making up 49.9% of the registered camp population.
- **The first quarter was marked by several terrorist incidents and inter-community conflicts.** Insecurity is a continued challenge for humanitarian access, for the delivery of assistance and for the continuation of delivery of essential social services. Area particularly affected are Mandera, Wajir, Mandera, West Pokot, Baringo and Turkana. The total number of children and youth affected by conflict, drought, and disease outbreaks is estimated at 1.2 million or over 60 % of the total affected population, including 400,000 children in primary and 65,000 youth in secondary education in North Eastern, North Rift and Lake Regions, with limited access to education and other basic services.

The Humanitarian Situation in Figures:

1.6 million
# of food insecure population in Kenya **(Kenya Short Rains Assessment, February 2015)**

Kakuma

45,681 # of newly arrived South Sudanese Refugees in Kakuma Refugee Camp by 31 March 2015 since December 2013 **(UNHCR)**

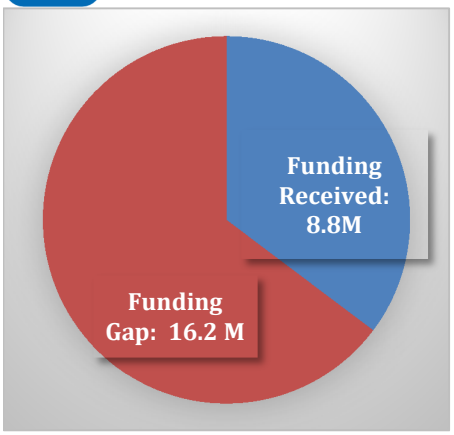
Kakuma

1,876 # of unaccompanied children in Kakuma camp as of 31st March. 63% are South Sudanese. **(LWF,CPIMS)**

Kakuma

9,888 # of separated children at Kakuma camp as of 31st March. 63% are South Sudanese. **(LWF,CPIMS)**

Humanitarian Funding Requirement of USD 25M



Situation Overview & Humanitarian Needs:

- Due to poor rainfall performance in the last short rains season (October to December 2014), the **food insecure population increased from 1.5 million in August 2014 to 1.6 million people in February 2015**[2]. The counties with the highest number of people in need of food assistance between March and August 2015 are Wajir (179,900), Garissa (158,900), Mandera (157,600), Turkana (136,500) and Marsabit (100,100). The current areas of concern include parts of the counties Wajir, Marsabit, Isiolo and Garissa, where households have moved from *Stressed phase* into *Crisis phase* of the Integrated Food Security Phase Classification as of February 2015 in comparison to August 2014 (FEWSNET Food Security Outlook January to June 2015). In Northwestern and Southern areas however, the food security situation slightly improved especially in the Northern Counties of Turkana, Marsabit West, West Pokot, Samburu and Baringo, where pockets moved from 'Crisis' to 'Stressed'. As food security in Kenya is mainly dependent on rain-fed agriculture and livestock keeping, it is continually adversely affected by the recurrent poor rains, drought and long dry spells. Other key influencing factors are high food prices, livestock and human diseases, increased livestock migration, recurrent inter-communal conflicts over scarce natural resources, increased distance to water sources, increased costly water tracking needs, limited food access, low adoption of suitable crop and livestock production technologies, and poor roads infrastructure that hampers access to markets and economic development.
- **Despite the deterioration of malnutrition in Wajir, Isiolo and Garissa counties, the national total number of acute malnutrition cases have decreased to 304,083 between July 2014 and February 2015 driven by sharp improvements in West Pokot, Baringo and Samburu**. Nutrition situation analysis across the most vulnerable arid and semi-arid counties in February 2015, as part of the short rains seasonal assessments, indicates a deterioration in the Northeast Pastoral cluster (Wajir, Garissa and Isiolo) and a concerning but stable nutrition situation in the Northwest Pastoral cluster (Turkana, Marsabit and Samburu), Agro-pastoral cluster (West Pokot, Baringo, Kajiado, Laikipia, Nyeri North, and Narok) and Coastal Marginal Agriculture cluster (Taita Taveta, Lamu Kilifi, Kwale) compared to July 2014. Additional areas of concern are parts of the South Eastern Marginal cluster (Meru North and Tharaka) with Tana River, Kitui and Makueni counties remaining stable. Wajir West reported the highest GAM and SAM rates, at 22.6% (17.7-28.3) and 7.1% (4.9-10.3), indicating a deterioration in the severe acute malnutrition rates with an estimated 1 out of 14 children severely malnourished. The Short Rains Assessment (SRA) also shows that the nutrition situation is worse with 'Very Critical' GAM rates (>= 20,0%) in Eastern zones in Isiolo County, with secondary data also confirming 'Very Critical' GAM rates in Eastern Turkana (North, Central and South), Northern Baringo, North-Western Marsabit and the whole Mandera county. Furthermore, GAM rates were 'Critical' (15.0 to 19.9%) in North-Western Turkana, South-Eastern Marsabit, Samburu, Eastern Wajir North and Wajir South, and Northern Garissa. GAM is reportedly decreasing in the North-Western Turkana, West Pokot, Baringo and Samburu counties. Underlying causes of malnutrition include chronic vulnerabilities including, poor health, limited access to clean water and appropriate sanitation (WASH), chronic food insecurity and infant and young child feeding (IYCF) practices.
- **Normal to below-normal long rains from March until May 2015 are expected to increase food and nutrition insecurity both in the pastoral and marginal agricultural areas through August 2015.**[3] The rains are expected to be near to below average both on pastoral and marginal agricultural areas, and near to above average in the high- and medium-potential agricultural areas. These will result in extended dryness, depleted soil moisture levels and below average vegetation cover mostly affecting water availability, pastoralist resources and crop production are expected to deteriorate food and nutrition insecurity both in the pastoral and marginal agricultural areas through August 2015. The areas likely to be most affected will include Wajir, Marsabit, Mandera, Garissa, Isiolo, Samburu and Laikipia. Through June, the majority of pastoral households will likely remain Stressed (IPC Phase 2). In the areas with even fewer resources in Isiolo, Wajir, Garissa, Turkana, and Marsabit, households currently in Crisis (IPC Phase 3) are expected to remain in Crisis (IPC Phase 3) through at least June.[4] The resulting decline in livestock products availability and incomes could worsen food access leading to increased malnutrition levels above the already critical thresholds are expected after May 2015 in parts of northern Kenya. Furthermore, increased conflict over grazing resources is expected earlier than normal as declining rangeland conditions and depletion of grazing resources trigger unusual livestock migration in search of pastures and water, resulting in human displacements and loss of assets (livestock) thereby further subjecting poor households to food and nutrition insecurity in pastoral areas of Kenya (Samburu, West Pokot, Tana River and Turkana counties). The likely continued conflict in South Sudan and Somalia is expected to deepen and accelerate food and nutrition insecurity in the region. In addition, as the forecasted rains will negatively impact the main growing season, reduced food availability from own production

