



© UNICEF Kenya 2014/Mimi Limbu/ South Sudanese refugees waiting at Kenya-South Sudan border point.

# Kenya Country Office Monthly Humanitarian Situation Report

November - December, 2014



## Highlights:

- According to FEWSNET, an estimated 1.5 million people remain acutely food insecure, mostly in pastoral and marginal agricultural areas. Compared to 2013, this food insecure population is 75% higher. Key food insecurity drivers are the cumulative effects of below-average rainfall reasons, food prices rising to above their five-year averages, conflicts in some pastoral areas, and crop diseases in the high potential areas.
- With guidance from UNICEF ESARO, the UNICEF Kenya Country Office drafted Ebola Viral Disease (EVD) Preparedness plan in November 2014 and key preparedness actions are ongoing across all the outcome areas.
- After the reported terrorist attack that killed 18 school teachers in Mandera county, the national teachers union has called on non-local teachers not to report to duty when schools re-open in January 2015 due to insecurity. For a county where 7 out of 10 teachers in elementary, primary and secondary schools are non- local teachers, their absence could potentially impact over 9,000 school children in the county. Similarly, 11 out of 26 health facilities are not operational due to the mass exodus of non-locals who make up the majority of health workers.
- In November 2014, one round of nationwide National Immunization Days (NIDs) targeting 8,674,238 children below the age of 5 years was conducted from 8th -12th November 2014, with a total of 8,700,789 children below the age of 5 years receiving the Oral Polio Vaccine (OPV). Sub-National Immunization Days (SNIDs) conducted from 6th -10th December 2014 reached a total of 1,763,867 children below the age of 5 years in 8 high risk counties.
- A caseload of 12,744 [8,700 Male and 4,044 Female] most vulnerable children (including Unaccompanied and Separated children) at the Kakuma refugee camp were entered into the Child Protection (CP) Information Management System. Even after the scaling up the CP Case Management System, there are major gaps such as lack of enough case workers, weak reporting and referral mechanisms, lack of child protection focal point in schools and limited prevention activities.
- According to LWF, by end December 2014, Kakuma Refugee Camp hosted a total population of 48,014 newly arrived refugees from South Sudan after the mid-December 2013 influx. Of this population, 30,993 (64%) are children. Among the children population, 6,539 are unaccompanied and 1,183 are separated children. One in four of the children under five years old are acutely malnourished when arriving from South Sudan.
- A Nutrition survey conducted in Kakuma Refugee Camp in November 2014 revealed Global Acute Malnutrition at 7.4% and Severe Acute Malnutrition at 0.7%.
- The first convoys of assisted refugees' voluntary returns to Somalia left on the 8 of December from Dadaab refugee camps to Somalia and safely arrived in Somalia. Further returns are planned in 2015 under the Pilot project launched in December.

## The Humanitarian Situation in Figures:



**1.5 million**

# of food insecure population in Kenya (Kenya Food Security Outlook, October 2014 to March 2015, FEWSNET)



**30,993**

# of newly arrived South Sudanese Refugee children in Kakuma Refugee Camp by 31<sup>st</sup> December 2014 (LWF)



**31%**

of the total # of newly arrived South Sudanese Refugee children in Kakuma Refugee Camp, 31% are between 0-4 years old (LWF, Dec, 2014)

