

Humanitarian Situation Report: Kenya

Date: 8 October 2013

Period: 05 September – 07 October, 2013

HIGHLIGHTS

- According to the 2013 Kenya Long Rains Assessment Report, the population in need of emergency food assistance declined from 1.1 million to 0.85 million between February 2013 and August 2013, representing a 23 percent reduction.
- The Kenya Meteorological Department has issued an early warning for flash flooding in the central and western parts of the country, as well as deteriorating food security, disease outbreak and conflict over scarce water resources due to depressed rainfall in the arid and semi-arid lands during the short rains season between October to December 2013.
- According to FEWSNET, between September and December, food security is expected to deteriorate, but not to Crisis (IPC Phase 3) level in parts of northern Kenya where rangeland conditions are likely to have deteriorated through the June to September dry season and in the areas that have experienced inter-clan conflicts.
- Total number of confirmed cases of Wild Polio Virus type-1 in the current Polio outbreak in Kenya remains at 14. The annualized national non-polio acute flaccid paralysis (NP-AFP) detection rate is 2.65/100,000 of children aged <15years. Round 5 of Kenya’s immunization response to the current outbreak was carried out successfully between 21 – 25 September in 122 sub-counties covering 5.2 million out of 5.5 million targeted population. The campaign targeted all ages in Dadaab Camps and surrounding areas and < 5 years in other areas. Administrative data is still being reported.
- The Moyale Conflict situation remains relatively calm, with an unconfirmed number of households still reported displaced across the Ethiopian border. A Kenya Initial Rapid Assessment (KIRA) mission on 11 September identified WASH, food, NFIs, Health, Peace Building, Education, Livelihoods and psychosocial needs among the affected population. UNICEF has responded with the distribution of 500 Family Relief Kits, 1000 buckets, 480,000 Aqua tabs, 3 classroom tents, 3 water tanks, 65 emergency education kits, 50 ECD kits and 50 seating mats through partners.

Situation Overview & Humanitarian Needs

Estimated Affected Population			
<i>(Estimates calculated based on initial figures from the from the Long Rains Assessment , OCHA and UNICEF)</i>			
	Total	Male	Female
Total Affected Population	850,000 ¹	422,500	427,500
Children Affected (Under 18)	457,300*	227,300	230,000
Children Under Five	131,500*	65,400	66,100
Children Acutely Malnourished (GAM)	300,000	165,000	135,000

- According to the 2013 Kenya Long Rains Assessment Report, the population in need of emergency food assistance declined from 1.1 million to 0.85 million between February and August 2013, representing a 23 percent reduction. This is mainly attributed to the implementation of various resilient programs and average performance of the current and previous rainfall seasons. Of the total population in need of food assistance, 63 percent is located in the pastoral livelihoods in the northeast, northwest and agro-pastoral livelihood zones while 37 percent is located and equally distributed in the southeast and coastal marginal agriculture areas.
- The Kenya Meteorological Department has issued an early warning for flash flooding in the central and western parts of the country, as well as deteriorating food security, disease outbreak and conflict over

¹ Estimated affected population calculated based on Government of Kenya led Long Rains Assessment conducted between August – September 2013. *Where mentioned, under 18 and children under 5 years, including disaggregated male and female, are derived using percentage population from Kenya Census 2009

scarce water resources due to depressed rainfall in the arid and semi-arid lands during the short rains season between October and December 2013.