is expected in parts of the marginal agricultural areas. Adverse changes in market prices and deterioration in terms of trade are expected in agro-pastoral/marginal agricultural areas. On a positive note, forecasted normal to above-normal rains for March to May 2015 in parts of western Kenya it is likely to improve the food security situation in these areas.[5]

- **In January 2015, cholera outbreak was reported in Homa Bay, Migori and Nairobi Counties, which further spread to Kisii and Bomet counties**. The outbreak peaked in mid-February with resurgence in Migori and Homa Bay and spread to Bomet on 11 March. As at 23 March 2015, a total of 1,451 cases and 20 deaths had been reported across the 5 counties. Migori County had the highest number of cases (857) followed by Homa Bay (359), while Nairobi County has the highest Case Fatality Rate of 3.6% (MOH, 23 March Updates). The continued outbreak is attributed to insufficient resources, weak coordination, and lack of awareness at household level, poor hygiene and sanitation and shortage of clean drinking water. The onset of the rainy season in the affected counties is another risk of further contamination of river sources due to poor sanitation which could result in downstream spread of the outbreak between counties. In addition to cholera, there were outbreaks of acute watery diarrhea disease outbreak in Lamu County with 215 cases and 3 deaths, and of rift valley fever in Tana River County with 4 cases and 3 deaths in January 2015. Due to the ongoing drought, counties in northern Kenya continue to report high Kala-azar burden among vulnerable communities.
- **Due to continued insecurity, access to schooling for children in the North Eastern region has been affected due to the desertion of 1200 teachers after 24 teachers were killed in Mandera at the end of 2014.** A total of 2,000 teachers have asked to be transferred from the region. There is therefore a shortage of teachers and a poor 1:55 pupil-teacher ratio. In the North Rift region (Baringo, Turkana, West Pokot etc.) many schools have remained closed due to cattle rustling and inter-ethnic conflicts. The protection and psychosocial needs of children in Lamu, Tana River, Kilifi, Mandera, Garissa, Marsabit, Wajir, Samburu, Baringo, Turkana and West Pokot Counties have been adversely affected by drought, negative cultural practices and conflict, leading to high drop outs and absenteeism from schools in search for food and livelihood options in wage labor markets . Child labour is on the increase with children missing out on school to join. The large number of unaccompanied or separated children at Kakuma Refugee Camp makes children especially vulnerable to sexual and gender-based violence (SGBV) and unlikely to access schooling. The high influx of about 30,000 children has also caused class rooms to become congested, negatively affecting quality learning. Current enrolment in the 35 Dadaab Primary schools at the end of February 2014 were 84, 627 (41% girls) while the enrolment in the 7 secondary schools was 4,778 (25% girls). Average primary school GER was 62% while in Secondary it was 13%.
- **Since the beginning of the conflict in South Sudan in December 2013, Kakuma refugee camp had received 45,681 new asylum seekers from South Sudan as at 31 March 2015**. At the end of March, 1,256 new Unaccompanied Minors (UAMS) and 6,924 separated children had arrived in Kakuma since December 2013. The latrine to user ratio in Kakuma 4 stands at 1:15 for both family shared and household latrines. Coverage currently stands at 33.9% for both family shared and household latrine categories and 14.2% coverage for household latrines only. The overpopulation and burden on services is causing friction among refugee communities of different origins and security issues. It is anticipated that the South Sudanese refugee population in Kenya will grow by the end of 2015 by 30,000 in addition to 46,300 persons who arrived in 2014, should the conflicts persists. For the South Sudanese refugee influx to Kakuma, the planning figure for 2015 is set at 75,000 refugees by end of 2015.

