A school boy washes his hands with soap and water after using the sanitary facility at Kangalita Primary school in Turkana County, northern Kenya

KENYA
Humanitarian Situation Report

unicef

JULY 2016

SITUATION IN NUMBERS

Highlights

- Preliminary findings from nutrition surveys between May and July 2016 indicate the situation in Turkana, Baringo and West Pokot counties remain critical, with Global Acute Malnutrition (GAM) rates over 20 percent in parts of Turkana (over 15 percent emergency threshold).
- A total of 16,805 cholera cases with 256 deaths (Case Fatality Rate of 1.5 percent) have been reported in 30 counties out of 47 since December 2014. Two counties remain with active cholera outbreaks, with 11 cases reported in the last week of July. All age groups have been affected, with the majority of cases being between 6 to 15 years.
- Since the beginning of the year, 5,041 children (2,936 boys and 2,105 girls) have been received into Kakuma Refugee Camp from South Sudan. Of these, 1,274 (838 boys and 436 girls) are separated, 158 (84 boys and 74 girls) are unaccompanied. 40 percent of those under five years are acutely malnourished. UNHCR estimates that 15,000 new South Sudan refugees (60 percent children) could arrive in Kakuma refugee camp in 2016.
- The October to December 2016 short rains season outlook indicates rains are likely to be poor, driven by La Nina conditions.
- UNICEF's Humanitarian Action for Children (HAC) appeal for Kenya is 44 percent unfunded.

1.2 million
of food insecure population in Kenya (Kenya Long Rains Assessment, July 2016)

5,041 children
received into Kakuma Refugee Camp from South Sudan (UNHCR, 2016)

10,529
of unaccompanied and separated South Sudanese children registered in Kakuma Refugee camp since December 2013
(LWF, 28 July 2016)

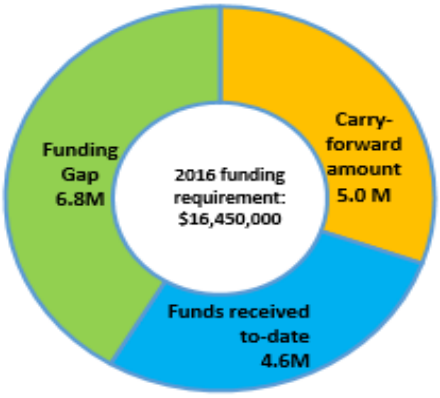
1,432
of unaccompanied and separated South Sudanese children registered in Kakuma Refugee camp in 2016
(LWF, 28 July 2016)

UNICEF's Response with partners

	UNICEF		Sector/Cluster	
	UNICEF Target	Cumulative results (#)	Cluster Target	Cumulative results (#)
Nutrition: Children under 5 years with SAM admitted to community-based management programmes *(results as of end June 2016)*	59,817	28,261	59,817	28,261
Health: Children under 5 years access an integrated package of interventions	470,000	355,479[1]	-	-
WASH: Internally displaced persons and host community members provided with safe water (7.5-15 litres per person per day)	80,000[1]	783,000[1]	n/a[1]	n/a
Child Protection: Children provided with access to protection services, including case management, psychosocial care and access to child-friendly spaces	20,500	13,118	-	-
Education: School-aged children including adolescents accessing quality education (including through temporary structures)	75,000	185,760[1]	350,000	185,760[1]

UNICEF HAC Appeal 2016*
US$ 16,450,000

2016 FUNDS AVAILABLE



*Funds available includes funding available for the current year as well as carry-forward from the previous year

Situation Overview & Humanitarian Needs

South Sudan Refugee Influx: Political instability in South Sudan continues to trigger refugee influx into neighbouring countries, including Kakuma Refugee Camp in Kenya. However, there have not been significant arrivals as expected; mainly due to insecurity en-route and allegedly the prevention of civilians crossing the border by military officials. In 2016, over 8,200 new refugees have been received, of which 5,041 are children (2,936 boys and 2,105 girls). Of these, 1,274 (838 boys and 436 girls) are separated, 158 (84 boys and 74 girls) are unaccompanied. 40 percent of the children under five that arrived in 2016, are acutely malnourished. Since December 2013, a cumulative total of more than 84,400 new arrivals have been received, of which 39,841 are children (17,291 girls and 22,498 boys), with 10,529 (3,767 girls and 6,762 boys) being either unaccompanied or separated.