- According to FEWSNET, between September and December, food security is expected to deteriorate, but not to Crisis (IPC Phase 3) level in parts of northern Kenya where rangeland conditions are likely to have deteriorated through the June to September dry season and in the areas that have experienced inter-clan conflict. Probable food price increases and reduced milk consumption as a result of poor milk availability are likely to increase malnutrition rates. Deterioration will also occur in the southeastern and coastal marginal mixed farming livelihood zones as income from sales of legumes is offset by high maize prices.
- Kenya's total number of confirmed cases of Wild Polio Virus type-1 in the current Polio outbreak remains at 14. The annualized national non-polio acute flaccid paralysis (NP-AFP) detection rate is 2.65/100,000 of children aged <15years. Round 5 of Kenya's immunization response to the current outbreak was carried out successfully on 21 – 25 September in 122 sub-counties covering 5.2 million out of 5.5 million targeted population. The campaign targeted all ages in Dadaab Camps and surrounding areas and < 5 years in other areas. Administrative data are still being reported.
- The Moyale Conflict situation remains relatively calm, with an unconfirmed number of households still reported displaced across the Ethiopian border. A Kenya Initial Rapid Assessment (KIRA) mission on 11 September identified WASH, food, NFIs, Health, Peace Building, Education, Livelihoods and psychosocial needs among the affected population. UNICEF has responded with the distribution of 500 Family Relief Kits, 1000 buckets, 480,000 Aqua tabs, 3 classroom tents, 3 water tanks, 65 emergency education kits, 50 ECD kits and 50 seating mats through partners.

Inter-Agency collaboration, coordination, cluster leadership and key partnerships

- 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.

Programme response -- UNICEF and partners

While 49% of UNICEF's US\$34,343,885 million appeal is unfunded as September; WASH, Education, and Child Protection sectors are less than 50% funded; which is constraining the achievement of results. UNICEF's response focused on maintaining optimum levels of programme coverage while continuing to strengthen and develop systems. Despite reduced funding in the first half of the year, UNICEF and partners met 41% of the annual targets for severe acute malnutrition. After the government declared polio virus outbreak in May², UNICEF supported Government's polio vaccination campaign targeting 5.5 million including children in refugee camps in Dadaab and Kakuma. Enhanced inter-sectoral linkages facilitated reaching of hygiene promotion messages to a larger target group. Continuous support being provided to the Government co-lead National Child Protection and Education Sector to introduce the Minimum Standards in Humanitarian Action and developing Information Management platforms for the country.

Nutrition

Estimated #/% coverage	UNICEF & operational partners			Sector / Cluster		
	UNICEF Target (Jan to Dec 2013)	Cumulative results**	Change since last report	Cluster Target (Jan to Dec 2013)	Cumulative results	Change since last report
Children <5 with SAM admitted to therapeutic feeding programmes in ASAL and Urban areas ¹	43,400	27,745 (63.9%)	6.7%	43,400	27,745 (63.9%)	6.7%
Children <5 with MAM admitted to supplementary feeding programmes in ASAL and Urban areas ¹	149,200	50,453 (33.8%)	4%	149,200	50,453 (33.8%)	4%
Proportion of children 6-59 months receiving at least one dose of vitamin A supplement in ASAL	1,315,664	409,993 (31.2%)	5.8%	1,315,664	409,993 (31.2%)	5.8%

² UNICEF KCO Humanitarian Situation Report # 5 covering 07 May – 06 June, 2013

Children <5 with SAM and MAM admitted to therapeutic and supplementary feeding programmes in refugee camps (Dadaab).	50,000	20,304 (40.6%)	3.6%	Not applicable	Not applicable	Not applicable
UNICEF Operational Partners: UNHCR, Ministry of Public Health and Sanitation, MERLIN, World Vision, IRC, IMC, Mercy USA, Food for the Hungry, Save the Children, Islamic Relief, ACF, Concern World Wide ¹ Data for Urban areas included starting from May 2013 ** Data for the reporting period Jan- August 2013.						