Evolving situation in April 2015:

- A terrorist attack associated with Al Shabaab resulted in the killing of 147 students at the Garissa University on 2 April 2015. A curfew (6.30pm - 6.00 am) is in effect in the region. Shortly thereafter, the Deputy President made a public statement of the Government's intention of closing Dadaab Refugee Camp within 90 days UNHCR and other humanitarian agencies, including UNICEF Kenya through field office in Dadaab refugee camp, are closely monitoring the situation on the ground.
- The attack has also affected Health interventions in Garissa County, with the planned Polio campaign for 18-22 April 2015 being postponed indefinitely due to majority of non-Local health workers of all cadres having withdrawn their services. No health services are being provided in some rural health facilities due to lack staff presence. Reportedly, patients are being regularly referred to the Dadaab hospital due to insufficient in the Garissa General hospital. Education institutions are reporting fear of attacks across the student populations, with a heightened need for psychosocial support. The Garissa Medical Training College has been closed for fear of attack.
- On 8 April 2015, the Ministry of Health launched the Key Findings Report of the Kenya Demographic & Health Survey 2014. There are large improvements in all key indicators, including infant and child mortality (39/1,000 and 52/1,000, respectively); nutrition status (stunting among U5 at 26%); HIV knowledge [76.6% women and 84.8% among men], and physical & sexual violence against women and men [40.7%, 11%]. Vaccination indicators have declined [71% all basic vaccination from 77% in 2008/9), which is attributed to challenges experienced by devolution of health services to sub national level, decline in funding to immunization outreach services, including under-funded immunization programmes and health worker strikes in parts of the country due to low morale.
- Mombasa County is the latest to report a confirmed Cholera case with the date of onset of symptoms of the index case being 6th April 2015. Of concern is that Mombasa, Turkana and Counties in Nyanza region have previously reported outbreaks with high burden. The caseload is increasing, as at 13th April 2015, a total of 1641 cases and 22 deaths (CFR=1.5%) have been reported nationally distributed as follows: Nairobi 72 cases, 2 deaths (CFR 2.8%); Migori 915 cases, 12 deaths (CFR 1.3%); Homa Bay 377 cases, 5 deaths (CFR 1.4%), Bomet 272 cases, 2 deaths (CFR 1.5%) and Mombasa 5 cases, 1 death (CFR 20%). Continued poor access to drinking water, ineffective sanitation systems, unprotected water sources, weak hygiene and sanitation systems exacerbated by the current rains, the cholera burden is expected to increase. The sustained outbreak is also directly linked to high poverty levels and the weak capacity of county teams within the devolved governance system. The MOH national level is informally requesting chlorine stocks in view of weak hygiene and sanitation systems and UNICEF is supporting additional chlorine supplies and use of UNICEF tools for cholera preparedness and response. UNICEF and other partners like Glaxo Smithkline Kenya and Africa Cholera Network Surveillance (AFRICHOL) and also discussing with MOH on use of cholera vaccines.
- The 2015 long rains season is ongoing with flash flooding, deaths and minimal displacement reported. In Lagdera Sub-County, Garissa County, 440 households have been affected, with some camping at one of the schools in Gurufa. In Homa Bay and Migori Counties, seven flood-related deaths are reported, and 200 households are affected. It is anticipated that as the season picks up, additional displacement will be experienced, necessitating humanitarian response especially in WASH, NFIs and Health. UNICEF is monitoring the situation and providing coordination and planning support.