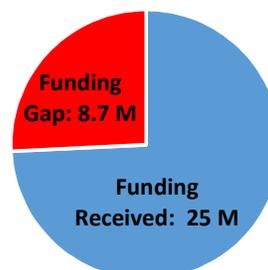


**7,722**

# of unaccompanied and separated children received at Kakuma camp from the South Sudanese refugee influx (LWF, Dec 2014)



## Humanitarian funding requirements for 2014



**Situation Overview & Humanitarian Needs:**

- According to FEWSNET, October to December rainfall was below average and therefore, a below average short rains harvest is expected in the south-eastern marginal agricultural areas. In addition, only normal to below normal recovery of rangeland resources is likely in most pastoral and agro-pastoral areas and consequently, food security in these areas will likely remain Stressed (IPC Phase 2) through March. By December 2014, the vegetation Condition Index used as an early warning food insecurity indicator showed deterioration in parts of Mandera, Garissa, Kajiado Mbeere and Tharaka. The situation is expected to continue to deteriorate through the first quarter of 2015. A short rains assessment is planned for late January to early February to confirm the food and nutrition situation.
- An estimated 1.5 million people remain acutely food insecure, mostly in pastoral and marginal agricultural areas. Compared to last year, this food insecure population is 75% higher. Key food insecurity drivers are the cumulative effects of below-average rainfall reasons, food prices rising to above their five-year averages, conflicts in some pastoral areas, and crop diseases in the high potential areas.
- According to LWF, by end December 2014, Kakuma Refugee Camp hosted a total population of 48,014 newly arrived refugees from South Sudan after the mid-December 2013 influx. Of this population, 30,993 (64%) are below the age of 18, with girls numbering 13,700 (44%) and boys 17,293 (56%). Among the children population, 6,539 are unaccompanied and 1,183 are unaccompanied or separated children (UASC). In addition, one in four of the children under five years old are acutely malnourished on arrival from South Sudan. UNICEF through partners continues to provide technical and supplies assistance in Child Protection, Health, Nutrition, Education and WASH sectors. Funding remains a key bottleneck across all the sectors.
- As of 31st Dec 2014, a caseload of 12,744 [8,700 Male and 4,044 Female] most vulnerable children (including Unaccompanied and Separated children) at the Kakuma refugee camp were entered into the Child Protection Information Management System (CPIMS). Out of these, a total of 32 cases (28 girls and 4 boys) were cases of defilement, 20 (12 girls and 8 boys) of sexual assault, 18 teenage pregnancies, 13 under threat of forced marriage, 16 cases of FGM while 720 (258 females and 462 males) are cases related to psychosocial and emotional abuse were entered. Since the onset of the influx, partners have worked to scale-up the Child Protection Case Management System to contend with the increasing number of children at risk. However, there are major gaps such as lack of case workers, weak reporting and referral mechanisms, lack of child protection focal point in schools, and limited prevention activities. The two schools catering for the primary school children are highly congested with as many as 200 children sharing a classroom and other facilities and resources such as desks, latrines and textbooks are still inadequate. There are no secondary and post-secondary school opportunities for many children and youths that are out of school. The number of refugees arriving from South Sudan is set to grow in 2015 due to anticipated increased conflicts in South Sudan and this will further strain resources and affect the quality of education.
- Disease outbreaks reported until December 2014 indicates 1, 570 Measles cases nationwide. Apart from the 14 cases of Wild Polio Virus (WPV1) that were reported nationwide during the onset of paralysis of the last polio case on 14 July 2013, Kenya has not reported any more cases of WPV1 to-date, which is attributable to massive polio campaigns in 2013. However, a total of 6 WPV1 cases have been reported in the Horn of Africa (5 in Somalia and one in Ethiopia), and two cases of Vaccine-derived Polioviruses (VDPV) have been confirmed in South Sudan in 2014. Therefore, polio campaigns during 2014 have been in response to threats from neighbouring countries.
- In Turkana, Baringo and West Pokot the administration of National Examinations in some schools in November and December was delayed due to attacks on vehicles that were carrying examination papers. Over 9,000 school children in Mandera County are uncertain over the continuation of their schooling in the coming year after the national teachers union has called on non-local teachers not to report to duty when schools re-open in January 2015 due to insecurity. Of concern is that in Mandera County, over 67% of the teaching force (1,201 out of 1,769) in elementary, Primary and Secondary Schools are non- local teachers. The calls came after terrorist-related attacks where non-locals, who included 18 school teachers were reported to be killed. Government has promised to put in place more security measures to allow the teachers to return and UNICEF will continue engaging with the Ministry of Education at the national level and the teachers' service commission to find a more long lasting solution of teacher shortage in these parts of the country. The police curfew on movement in Lamu County has also continued to pose challenges to learning for children.
- The mass exodus of non-locals who make up the majority of health workers, teachers and NGO staff in Mandera County due to insecurity is affecting especially maternal health and treatment for malnutrition in the health facilities. Out of 26 health facilities, 11 are not operational. In the absence of skilled health workers, the health

system is relying on CHWs, who lack capacity especially for referrals. It is anticipated that the remaining health facilities will be overwhelmed, and as Mandera District Hospital is not operating at full capacity, referrals would have to be made to El Wak. Mapping of Nutrition outreach sites and health workers is ongoing. Critical maternal & child health and child nutrition services, including immunization and disease surveillance especially for Polio have been adversely affected. Mandera has the highest malnutrition caseload for SAM and MAM, and CHWs lack capacity to adequately handle these cases. The sector is hoping to find some solutions in consultation with MoH.