Analysis of Results (January – September 2013)

The nutrition situation is stable and there are no major changes from the previous month. The stability is mainly due to the favourable food security situation in the country, with no major disease outbreaks reported (other than polio, which has not affected the nutritional status of the population). Coverage of Vitamin A supplementation through routine health facility system remains low especially due to poor access by older children (12-59 months). This age group often records very low attendance at health facilities upon completion of immunization schedule. There are efforts to reach this age group through community campaigns during polio and measles immunization. The formation of county governments is taking shape. However, there are still technical capacity issues in view of the staff changes. UNICEF is responding to the gaps through subnational support in areas like County Integrated Development Plans (CIDPs) and coordination of programs. In the Arid and Semi-Arid Lands, nutrition surveys implemented in 2013, have reported very critical acute malnutrition levels in Mandera Central 20.6% (16.2%-25.8%). Parts of Mandera and Turkana are also experiencing critical levels of malnutrition. The nutrition survey results for Dadaab refugee camp will be released on 11th October 2013.

Refugee Response (August – September 2013)

- The nutrition survey results for Dadaab refugee camp will be released on 11th October 2013.

Drought-Affected Areas (August – September 2013)

- Coverage of Vitamin A supplementation through routine health facility system remains low especially due to poor access by older children (12-59 months). This age group often records very low attendance at health facilities upon completion of immunization schedule. UNICEF is supporting on-going efforts to integrate Vitamin A supplementation into the upcoming polio campaign.
- As formation of new county governments is taking shape, there are still technical capacity issues at the subnational level. UNICEF is responding to the gaps through dedicated subnational support in areas like County Integrated Development Plans and coordination of programs.
- In the Arid and Semi-Arid Lands, nutrition surveys implemented in 2013, have reported very critical acute malnutrition levels in Mandera Central 20.6% (16.2%-25.8%). Parts of Mandera and Turkana are still experiencing critical levels of malnutrition.

Nutrition Cluster/Sector (January – September 2013)

- There is on-going consultation within the nutrition sector partners on the plan for 2014 following the end of the Emergency Humanitarian Response plan (EHRP) by December 2013.

Health

Estimated #/% coverage	UNICEF & Operational Partners			Sector/Cluster		
	UNICEF Target (Jan to Dec 2013)	Cumulative results**	Change since last report	Cluster Target (Jan to Dec 2013)	Cumulative results	Change since last report
Children have sustained access to essential health services for high impact preventative and curative interventions including immunization, PMTCT, and emergency obstetric care through integrated outreach services delivered using essential health supplies	1,200,000 ¹	5,225,000 (435 ² %)	866,141	Not applicable	Not applicable	Not applicable
Number of additional functioning community health units in northern Kenya in 2013 to strengthen community-based high impact preventive and curative interventions	290	160 (55%)	0	Not applicable	Not applicable	Not applicable
UNICEF Operational Partners: UNHCR, GoK, WHO ¹ Polio outbreak was declared in Kenya on 10th May. Five rounds of emergency polio vaccination campaigns have been conducted targeting 127 districts on the Kakuma-Nairobi-Dadaab corridor where approximately 5.2 out of 5.5 million children have been vaccinated. UNICEF has supported the planning and implementation process of the immunization campaign through procurement of vaccines and coordination of advocacy, communication and social mobilization. ² By August 2013, the target for health sector was already surpassed by 435% due to wider geographic targets integration for vaccination to interrupt transmission of the wild polio virus. ** For the reporting period of January – September 2013						

Analysis of Results (January – September 2013)

High level preparedness that included prepositioning of health related supplies, human resources and funds, helped during post elections localized emergency responses. The prepositioned supplies were also released during April/May floods emergency response in flood affected like Nyanza and Coast provinces. From January-May, there has been consistent increase in case load of diarrhoeal cases. When eight suspected cases of Cholera originating from Somalia were reported in Dadaab area (including refugee camps)³, the UNICEF prepositioned health supplies were dispatched to the host community health facilities. After the government declared polio virus outbreak on 10 May⁴, UNICEF with WHO and UNHCR continued its support to the Government for the coordination and procurement of vaccines for the polio vaccination campaign in 127 districts targeting 5.5 million (including 2 refugee camps in Dadaab and Kakuma). To-date, 14 cases have confirmed, with no cases reported in the last two to three weeks of the reporting period. Further, high HIV prevalence of 8.7% reported in the Turkana region with mother to child transmission at 9.4% against the national goal of below 5%. UNICEF has supported efforts in strengthening the integration of Preventing Mother-to-Child Transmission (PMTCT) of HIV services into Maternal, New-born and Child Health (MNCH) and to improve evidence based planning.