Estimated Affected Population[6] (Estimates calculated based on various humanitarian needs assessment as well as the multi-sectoral seasonal Short rains and long rains Assessments in Kenya			
	Total	**Male**	**Female**
Total Affected Population	1,600,000[7]	795,331	804,669
Children Affected (Under 18)	860,900	427,800	433,100
Children Under Five	247,500	123,000	124,500
Children Acutely Malnourished in ASAL, urban and refugee	320,350	176,193	144,157

UNICEF's Response with partners	UNICEF[8]				Sector/Cluster	
	Over all target for 2014	UNICEF Support to South Sudanese Refugees[9]		Population reached other than in Kakuma	Cluster Target	Cumulative results (#)
		Kakuma Targets	Kakuma results			
NUTRITION[10]						
Children under 5 suffering from severe acute malnutrition admitted to community based management programmes	52,114	2,000	146	9,310	52,114	9,456
children under 5 suffering from moderate acute malnutrition admitted to integrated management of acute malnutrition programmes	136,199	5,000	423	18,216	136,199	18,639
HEALTH[11]						
Children under five years access an integrated package of interventions	1.2 million	15,000	-	25,484		
children under five access treatment for diarrheal disease	600,500	15,000	-	3,200		
WASH						
Internally displaced persons and host community members (including approximately 80,000 children) provided with safe water	150,000	TBC	-	31,746	300,000	31746
Internally displaced persons and host community members provided with appropriate sanitation facilities	100,000	TBC	-	6,138	200,000	6138
Emergency-affected persons benefiting from hygiene and sanitation promotion messages	150,000	TBC	-	62,213	300,000	62213
CHILD PROTECTION						
Children provided with access to safe access to community spaces for socialization, play and learning	60,000	12,011	N/A[12]			
EDUCATION						
School-aged children including adolescents accessing quality education (including through temporary structures)	70,000	15, 260	-	44,366	160,000	44,366
HIV/AIDS						
Adolescents have access to HIV education	60,000	8,000	N/A[13]	N/A[14]		

Humanitarian leadership and coordination:

The National Drought Management Authority (NDMA) and the National Disaster Operation Centre (NDOC) are the main entry points for coordination of humanitarian partners. NDMA, present throughout the ASALs, had responsibility for the coordination of drought-related preparedness and response and climate change adaption, including Disaster Risk Reduction, information and knowledge management, rapid response and coordination at national level and in the ASAL Counties NDMA is also leading the coordination of the Ending Drought e Emergency National strategy. The Kenya Red Cross Society (KRCS) is the designated first line responder and de facto the operational response body of the Government with presence throughout the country.

A new constitution giving a good institutional framework including a new DRM strategy and the governance devolution process transferring responsibilities and resources from the national level to the county level provides an opportunity for improved disaster preparedness and response activities with stronger inter and intra linkages with increased involvement of affected communities. At the national level, the roles and responsibilities of NDMA and NDOC will be taken over by a new proposed national coordination structure including a National Disaster Risk Management Council (NDRMC), National Disaster Management Steering Committee and National Disaster Management Authority (NADIMA) supervising and coordinating sectoral thematic working groups. At the county level, the County Steering Groups and/or County Disaster Management Committees will support the County Governments as the main coordination body at County level for disaster preparedness and response. The Government of Kenya is preparing to implement the UNDAF Outcome result 4.2 which makes provision for a joint humanitarian, peace building and DRR coordination mechanism lead by the Ministry of Interior and integrating other coordination mechanism. The Ministry of environment and Ministry of Interior with UN support has put in place a proposed coordination mechanism to be implemented in 2015, with the first task being to review the humanitarian strategy.

There are nine technical sectors led by Government Ministries with technical support from UN agencies. In addition, UNHCR has been supporting the Department of Refugee Affairs in coordinating and leading refugee assistance. Under the new coordination structure, the Government has proposed the following 11 sectoral working groups, with other sectors such as Gender based violence (GBV) and Camp Coordination Camp Management (CCCM) to be created during emergencies. Inter-agency coordination continues under the IASC cluster structure, with clear government leadership in each sector area and co-leadership by UN agencies.

UNICEF co-leads the Nutrition, Education, WASH and Child Protection sectors; and plays a strong role in Non-Food Items and health coordination. UNICEF also co- leads Government of Kenya Ending Drought Emergency (EDE) Human Capital pillar which comprise of Education, Health and Nutrition. UNICEF provides EDE technical support to inter-governmental body on knowledge management, coordination to cross fertilize innovative approaches on EDE. UNHCR and Government Department of Refugee Affairs (DRA) coordinate the refugee operations. UNICEF works closely with UNHCR to support coordination for the refugee operations, and co-chairs some of the sectoral arrangements in Kakuma and Dadaab Refugee Camps.

The Country Management Team at the Kenya Country Office has Emergency Preparedness and Response as a standing agenda, and meets on a monthly basis to review response strategy, plans, progress in implementation, funding and address any bottlenecks. The Emergency Management Team aims to ensure that the appropriate systems, policies and strategies are in place to allow UNICEF Kenya to meet the Core Commitments for Children in Emergencies, fulfill its responsibilities for supporting sectoral coordination under the Cluster Approach and contribute to the further development of national capacities for emergency preparedness, response and recovery. As and when needed the EMT meets regularly as convened by the Representative in response to a rapid onset emergency or to review the status of preparedness/response or an anticipated or protracted emergency.