**Estimated Affected Population<sup>1</sup>**  
(Estimates calculated based on initial figures from Kenya Humanitarian Strategy Meeting, November 2013 and UNHCR Contingency Plan for South Sudanese Refugee response, July 2014)

**Start of humanitarian response<sup>2</sup>:**

|  | Total                  | Male    | Female  |
|--|------------------------|---------|---------|
| Total Affected Population                                | 1,200,000 <sup>3</sup> | 596,500 | 603,500 |
| Children Affected (Under 18)                             | 645,700                | 320,970 | 324,730 |
| Children Under Five                                      | 185,640                | 92,278  | 93,362  |
| Children Acutely Malnourished in ASAL, urban and refugee | 371,005                | 204,053 | 166,952 |

|  <b>UNICEF's Response with partners<sup>4</sup></b>                                     | UNICEF                   |  |                                    | Sector/Cluster                          |                |                        |
|--|--------------------------|--|------------------------------------|---|----------------|------------------------|
|  | Over all target for 2014 | UNICEF Support to South Sudanese Refugees <sup>5</sup><br>Kakuma Targets | Support to Sudanese Kakuma results | Population reached other than in Kakuma | Cluster Target | Cumulative results (#) |
| <b>NUTRITION<sup>6</sup></b>   |                          |  |                                    |   |                |                        |
| Children in humanitarian situations aged 6 to 59 months affected by SAM admitted to community based management programmes  | 59,817                   | 759  | 2,387                              | 45,586                                  | 59,817         | 45,586                 |
| Children in humanitarian situations aged 6 to 59 months affected by moderate acute malnutrition (MAM) admitted to integrated management of acute malnutrition programmes | 118,399                  | 2,586  | 6,176                              | 93,018                                  | 118,399        | 93,018                 |
| <b>HEALTH<sup>7</sup></b>  |                          |  |                                    |   |                |                        |
| Children under 15 provided with an integrated package of high impact maternal, new-born and child health interventions, including measles immunization                   | 950,000                  | 118,000  | 351,434                            | 932,537                                 |                |                        |
| Children with diarrheal disease having access to life-saving curative interventions including oral rehydration therapy and zinc  | 500,700                  | N/A  | N/A                                | 139,445                                 |                |                        |
| <b>WASH</b>  |                          |  |                                    |   |                |                        |
| Emergency affected people provided with access to safe water   | 200,000                  | 100,000  | 35,000                             | 32,000                                  | 385,980        | 102,000                |
| Children and women that receive critical WASH-related information to prevent child illness <sup>8</sup>  | 200,000                  | 100,000  | 35,000                             | 600,000 <sup>9</sup>                    | 385,980        | 716,000                |
| <b>CHILD PROTECTION</b>  |                          |  |                                    |   |                |                        |
| Children and women in humanitarian situations accessing protective interventions, including psychosocial support, legal aid and case management                          | 65,000                   | 7,500  | 9,613                              | 705 <sup>10</sup>                       |                |                        |
| <b>EDUCATION</b>   |                          |  |                                    |   |                |                        |
| Children in humanitarian situations that have access to formal and non-formal education opportunities  | 320,250                  | 12,000   | 6,559                              | 43,500 <sup>11</sup>                    | 350,000        | 63,601                 |

### Humanitarian leadership and coordination



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.

The Interagency humanitarian strategy for 2014 has not yet been renewed for 2015 as 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. Discussion with the Ministry of environment and Ministry of Interior are ongoing and there are good hopes that this coordination mechanism will be in place in the first half of 2015, with the first tasks to review the humanitarian strategy.

### Humanitarian Strategy



In 2014, UNICEF is working with the Government of Kenya and partners to meet the humanitarian needs of 1.15 million vulnerable people including the new South Sudanese refugees in Kakuma Refugee Camp. In line with the Inter-Agency Appeal for the South Sudanese Refugees Emergency (2014), UNICEF is expanding service provision to new refugees while continuing to reduce vulnerability of the previously targeted humanitarian caseload by supporting preventative action for acute malnutrition and illnesses and strengthening coordination within decentralized structures. UNICEF is also providing technical support in scaling up the Case Management System for children with acute protection concerns and support county government and UNHCR through procurement of vaccines to respond to measles outbreaks and malaria upsurges.

UNICEF is also focusing on water, sanitation and hygiene (WASH) in schools, health facilities and feeding centres, and is using schools to disseminate information and promote children's rights. UNICEF also plans to support partners to provide children and women living with HIV with essential HIV-related services, prepare for the rapid provision of a buffer supply of medication and provide HIV information through comprehensive community education initiatives. Particular emphasis has been given to the development of a child protection system that prevents and responds to violence, abuse, neglect and family separation, even during crisis.