Refugee Response (August – September 2013)

- UNICEF supported response to malaria upsurge in Dadaab, including refugee camps, by dispatching supplies that included antimalarial regimen, Oral Rehydration Salts (ORS) and Long Lasting Insecticides treated nets.
- UNICEF provided Kenya Shillings 4.3 million Kenya Shillings (aprox. USD 50,000) to establish 10 community health units as well as and training of 35 community health workers, 20 community health extension workers, 35 community health committees. The support is aimed at increasing access to quality community based basic maternal, new-born and child health services within the refugee camp on diarrhoea, malaria, pneumonia and both maternal and new-born preventive services.

Drought-Affected Areas (August – September 2013)

- After the government declared polio virus outbreak on 10 May⁵, UNICEF intensified its resource mobilization to prioritise strengthening routine immunization in order to sustain the current efforts to

³ UNICEF KCO Humanitarian Situation Report # 5 covering 31 March – 07 May 2013

⁴ UNICEF KCO Humanitarian Situation Report # 5 covering 07 May – 06 June, 2013

⁵ UNICEF KCO Humanitarian Situation Report # 5 covering 07 May – 06 June, 2013

mitigate the transmission of the wild polio virus outbreak. UNICEF with WHO and UNHCR continued its support to the Government for the coordination and procurement of vaccines for the polio vaccination campaign. Five rounds of polio vaccination campaigns have been conducted. 5.2 million out of 5.5 million targeted population have been vaccinated under round 5 which took place between 21 – 25 September in 122 sub-counties including Dadaab Refugee Camps. The next round is scheduled to take place in November, targeting the same number of children to ensure transmission of the wild virus is halted.

- WHO and UNICEF in the process of developing of a joint budget and narrative for all response activities for 2013 – 2014. The combined budget submitted to UNICEF East and South Africa Regional Office as part of the development of a consolidated Horn of Africa funding proposal for donors.

WASH

Estimated #/% coverage	UNICEF & Operational Partners			Sector/Cluster		
	UNICEF Target (Jan to Dec 2013)	Cumulative results**	Change since last report	Cluster Target (Jan to Dec 2013)	Cumulative results	Change since last report
Number of affected populations including children and women with access to sufficient water of appropriate quality and quantity for drinking, cooking and personal hygiene	700,000	49,550 (7%)	0	1,200,000	88,961 (7.41%)	0
Number of affected populations including children and women who have received critical WASH related information to prevent illness, especially diarrhoea	700,000	108,405 (15.49%)	0	750,000	164,697 (21.96%)	0
Number of affected populations accessing institutional WASH (schools & Health Facilities) have access to adequate and quality water, improved sanitation facilities and hygiene promotion messages	200,000	69,226 (34.61%)	0	300,000	88,629 (29.54%)	0
UNICEF Operational Partners: UNHCR, DPHO Mandera, DPHO Wajir, CRS/CARITAS, Islamic Relief, RACIDA, ARIDA and Save The Children UK						
Note – not all partners have reported beneficiary numbers reached for all activities – WESCOORD/UNICEF are following up with partners to ensure 4Ws are updated correctly.						
*The cumulative result reported under the cluster is as reported from UNICEF; the sector result will be updated next month once WESCOORD members report is consolidated.						
** Data for the reporting of June 2013						

Analysis of Results (January – September 2013)