Humanitarian Strategy

In 2015, UNICEF will support the Government of Kenya and partners' response[15] to the humanitarian needs of more than 1.2 million children affected by food insecurity, malnutrition, disease outbreaks, displacement[16] and SGBV, including support to refugee populations from South Sudan.

Technical and financial assistance will be provided to support coordination of key sectors (nutrition, health, WASH, protection, education and HIV/AIDS). High Impact Nutrition Interventions will be scaled up in the Arid and Semi-Arid counties, urban informal settlements, Kakuma and Dadaab refugee camps and immediate host communities. Coordination systems at national and county level in the nutrition sector will be supported by UNICEF, to ensure timely contingency plans development, response planning, gap analysis, partnership mapping amongst others.

Child Protection and SGBV interventions will involve scaling up child- friendly spaces, case management, HIV education, psychosocial support and referral mechanisms for unaccompanied or separated children and adolescents.

UNICEF is supporting the Government in the design, pre-testing and dissemination of key Ebola messages and roll-out of the Government and UN Interagency Ebola Preparedness Contingency plans. Communities will be empowered through recruitment and training of community health workers to deliver key health interventions. Delivery of an integrated health interventions package will ensure cost- effectiveness, optimal utilization and ensure minimal loss of life. Using an integrated approach, UNICEF will combine high impact interventions in health, such as mass immunizations, with Vitamin A supplementation and preventing mother to child transmission (PMTCT) services as part of Maternal and New-born Child Health (MNCH). Support will be provided to establish a national data base on children and HIV emergencies, given the current vacuum.

Refugees, internally displaced women and children and those in areas with high rates of acute malnutrition will be prioritized for provision of assistance in WASH, focusing on schools and health facilities. An additional 100 temporary learning centres will be established to incorporate psychosocial support, provision of teaching and learning materials and WASH facilities for boys and girls.

Summary Analysis of Programme response (Jan 01 –Mar 31, 2015)

Nutrition:

Drought response: A comprehensive nutrition situation analysis was conducted across the most vulnerable arid and semi-arid counties to monitor the nutrition situation in February 2015, as part of the short rains seasonal performance assessments. Analysis indicates a serious to critical nutrition situation in the Northwest Pastoral cluster (Turkana, Marsabit and Samburu), Agro-pastoral cluster (West Pokot, Baringo, Kajiado, Laikipia, Nyeri North, and Narok) and Coastal Marginal Agriculture cluster (Taita Taveta, Lamu Kilifi, Kwale), compared to July 2014. Deterioration has been noted in the Northeast Pastoral cluster (Wajir, Garissa and Isiolo), with an exception of Tana River county which remains stable. Other areas of concern are parts of the South Eastern Marginal cluster (Meru North and Tharaka) where increased malnutrition rates have been noted, with the MUAC rates for December 2014 above the long term average; however Kitui and Makueni counties remain stable. Based on current nutrition situation analysis, the current expected total caseloads of children requiring treatment in the ASAL and urban areas for acute malnutrition is 304, 083, a slight decline from 352,508 in July 2014**.** The decline in caseloads is linked to the food security improvements noted in West Pokot, Baringo and Samburu (SRA 2015); however, increase in caseloads is expected in Wajir, Isiolo and Garissa counties (2015 rapid SMART Survey results).

Refugee response:

- An anemia workshop was held on 21st January 2015 to discuss strategies for addressing the high anemia prevalence among children and women of reproductive age in Dadaab refugee camps. UNHCRs strategic plan for anemia prevention, control and prevention was reviewed, gaps identified in the current implementation and a work plan was developed to address the gaps identified.
- The draft MICYN C4D strategy supported by UNCEF was reviewed by health and nutrition stakeholders(on 26-27 January 2015) and an action plan was developed to facilitate finalization of the plan
- Pretesting of Radio spot MIYCN messages was done in all the camps and finalized. The messages were aired in Star FM in the month of February and March 2015
- UNICEF has prepositioned adequate supplies for the management of acute malnutrition and providing of other High Impact Nutrition Interventions in Kakuma refugee Camp.
- A total 56 newly arrived children in March aged between 6 and 59 months were screened for malnutrition at the reception centre using weight for height. Among these, 16 children (19.3%) had global acute malnutrition, 11(13.3 %) had severe acute malnutrition, while 5.6% had moderate acute malnutrition.
- UNICEF distributed 400 Cartons of RUTF,40 cartons of F100 and 310 tons of Vitamin A capsules to Dadaab refugee camp (UNHCR) in February 2015
- Annual technical review workshop was held to review performance of health, nutrition and wash indicators, identification of challenges and best practices. The workshop was theme was "*do more with less*". Consultation and discussions on possible ways of reducing the program costs, with proposed strategies to be reviewed at technical working group level before they can be considered for implementation

Health:

Drought response: UNICEF is providing technical oversight in coordination at the national level for cholera and Acute Watery Diarrhea (AWD) response; and has procured and delivered medical supplies (Ringers Lactate, ORS and antibiotics) to all affected counties which are being used in treatment and provision of chemoprophylaxis to close contacts.