Closure of Dadaab Refugee Camps: The government plan to close Dadaab Refugee Camp, where half of the refugee population are children. The high number of children requires having in place comprehensive child protection services, including family tracing and alternative family care arrangements, and Best Interest Determination procedures to inform decisions around relocation. Concerns remain on the economic and social impact of the closure of Dadaab on the host community in Garissa. The region is already suffering from very low social indicators, and is partially dependent on economic benefits from trade with the refugees and from access to social services through host community interventions. It is estimated that 42,000 Kenyans are illegally registered as refugees as a means to accessing refugee services, and in this regard, the Government has started verification process for the refugees. There is a need to strengthen social service delivery's capacities in the region for the host community.

Food Insecurity and Malnutrition: Although the overall food security situation has improved, some coastal counties are reported to have depleted food stocks at household level. FEWSNET predicts that parts of Isiolo and Garissa are likely to move to food insecurity Crisis level (IPC Phase 3) by September, as they received only 25 percent – 50 percent of rains compared to the normal in these areas. The October to December 2016 short rains season outlook indicates that the rains are likely to be poor, driven by La Nina conditions. Preliminary findings from nutrition surveys between May and July 2016 indicate the situation in Turkana, Baringo and West Pokot counties remaining at critical levels of over 15 per cent GAM, while Garissa, Wajir and Samburu remain between 10 and 15 percent GAM. The nutrition situation in Tana River also has shown deterioration compared to last year. Admission trends in the ASAL counties for Outpatient Therapeutic Programme (OTP) and Supplementary Feeding Programme (SFP) generally remain stable except for few counties like Turkana and Kilifi where SAM admissions have been higher than the past years. Further analysis is ongoing, however food insecurity, morbidity, inappropriate feeding and care practices, limited access to safe water and sanitation remain the key drivers.

Disease Outbreaks: The cholera outbreak in Kenya started in December 2014, affecting a total of 30 out of 47 counties, with a total of 16,805 cases with 256 deaths (Case Fatality Rate of 1.5 percent) being reported nationally by 25 July 2016. All age groups have been affected with majority of cases being within the age group of 6 to 15 years, affecting mostly school age children. Additionally, more than half of the cases are female, thus impacting on gender roles at family level. The outbreak has been declared contained in 28 counties, including Dadaab Refugee Camps, and it is now limited to Mandera and Tana River Counties. The Chikunguya outbreak, now affecting 70 percent of Mandera Town residents, is already spreading to rural areas in Mandera, with cases also being reported in Dadaab Refugee Camp. The outbreak has caused massive challenges in delivery of social services, with 40 percent of medical staff and up to 90 percent of teachers absent in some areas, further affecting access to education, as well as critical health and nutritional services for children and women. Dengue fever and yellow fever alerts are also ongoing. The main gaps and challenges in response to the twin outbreaks are weak health and WASH systems at county level in terms of resources allocation, technical capacity, and lack of policy guidance. In addition, communication and multi-sectoral coordination between county and national needs to be strengthen, as the outbreaks are viewed as a 'health issue' only. Response in Mandera is also particularly challenging due to insecurity and restricted access.