Water quality remains a major challenge in the ASAL areas. Whilst access to water is at normal level across the ASAL districts, districts like Wajir, Mandera, Isiolo, Tana River and Ijara water consumption is below normal around 6 – 10 l/p/c/d. As there is a low latrine coverage (10 – 40 %) in the north eastern districts with huge reliance on unprotected water sources increasing, the risk of diarrheal disease outbreaks in the region is marginally high. In the refugee camps, UNICEF supported the safe water supply services through UNHCR. The on-going latrine construction programmes for refugees have improved in terms of coverage. Gaps still remain in schools and child friendly spaces particularly for children with special needs. The number of hygiene promoters in the refugee camps is grossly inadequate in relation to emergency standards of one promoter per 500 persons. This is hampering hygiene promotion activities and subsequent behaviour change initiatives.

Refugee Response (August – September 2013)

- There has been increased water scarcity in September, particularly in the host community settlements that rely on surface sources for their water supply. Most surface water sources have dried, and those with some water are heavily contaminated. This has increased demand and operating hours at the boreholes, and increased risk of disease outbreaks. Mitigation and response activities in September include; ongoing drilling of a new borehole at Bulla Banan settlement in Dadaab. The borehole is expected to provide safe

water supply for 3,000 persons, including two schools. The project is implemented through Northern Water Services Board.

- Through initiative of UNICEF and in collaboration with UNHCR, Hygiene Promotion Working Group has been established to promote coherence and coordination of hygiene promotion within the refugee camps. Assessment undertaken through the working group in September estimated the gap in household latrines to be 9,054 units. The assessment established that there is one hygiene promoter for 1,571 persons, against the emergency standards of 1 promoter per 500 persons. The study further established that open defecation is most prevalent among younger children, and also in sections without adequate latrine access.
- ACF with support of UNICEF has continued with hygiene promotion activities within the refugee camps. The hygiene promotion targets mainly mothers and children. In September, hygiene training was provided for 2,834 mothers in 195 mother to mother support groups. 984 mothers benefited from distribution of pot filters, while health talks at health facilities and tap stands reached 5,025 persons. Follow-up was also done for 400 school children who are members of hygiene clubs and have been trained in CHAST, and talking walls completed for 10 schools in IFO main and IFO 2 refugee camps.

Drought-Affected Areas (August – September 2013)

- Water storage tanks (5,000 litres) have been installed in 4 primary schools in Garissa County through the DWO. This will provide improved access to safe water through additional storage capacity for safe water to 2,604 school children.
- 5000 ltr capacity water storage tank was provided to residents of Siriba village, in Wajir South District. The tank will support water trucking activities at the village benefiting 450 persons, including a local school.
- The District Public Health Officer Turkana Central distributed WASH supplies (300 jerry cans and 3,200 aquatabs) to Longech village in Kalokol division benefiting 1,000 households (5,000 people)
- WASH hygiene promotion & household water treatment supplies (soap, aquatabs, PUR sachets & IEC materials) have been distributed to households through DPHO reaching 8,800 people in Western Kenya.

WASH cluster/sector (WESCOORD)

- WESCOORD conducted a successful Learning event on DRR in Kitui county (1st- 3rd October). The event aimed to bring together WASH stakeholders from the Government, humanitarian and development sectors to share experiences on interventions that will reduce vulnerabilities to disasters and build community resilience. The learning forum was supported by UNICEF Kenya.
- WESCOORD conducted monitoring and evaluation visits to Garissa and Tana River counties. The objective of the M&E visits was to meet with WESCOORDs at county level and county level Government to discuss ways of strengthening WESCOORD, and formalizing WESCOORD into new county structures. The national WESCOORD meeting was held on Monday 7th October 2013. The meeting especially highlighted the need to shift approach towards building resilience to communities affected by disasters. Members were taken through the key approaches in resilience and how to shift approaches in their projects to become long-term programs rather than short term projects.
- The WESCOORD Hygiene Promotion Working Group (HPWG) held a meeting on the 11th September 2013.