UNICEF also supported capacity enhancement in Marsabit on Emergency Preparedness and Response planning focusing on key disaster risks, and prioritize key strategies for implementation of key cycles of disaster. Drought was prioritized among key disaster risks. This session provided officers at the county with skills and practical aspects of preventing, preparing, response and recovery from key disasters, focusing on enabling communities to bounce back with minimal shocks.

The following is a summary of Health supplies dispatched to Counties to support Cholera/AWD response:

Item	UOM	Homa Bay	Migori	Siaya	Nairobi	Lamu	Bomet	Total
Interagency Medical Kit (for 10,000 people)	Kit	1	2		1		1	**5**
Sod.lactat.comp.inj 500ml w/g.set/BOX-20	Pcs	1,180	1,000	500	1,158	2,000	3,560	**9,398**
Zinc 20mg tablets/PAC-100	Pcs	200	200					**400**
ORS (1,000 per box)	Pcs	2,000						**2,000**
Erythromycin pdr/oral sus 125mg/5ml/BOT-60ml	Pcs	50	50		900	162	62	**1,224**
Metronidazole 250mg tabs/PAC-1000	Pcs	500	500			100,000	101,000	**202,000**
Metronidazol pdr/o.s.200mg/5ml/BOT-100ml	Pcs	100	100			500	1,000	**1,700**
Amoxicillin 500mg tabs/PAC-100	Pcs	10,000	20,000				30,000	**60,000**

Refugee response: UNICEF is supporting implementation of lifesaving interventions in Kakuma refugee camp and host community through procurement of vaccines, cold chain equipment and delivery, and financial support for orientation of community health volunteers and health workers on high impact interventions and implementation.

Water, Hygiene and Sanitation (WASH):

Drought and cholera response: In response to the Cholera outbreak, UNICEF provided timely emergency WASH supplies consisting of household water treatment, water containers and soap for distribution to benefit 28,000 beneficiaries through the County public health departments. The following is a summary of WASH supplies dispatched to Counties to support Cholera/AWD response:

Item	UOM	Homa Bay	Migori	Kisii	Nairobi	Lamu	Bomet	Total
Aqua Tabs (16,000 per box)	Pcs		144,000	16,000	80,000			**240,000**
PUR	Pcs	6,000	17,280					**23,280**
Bar Soap	Pcs		430		2,000			**2,430**
Cholera Posters (Swahili)	Pcs	1,500	3,500		216			**5,216**
Cholera Posters (English)	Pcs	3,000	4,000		750			**7,750**
Cholera Leaflets	Pcs				150			**150**
Technical guide for WASH	Pcs		10		5			**15**
Manual Trainers for WASH	Pcs		10					**10**
Jerry Cans (20 Liters)	Pcs	50	70					**120**
Choline Drum (45Kgs)	Drum	1			7	5	5	**18**
Rapid Water Testing Kit	Pcs				7			**7**

Technical support was provided to public health teams to ensure appropriate response activities are conducted and that accurate public health information is provided to beneficiaries. Coordination mechanisms were activated in the affected including the regional hubs, the WESCOORD and County platforms to enhance planning and prioritization of activities and enhance complementarity of activities among partners. Over 900,000 people live in this hot spot areas that need enhanced hygiene promotion on AWD and cholera.

In the ASAL areas, communities affected by internal displacements due to conflict and areas with high malnutrition due to prolonged drought were supported with access to emergency water supply, environmental sanitation and hygiene promotion in partnership with Kenya Red cross Society and 4 other INGOs in Mandera, Marsabit, Wajir, Turkana, Tan river, Lamu and Baringo reaching 110,000 beneficiaries. Activity implementation is at different stages of implementation

with some of the emergency supplies progressively from mid-March 2015. WESCOORD members from Nairobi conducted an initial field visit in early March 2015. The monitoring report indicates that Hygiene promotion and sanitation activities were at an advanced stage of implementation while water supply activities were identified and agreed with communities. UNICEF also provided NFIs to 2,600 HHs among the conflict-affected IDPs in Baringo and Mandera Counties.

Refugee response: Through partnership with NRC, support has been provided to access safe WASH services for 9,812 malnourished children in Kakuma ward within the host community.