Recognizing that children are at the centre of the resilience agenda, UNICEF is supporting investments that empower communities and enhance their resilience to multiple and recurrent shocks, to reduce the impact of diseases and lessen chronic vulnerability. Technical support is also being provided to facilitate the inclusion of children's rights, disaster risk reduction and early recovery approaches in the county emergency preparedness and integrated development plans and budgets. UNICEF continues to strengthen its role as sector co-lead in the nutrition, education, WASH and child protection sectors. Scalable strategies for programme delivery in high-risk security environments is being adapted to facilitate the continuation of essential interventions.

### Summary Analysis of Programme response (Nov 01 – Dec 31, 2014)

#### Nutrition:



**Drought response:** UNICEF commissioned an assessment of the existing parallel nutrition supply chains with a view to facilitate integration into a single more efficient Government of Kenya supply chain system. Discussions have been undertaken with Turkana and Laikipia counties for piloting of integration of nutrition supplies in collaboration with Kenya Medical Supplies Agency (KEMSA).

Implementation of activities is currently ongoing in 1,174 OTP sites, and 1221 SFP sites and 74 stabilisation centres. So far 45,586 children below five years have been reached for management of severe acute malnutrition which is 76 % of the sector target. Preventive interventions (Vitamin A, IFA, and Proportion of appropriate MIYCN practices) were also scaled up. Critical challenges to implementation still remain insecurity in Mandera, limited access to the beneficiaries, poor infant and young child feeding practices and limited multi-sectoral collaboration to support nutrition related

actions. UNICEF has funded 7 NGO partners to address these key bottlenecks. The key activities that the counties are focusing on include increased active case finding of acutely malnourished cases; remapping and implementation of integrated outreach services to increase geographical coverage; increase supplies with adequate pre-positioning of therapeutic and micronutrient supplies including equipment at the sub-county level and Health facility level while ensuring the storage capacity. Additional focus has been provided for Mandera County where health facilities were closed and key health and nutrition services disrupted due to insecurity.

**Refugee response:** Total admissions of acutely malnourished children in Kakuma nutrition program remained stable – reaching 2387 and 6176 for SAM and MAM respectively. The survey conducted in November 2014, revealed Global Acute Malnutrition at 7.4% and Severe Acute Malnutrition at 0.7%, there has been significant improvement in the nutrition situation over years. UNICEF is supporting the refugee response through funding to International Rescue Committee to scale up integrated nutrition response in Kakuma.

#### Health:



**Drought response:** In November 2014, one round of nationwide National Immunization Days (NIDs) targeting 8,674,238 children below the age of 5 years was conducted from 8th -12th November 2014, with a total of 8,700,789 children below the age of 5 years receiving the Oral Polio Vaccine (OPV). Sub-National Immunization Days (SNIDs) conducted from 6th -10th December 2014 reached a total of 1,763,867 children below the age of 5 years in 8 high risk counties. An independent monitoring showed that 95% coverage was achieved. Of the 11 Lots evaluated during the LQAs, 3 were accepted with a coverage of >90%, 7 rejected with a coverage of <90% while 1 was rejected with a coverage <70%. UNICEF contributed to the campaign through technical support in planning, procurement of vaccines and the design, production and dissemination of key messages aimed at empowering communities with information about polio and increased uptake of the vaccines.

**Refugee response:** UNICEF is in the process of building a partnership with International Rescue Committee to support implementation of key lifesaving maternal, newborn and child health interventions using community health volunteers.

#### Water, Hygiene and Sanitation (WASH):



**Drought response:** With funding from the government of Japan, UNICEF is supporting a study to review alignment of WASH sector coordination mechanisms with devolved government structures as per constitution of Kenya 2010, and to identify capacity building needs for the sector coordination platforms at both national and sub-national levels. The study kicked off in November with the consultant conducting interviews with various stakeholders including officials from national government, National Drought Management Authority, County Government officials and other stakeholders from selected counties. Monthly WASH sector coordination meetings continued to take place at both national level, and priority counties in arid and semi – arid counties. Rains were received in most of the arid and semi-arid counties during the October, November and December short rains season improving the general water availability. UNICEF supported distribution of household water treatment chemicals benefitting 8500 most vulnerable persons in Tana River and Isiolo Counties that are relying on surface water sources in order to avert outbreak of diarrheal diseases. Following terrorist attacks in Mandera County and that targeted non-local workers, partners provided emergency WASH assistance to 65 displaced persons who had fled to the Mandera military camp. In December, UNICEF signed programme cooperation agreements with NGO partners (Kenya Red Cross, Norwegian Refugee Council, GOAK, CARE and ACF) for emergency WASH activities targeting populations affected by conflict and high rates of acute malnutrition in Mandera, Wajir, Marsabit, Baringo, Turkana, Tana River and Lamu counties. Kenya Red Cross Society. The response targets 100,000 persons providing them with safe water supply, sanitation facilities at schools and health centres and hygiene promotion.