Child Protection

Estimated #/% coverage	UNICEF & Operational Partners			Sector/Cluster		
	UNICEF Target (Jan to Dec 2013)	Cumulative results**	Change since last report	Cluster Target (Jan to Dec 2013)	Cumulative result	Change since last report
# of children attending regularly (daily) the Child Friendly Spaces in Dadaab, Kakuma and non-refugee settings, by sex*	16,000	29,441 (20,122 boys, 9319 girls)	9,246	Not applicable	Not applicable	Not applicable
# of separated and unaccompanied children that receive child protection services by sex	100% of those identified	139 identified, 24 addressed*	7 cases addressed**	Not applicable	Not applicable	Not applicable
# of Gender Based Violence survivors that receive psychosocial and/or	100% of those identified	238	3 girls	Not applicable	Not applicable	Not applicable

medical/legal services (women/girls)							
UNICEF Operational Partners: MoSSP, Save the Children UK (SCF-UK), Child Welfare Society of Kenya (CWSK), TdH, RCK, CRADLE, DCS * No disaggregated figures available ** Additional cases included in January to August reporting not previously included, hence a higher increase than reported cases							

Analysis of Results (January – September 2013)

Emergency needs assessment and response training anchored activities benefitted over 100 national staff from the Department of Children’s Services and other key stakeholders. UNICEF, in collaboration with the Department of Children’s Services and relevant NGOs, has also yielded positive changes by establishing clinical psychosocial and legal services in Turkana and providing assistance to child and adult survivors of physical and sexual abuse, rape and defilement. Complementary to child protection services offered to survivors of sexual violence, an internet based Gender Based Violence (GBV) service map with information of services provided by 137 organizations countrywide was also established. To strengthen the child protection emergency needs assessment and response, child protection sector successfully trained Departments of Children’s Services Staff and other stakeholders on the use of the Rapid Assessment tool.

Refugee Response (August – September 2013)

- On 25th September, UNICEF CP trained the new camp refugee leaders elected in 27th August 2013 refugee election (30 male and 11 female) on their role in child protection sector. The camp refugee leaders welcome the training as timely and pledged to support child protection partners (Refugee Consortium of Kenya (RCK), Terre des hommes (Tdh), and Save the Children International (SCI)) and other organizations on community mobilization and participation in the delivery of essential protection services to the protracted refugee population.
- The Child Protection and Education sectors are collaborating to support the transition of the Child Friendly Spaces (CFS) to Children and Education Welfare Centers (CEWC) within the framework of the SCI Desert Flower Programme. Indeed, although Alternative Basic Education and catch-up classes are included in the CFS, some camp leaders are expressing frustration that the CFS are seen as “play grounds” and that some children would prefer to go to the CFS as opposed to attend school. UNICEF is working with SCI on improving the communication towards the communities, and ensuring that the link between the schools and the CEWC is improved.
- In anticipation of refugee returns to Somalia, the Child Protection Working Group began the process of drafting standard operating procedure for unaccompanied and separated children

Drought-Affected Areas (August – September 2013)

- With a view towards programming for eradication early child forced marriage (ECFM), UNICEF-ESARO and Kenya Country Office carried out a small scale assessment in Turkana to document the motivation, impacts, scale and recommendations for eliminating the harmful traditional practice. Focus group interviews were conducted with child protection partners (Government, NGOs, FBO and CBOs) and communities along the pastoral migratory route paths. ECFM is widely practiced in all areas of the North but predominantly along livestock migratory paths (Talach, Mogila, Lokariwon, Songot, and Lokwanamor). Preliminary findings indicate bride wealth as the main motivating factor. Girls are expected to marry early and in doing so, are denied educational opportunities. The impact of the practice on girls includes complications during birth resulting in either death of the mother or the infant, including fistula. Gender based violence is also prevalent where there is resistance from either the proposed girl or from the mother. Recommendations from the assessment will be finalized by the end of October.
- UNICEF participated in a Hunger Safety Net (Oxfam, Government of Kenya, and smaller NGOs) meeting held in Lodwar on 11th September. The purpose of the meeting was to bring together all of the actors in Turkana who were involved in cash transfer/social protection for “vulnerable” persons.