Child Protection:

Refugee response: In Kakuma Refugee camp, UNICEF and partner organisation Lutheran World Federation (LWF) continued to provide a comprehensive case management response to children with protection concerns, with a particular focus on the South Sudanese influx. At 31 March 2015, Kakuma Child Protection Information Management System (CPIMS) had a case load of 12,011 (1876 Unaccompanied Minors, 9888 Separated Minors, 247 children with other child protection concerns), (among a camp child population of 101,738). 7,854, or more than 63% of cases on CPIMS are South Sudanese children (3874 female -32% and 8137 male -68%).

A decrease in the number of child arrivals has led to a reduction of Best Interests Assessments (BIA) conducted during the first quarter of 2015, and a reduction in the number of UAMs residing at Reception Centre while awaiting alternative care placement (7 children as of 31 March 2015). BIA's were conducted for 432 children during the first quarter of 2015, contributing to a cumulative 7719 BIA's conducted since January 2014 (5,223 male and 2,817 female). 147 cases of abuse were reported during this quarter, representing cases of child marriages, Female Genital Mutilation, child labour and physical and sexual abuse. Follow up visits were conducted to 1759 households, accommodating 16,334 children (9299 males, 7035 females), and 19 children were placed in alternative care (12 in Foster Care, 5 in Child Headed Households and 2 in institutional protection). An additional 142 children were reunited with family during the quarter, while 440 foster parents from across Kakuma participated in monthly meetings to build community networks of support; discuss challenges and find solutions.

UNICEF facilitated a 5 days training of trainers on operation and administration of the CPIMS to 11 LWF national child protection staff (social workers and data team) and 8 field staff of UNHCR. LWF staff, with support from UNICEF and UNHCR in turn provided comprehensive training to 98 national and refugee staff on the case management cycle, interviewing techniques, confidentiality and the application of CPIMS to case management in Kakuma and linkages with the UNHCR ProGress database. The training has significantly advanced understanding among staff of CPIMS as a case management tool, and served to improve the capacity of child protection teams to conduct BIAs and Follow Up visits with a view to collecting needed information and providing quality services using a child-centred approach.

Education:

Drought and Cholera response: UNICEF in collaboration with Save the Children facilitated the training of 64 County Education Officers from Marsabit, Mandera, Isiolo, Kisumu, Homa Bay, Migori and Siaya on 16th -20th March, 2015. The main objectives of the training were to enhance institutional capacity for Emergency Preparedness and Response, enhance contextualizing of the Education Sector 2015-2017 National Emergency Preparedness and Response Plan and contingency planning at county, sub-county and school levels. The enhanced capacity of county officers fostered coordination of the cholera emergency response in Homa Bay and Migori counties that benefited children in two schools with an enrolment of 700 learners through WASH support.

Refugee response: The Peacebuilding Education and Advocacy (PBEA) project activities in Dadaab Refugee Camps continued ranging from training of teachers, school management committees [SMC] and Girl Guide patrons on peace education. A total 201 (178M & 23F) teachers were trained on using peace education manuals to facilitate peace lessons, reaching 34,000 learners. A total of 136 emergency ECD kits were distributed benefiting 6,800 children and another 24,063 benefited from the distribution of 16,042 copies of Somali text books. Under the ABE interventions, 4,666 (57% female) continued learning in 22 ABE operational centers supported by UNICEF through Save the Children, bringing the cumulative total number of teachers trained on peace education to 565. Out of these, 276 peace teachers (57%) of the available teachers in the schools are using peace education manuals and workbooks for teaching peace lessons. A total of 175 PTAs/SMCs were reached through community meetings through which they learned about peace building and conflict management. A total of 227 youth (41Female, 186 Male) were enrolled and are carrying on with vocational

skills in YEP centers. In Kakuma Refugee Camp, UNICEF has provided education materials for 6,500 primary school children and has established an additional 10 semi-permanent schools. UNICEF-supported enrolment campaigns have led to 12% overall increase on school enrolment in 35 schools. UNICEF has also supported the establishment of a functional EMIS system and has trained all the teachers in Kakuma camp on Child-Friendly School concepts, and is continuing to support UNHCR in enhancing education coordination and advocating for a comprehensive policy on refugee education.

HIV/AIDS

On 17 February 2015, the Kenyan Government, UNICEF and UNAIDS, including other partners, jointly co-hosted the global launch of the "ALL IN", a global social movement to prevent new HIV infections and reduce AIDS-related mortality among adolescents between 10-19 years. The launch was presided over by the President of Kenya who gave a strong speech and commitments to accelerate the response to adolescents living with HIV. Since only one in four children and adolescents under the age of 15 have access to life-saving treatment, and as deaths are declining in all age groups except among 10-19 year olds, this new initiative on adolescents and HIV seeks to accelerate HIV prevention and treatment efforts for vulnerable adolescents. UNICEF and partners aim to reach adolescents with HIV services designed for their specific needs and to fast-track progress to advance global efforts to end the AIDS epidemic by 2030. Building on the successful launch, UNICEF will support the rolling out of the initiative in selected ASAL counties, urban informal settlements and the refugee camps. This will include strengthening linkages between SGBV and HIV services and data collection for decision making in humanitarian situations.