Humanitarian leadership and coordination

UNICEF is supporting Government and partners with sectoral coordination as sector lead for WASH, education and nutrition, and is also providing technical support to the Government on strengthening coordination among child protection in emergencies' stakeholders. As sector lead, UNICEF is ensuring that partners adequately coordinate with the Government and provide relevant information at sector level to guide in response gaps, avoid duplication, and reach the most vulnerable. UNICEF also continues to support health sectoral coordination in close collaboration with the Ministry of Health (MoH) and WHO. The refugee response in Kenya is coordinated by UNHCR and Government of Kenya. UNICEF works within this coordination structure, focusing on strengthening the provision of basic social services for both the refugee population and vulnerable host community in close collaboration with UNHCR and partners. UNICEF actively participates in the inter-agency coordination mechanisms such as the Inter-sector working group and the Kenya Humanitarian Partners Team (KHPT), led by UNDP and OCHA. Through the Zonal offices, UNICEF co-chairs the regional-level coordination meetings on a number of issues, including cholera response.

Humanitarian Strategy

UNICEF Kenya Country Office works with the Government and partners to respond to the humanitarian needs of more than 1.1 million people affected by food insecurity, malnutrition, disease outbreaks, displacement and sexual and gender based violence (SGBV), including support to refugee populations. UNICEF office in Nairobi spearheads sectoral and field coordination, planning and technical oversight, national level advocacy, resource mobilization and oversight to urban interventions (Nairobi and Mombasa). The three UNICEF Zonal Offices (Garissa, Lodwar and Kisumu) oversee implementation of UNICEF programmes (WASH, health,

education, nutrition, child protection, HIV/AIDS, C4D and social protection) at county level, humanitarian interventions and capacity building of County Governments within the devolved governance system. In 2016, UNICEF continues to support responses to the humanitarian needs of more than 470,000 children affected by food insecurity, flooding, malnutrition, disease outbreaks, displacement,[i] insecurity and SGBV. This support includes strengthening the coordination of the nutrition, health, 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. Under the Drought Risk Management and Ending Drought Emergencies Medium Term Plan (MTP) for 2013-2017. UNICEF is currently co-chairing the pillar on human capital (education, health, nutrition, hygiene and sanitation)[ii]. Also, UNICEF and WHO are leading development of a regional resource mobilization proposal for disease outbreaks in Mandera triangle, including long-term interventions.

Summary Analysis of Programme response

Nutrition: Between January and June 2016, a total of 28,261 severely malnourished and 41,476 moderately malnourished children have received effective treatment, out of whom 14,830 (5,606 severely malnourished and 9,224 moderately malnourished) children were refugees. To achieve this, focus remained on building systems for resilience, including integration of emergency nutrition supplies within the MoH systems, strengthening quality of services through improved data utilization and feedback mechanism, as well as development of an operational guide to allow expansion of the surge approach in 13 ASAL counties.

Child Protection: In the second quarter of 2016, UNICEF supported the sensitization of 98 girls and women in Turkana County on SGBV issues. 6,886 vulnerable children (4,030 boys and 2,856 girls) from Garissa and Wajir counties benefited from 85 Early Childhood Development Kits and 39 recreational kits, which made their learning environment child friendly and interactive. Dignity Kits were distributed to 1,320 children (1,000 girls and 320 boys) in conflict affected counties of Garissa, Mandera, Wajir and Tana River, to contribute to their recovery and return to normalcy. UNICEF finalized case management review process, which improved the case management forms, and set up protection concerns prioritization criteria. The number of children registered on the Child Protection Information Management System as of June 201 is 14,345 children.

WASH: In 2016, a total of 783,000 men, women, girls and boys across five cholera-affected counties and the Dabaab Refugee Camps have been reached with safe water and hygiene interventions through distribution of more than two million aqua tabs; 160,000 jericans, 30,000 buckets; 150,000 bars of soap and over 480,000 sachets of PUR (water flocculants). A gap analysis in four counties (Marsabit, Wajir, Garissa, Tana River) is completed, results of which are informing the development of a medium-term Cholera prevention strategy.