Child Protection sub-cluster/sector

- The Child Protection Working Group and the GBV Working Group have agreed to collaborate and expand the google-maps based GBV Service Provider platform to include child protection service providers (www.gbvkenya.org). The platform is currently managed by the International Rescue Committee with support from USAID. A Steering Committee for the management of the platform has been created with draft ToRs currently under review. Over the next 12 months the site will expand to include hotspot mapping, be located at a different URL and include essential GBV and Child Protection tools for

practitioners. The site will be designed for maximum utilization by call centre operators at Childline (116 child helpline) and HAK (1195 GBV response line).

GBV sub-cluster/sector

- UNICEF has signed a Programme Cooperation Agreement (PCA) with the International Rescue Committee (IRC) (10.5 months, exp. June 2014) to provide comprehensive clinical and psychosocial services to survivors of GBV in West and Central Turkana. As a result of the intervention, the 12 health facilities in Lodwar and Kakuma have consistently stocked post-exposure prophylaxis (PEP) and have been able to provide referrals and clinical services to GBV survivors. This second collaboration will build on the first, and concentrate on building the capacity of personnel at Lodwar District Hospital to respond to GBV, as well as support women and girl networks to promote opportunities for social and economic empowerment.
- UNICEF has signed a six-month small scale funding agreement with Healthcare Assistance Kenya (HAK) for the scaling up of the 1195 GBV Helpline. The funding will be used to strengthen HAKs organizational capacity and build the capacity of the call center tele-operators. UNICEF is partnering with IRC to support HAK to grow the organization's ability to accountably manage small grants and maintain 24-hour operations for survivors of rape and sexual violence.
- UNICEF has been working with the Nairobi Women's Hospital Gender Violence Recovery Center (GVRC) to grow the Million Fathers Movement (MFM) as a non-funded partner for the previous 18 months on strengthening engagement with men to prevent GBV. Through this PCA, UNICEF is providing core funds to the MFM to build community engagement in Central, Coast and Rift valley in partnership with Men for Gender Equality. Key results of the campaign will be mobilization of up to 500,000 men and successful partnerships with key corporate partners for the ongoing sustainability and strengthening of the movement.

Education

Estimated #/% coverage	UNICEF & operational partners			Sector / Cluster		
	UNICEF Target (Jan to Dec 2013)	Cumulative results	Change since last report	Cluster Target (Jan to Dec 2013)	Cumulative results	Change since last report
children including pre-school age, girls and other excluded children, access quality education opportunities	240,000*	23,021**	5,084	360,000	107,558	16,666***

UNICEF Operational Partners: Ministry of Education, Ministry of Youth Affairs and Sports, district Education Offices, AVSI Foundation

Note:

*The UNICEF target consists of 66% of the Cluster target.

** The numbers include 21,900 children reached through supplies in Mandera, Marasabit, Wajir and Kisumu and 1,121 children and youth reached through ABE programme in Dadaab.

*** Refers to the number of children and teacher reached through education in emergencies interventions including: provision of learning materials, school WASH activities, construction, rehabilitation of classrooms and teacher training

Analysis of Results (January – September 2013)

With support of education cluster coordinator and information management officer embedded within the Ministry of Education, UNICEF has strategized emergency response approaches both at the national and sub national level. One of the key results of such engagements were the joint education assessments and response during local emergencies where 21,900 children reached through education supplies in Mandera and Kisumu and 1,121 children and youth reached through Alternative Basic Education programme in Dadaab.

Refugee Response (August – September 2013)

No change since last reported.