Security:

Security in Kenya was generally challenging for the first quarter of 2015. Though the major towns maintained a relative calm over the period, vast areas to the North and Eastern parts of the country experienced increased insecurity, greatly attributable to existential conflicts over the drought period and increased terrorism threats especially along areas near the Kenya Somalia border.

Following threatening rhetoric by the terrorist group Al Shabaab in February, Mandera and Wajir Counties experienced a series of spikes of militant operations mainly targeting non-locals, killing a number of people. These incidents have compounded the already complicated security situation, subsequently affecting health and education sectors and the efforts to return government health and education professionals to the affected areas are unlikely to bear fruits any time soon. UN missions to Mandera East remain suspended.

On 2 April 2015, terrorist operations in Kenya went to unprecedented levels when Al Shabaab terrorists attacked Garissa University, killing 147 people, majority of whom were students. Following this Garissa University attack, the government imposed a dusk to dawn curfew over all counties bordering Somalia, i.e. Madera, Wajir, Garissa and Tana River.

Humanitarian Funding as of March 31, 2015

Sector	Original 2015 HAC requirements (US$)	Total received towards 2015 HAC (US$)[17]	Funding Gap (US$)	% Met
Nutrition	7,500,000	2,134,279	5,365,721	28%
Health	5,500,000	814,909	4,685,091	15%
Water, Sanitation & Hygiene	2,500,000	1,058,967	1,441,033	42%
Child Protection	4,500,000	1,216,912	3,283,088	27%
Education	2,000,000	1,829,704	170,296	91%
HIV & AIDS	1,000,000	0	1,000,000	0%
Cluster/Sector Coordination	2,000,000	1,762,357	237,643	88%
Total	**25,000,000**	**8,817,128**	**16,182,872**	35%

** 'Funds received' does not include pledges*

In 2015, we have received Humanitarian funding from the Government of Japan Supplementary funding to-date.

Next Quarterly SitRep: 15 July 2015

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[1] Kenya Metrological Department URL: http://www.meteo.go.ke/ranet/Wx/seasonal.pdf

[2] Due to poor rainfall performance in the last short rains season (October to December 2014), the food insecure population increased from 1.5 million in August 2014 to 1.6 million people in February 2015. URL: http://reliefweb.int/report/kenya/2014-short-rains-season-assessment-report

[3] Kenya Metrological Department URL: http://www.meteo.go.ke/ranet/Wx/seasonal.pdf

[4] Kenya Food Security Outlook Update March 2015

[5] FSNWG Alert March 2015, URL: http://reliefweb.int/report/kenya/2014-short-rains-season-assessment-report

[6] Male and Female figures are generated using approximation from Kenya National Bureau of Statistics

[7] Kenya Short Rains Assessment

[8] 2015 HAC targets, URL: http://www.unicef.org/appeals/kenya.html

[9] The blue table reflects UNICEF ongoing response for South Sudanese refugees in Kakuma Refugee Camp in consultation and coordination with other partners on the ground including but not limited to UNHCR.

[10] UNICEF and sector targets are the same because UNICEF provides technical and supply support to all integrated management of acute malnutrition programmes. The cluster target includes numbers from both Dadaab and Kakuma Refugee Camps including Urban.

[11] Data awaited from Ministry of Health for population reached through activities implemented by the Ministry with UNICEF support

[12] Results figures will be shared in the next quarterly report as partnerships recently solidified and emphasis has been on case management and follow up.

[13] Partnership has just been developed. Results will be shared in the next quarter.

[14] Partnership has just been developed. Results will be shared in the next quarter.

[15] 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 2013-17, which is part of the Kenya Vision 2030 MTP2. With Government of Kenya, UNICEF is currently co-chairing the pillar on Human Capital (Education, Health, Nutrition, hygiene and sanitation) and contributes to all the other pillars including institutional development and knowledge management. URL: http://www.dmikenya.or.ke/home/18-newitem/34-drm-and-ede-common-programming-process.html

[16] 2014 August, UNOCHA East Africa, CERF Underfunded Emergencies Priority Strategies for Kenya. Since January 2014, inter-communal conflicts have displaced more than 200,000 people in several parts of Kenya including recent inter communal conflict in North Eastern Counties like Wajir and Mandera. The Kenya Inter Agency Rapid Assessments (KIRA) tool have been used to identify the humanitarian gaps and also to document the needs of the right holders including internally displaced persons. More details: https://kenya.humanitarianresponse.info/local-themes/kira

[17] Includes funds carried-over from 2014