Education: In the second quarter of 2016, UNICEF support has reached a total of 176,560 children (40% girls) with Education and recreation supplies as well as the establishment of 82 temporary learning spaces. The children have also benefitted from school WASH interventions including the establishment of peace clubs in 30 schools and distribution of soap, BCC materials and water treatment chemicals in 18 schools in Cholera and Chikungunya-affected areas. A total of 668 (35% female) teachers have been reached in-service training and 119 school management boards have been supported to develop emergency response and preparedness plans. The education sector is currently challenged by unrest in more than 100 secondary schools with students being involved in burning school of infrastructure. UNICEF is supporting the Government and partners to come up with appropriate response strategies.

Health: In May 2016, UNICEF has supported the nation-wide Measles – Rubella vaccination campaign which reached 19,006, 570 children in the age range of 6 months to 15 years. Among other activities all the vaccines were obtained through UNICEF. UNICEF has also supported over 386,457 children under five (82% of the annual target) with access to an integrated package of interventions including vaccinations and treatment for AWD, including cholera. To achieve this, UNICEF distributed assorted health supplies (Ringers Lactate, ORS and assorted antibiotics, cholera rapid diagnostic test kits) to cholera-affected counties and Dadaab Refugee Camp based on critical needs. UNICEF allocated regular resources to meet the supply gaps needs enabling more children to access treatment. UNICEF also provided technical support to Government and partners on management of Cholera Treatment Centers, implementation of community-based outreach activities and integrating cholera messaging with key health events including the Polio, ad measles campaigns. UNICEF further supported response to Chikungunya outbreak in Mandera County through oversight to coordination at national level, leveraging resources at national MOH for support to Mandera and dispatching medication used for conservative management of cases.

Communications for Development (C4D)

In the second quarter of 2016, a total of 22,000 men, women, girls and boys across 14 counties (including Dadaab Refugee Camps and host communities) affected by Cholera and Chikungunya outbreaks have benefitted from behaviour change communication key messages through multi-channels and multi-languages. In addition, more than one million children across Garissa, Wajir, Mandera, Isiolo, Marsabit, Tana River and Nairobi Counties have been reached through training of more than 400 madrasa teachers and 1,182 head teachers on disease outbreak communication. In Dadaab Refugee Camps and surrounding host community, a total of 350 hygiene promoters, 156 community health volunteers and 23 implementing partners were trained on hygiene and sanitation, reaching more than 450,000 men, women, girls and boys with behaviour change interventions. Between January and June 2016, rapid assessment/mapping exercises were conducted across 12 counties to identify the cholera epi-centres, risky behaviours, gaps in knowledge, attitude and practices, as well as opportunities for partnerships with implementing partners. The results are being used by the County Governments to inform their response plans for disease outbreak communication.

Funding

Funding Requirements (against 2016 HAC)				
Appeal Sector	Requirements	Funds available*	Funding gap	
			$	%
WASH	1,100,000	817,738	282,262	26%
Education	2,500,000	1,520,402	979,598	39%
Health	2,500,000	656,074	1,843,926	74%
Nutrition	7,400,000	3,611,978	3,788,022	51%
Child Protection	1,500,000	2,165,368	-665,368	-44%
HIV/AIDS	1,000,000	248,775	751,225	75%
Programme Support	450,000	622,293	-172,293	-38%
Total	**16,450,000**	**9,642,628**	**6,807,372**	**41%**

** Funds available' includes funding received against current appeal as well as USD 5,003,617 carry-forward from the previous year.*

Next SitRep: October 2016

UNICEF Kenya Humanitarian Action for Children 2016: http://www.unicef.org/appeals/kenya.html
UNICEF Kenya Social Media Pages: Facebook, Twitter, YouTube
UNICEF Kenya Website: www.unicef.org/kenya

Who to contact for further information:

Werner Schultink
Representative
Tel: +254 711 946555
Fax: +254 762 2045
Email: wschultink@unicef.org

Patrizia Di Giovanni
Deputy Representative
Tel: +254 705 262285
Fax: +254 762 2045
Email: pdigiovanni@unicef.org

Patrick Lavand'homme
Chief, Field Operations & Emergency
Tel: ++254-710 602326
Fax: +254 762 2045
Email: plavandhomme@unicef.org

[i] 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.

[ii] 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>.