Drought-Affected Areas (August – September 2013)

No change since last reported.

Education Cluster

- An assessment was carried out in Mandera, Wajir, Moyale and Baringo Counties via CDEs, highlighting the impact of conflict and floods on education; this includes 43 schools closed, 41 schools hosted 3,636 IDPs,

and 54 schools enrolled an additional 4,907 pupils as a result of the disasters. This has contributed towards raising awareness on the impact of disasters on learning.

- The Education in Emergency desk of the Ministry of Education, Science and Technology (MoEST) was involved in the review of Education indicators of, and attended the KFSSG Long Rains Assessment. MoEST was also involved in report writing; this has contributed towards building capacity of MoEST.
- MoEST finalized preparation for Education in Emergencies activities to be carried out in October and November 2013; these include building capacity of Information Management at County and Sub-County level, development of an information management strategy, establishment of the Education Cluster in 5 Counties, and review of Education in Emergencies Policy and Emergency Preparedness and Response plan. This will raise the profile of Education in Emergencies, and strengthen coordination and strategy for the Education Cluster at National and County level.

Security Updates

- On the morning of Thursday 26 September, gunman in Madera opened fire on police, firing into their houses, and set fire to 10 cars. Two police were killed and three other persons were injured. Investigation is ongoing.
- On the evening of Wednesday 25 September, a hand grenade was thrown at a group of patrolling police officers in Wajir. In the wake of the explosion, there was some defensive gunfire from police in the area and a second explosion was reported. The cause of this explosion is under investigation. Security in Wajir and Dadaab remains heightened.
- On the morning of Saturday 21 September Al Shabaab terrorists stormed Westgate shopping mall in the Westlands neighbourhood of Nairobi beginning a 4-day siege. There have been over 60 confirmed deaths and over 100 injuries. Reports suggest over 60 people are still missing in the now partially collapsed building. Security continues to be heightened in Westlands and the response continues.
- On the evening of Thursday 19 Sep, there was a hand grenade attack against the WFP compound in Mandera Town. No UN staff were at present and the UN has received no reports of injuries to the police or guards. This is the 2nd attack this year against the WFP's Mandera compound. Investigation of the January attack determined criminal cartels involved in food aid diversion were likely responsible. UN missions to the area are suspended.

Funding (As of September 2013)

UNICEF KCO - 2013 Humanitarian Requirements*				
Sector	Initial 2013 HAC requirements	HAC 2013 Revised requirements (CAP MYR)	Funding Received to date	% unfunded
WASH	7,845,100	5,189,500	1,400,000	73%
Education	6,045,500	5,555,000	1,684,988	70%
Health	3,959,000	5,243,000	3,025,413	42%
Child Protection	5,221,600	4,975,500	1,977,991	60%
Nutrition	15,783,035	13,380,885	9,352,059	30%
Non Food Items	1,005,800	0	0	0%
Total	39,860,035	34,343,885	17,440,451	49%

During the Mid-Year Review of the Kenya's inter-agency 2013 Consolidated Appeal Process, UNICEF's funding requirements for drought-affected areas were revised downwards due to a change in the projected humanitarian situation following the mostly peaceful 2013 general elections. However, the Health requirements were revised upwards in order to respond to the on-going Polio outbreak. In line with the mid-year revised requirements, UNICEF is requesting US\$34,343,885 to meet the humanitarian needs of children and build capacities in communities and in local and national service delivery systems to enhance resilience to recurrent shocks. Without additional funding, gains in programme coverage and coordination maybe lost and women and children faced with multiple shocks such as food insecurity, drought and temporary or protracted displacement will not receive timely assistance to support them in fulfilling their basic need and realising their rights.

Note:

*Note funding is **inclusive** of the 7% PSC costs

*To date funds have been received from USAID/OFDA, DFID, Government of Japan, SIDA, ECHO and UNOCHA

Next Situation Report: 10 November 2013

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