**Refugee response:** UNICEF-supported emergency hygiene and sanitation messaging targeting the new arrivals from south Sudan at the Kakuma refugee camp was conducted in December 2014, benefitting over 35,000 children and women.

#### Child Protection:



**Drought response:** No Change since last reported.

**Refugee response:** Through CERF Rapid Response Window funding and contributions from Bureau of Population, Refugees, and Migration (BPRM), SGBV programming for children and adolescent at risk will be prioritized in the next quarter (Jan-March 2015). UNICEF has partnered UNHCR and signed a Programme Cooperation Agreement (PCA) with Lutheran World Federation (LWF) to scale up Case Management systems for child protection in Kakuma refugee camp following the South Sudanese refugee influx. By Dec 2014, 7287 children (4719 Males and 2568 Female) received comprehensive BIAs and all unaccompanied minors who arrived since

January (1,223) received same day assessments by the end of the reporting period. With the scale up in personnel and computer systems, the CPIMS data entry team was able to clear the backlog of 3,450 cases and enter cumulatively 12,744 cases (8,700 Males and 4,044 Female) into the CPIMS system. All the BIA cases with acute protection concerns received follow-up, with a total of 25,038 (15,175 boys and 9,863 girls) individual children visited. During the reporting period, 505 foster parents (141 male/364 female) were trained as foster parents and 601 children (397 Male & 204 Females) were placed in alternative care.

#### Education:



**Drought response:** In November, over 300 District and sub-county education officers that gathered in Nairobi for separate training on EMIS supported through UNICEF and had the opportunity to be oriented on Education in Emergencies and the Ebola Response Planning. This will enable the education officers from all the 47 counties to strengthen their emergency response mechanisms so as to minimize disruption of the education sector.

Due to the complexity of the Union stand on teachers not reporting back to duty in Mandera, Garissa and Wajir during the new school year in January 2015 citing insecurity, UNICEF is planning to hold discussions with the Ministry of Education, Teacher Service Commission, County Governments and Kenya Institute of Curriculum Development to explore temporary solutions such as employing additional teachers and utilizing alternative modes of instruction such as radio programmes until the Union and the Government resolve the issue. UNICEF is also constantly monitoring the situation and emergency supplies are prepositioned to respond as requested by the government.

**Refugee response:** In Kakuma by December 2014, two pre-schools and two primary schools established in Kakuma IV to cater for the South Sudanese influx community had enrolments of 3423(1358 female) and 11, 837 (4079 female) respectively. This represents a participation rate of 40% at the pre-school level and 54% at the primary school level which indicates that about 50% of the eligible school age children in the two levels are out of school.

The 2014 Kenya Certificate of Primary Education (KCPE) results released by the Ministry of Education showed encouraging performance by refugee candidates with schools registering above average mean score of 259 out of 500. Of the 1,467 candidates who sat the exam in Kakuma refugee camp, 1300 (340 female, 960 male) attained above 200 marks which is the required transition marks for secondary school education. This represents a high pass rate of 87.5% which is above the national average of 78%. The best candidate, a girl from Angelina Jolie School scored 418 marks out of 500 marks, a performance that is also the best in the whole of Turkana West Sub-county.

In Dadaab, there were 4,651 out of school children that continued with Alternative Basic Education (ABE) across the 22 ABE centres established in the refugee camps and host community. This comprises **2,002 male and 2,649 female**. This enrolment includes **218** vulnerable girls and young mothers who have completed vocational training and 64 learners.



#### Security

While most of the country has remained quiet and safe, incidents of intermittent inter-communal conflicts in the Arid and Semi-Arid part of the country and terrorist related attacks continued to be reported in Mandera, Wajir, Marsabit, Turkana, West Pokot, Samburu, Isiolo, Mombasa and Baringo counties. Historical conflicts over resources, proliferation of fire arms and disputed border points are identified as key conflict drivers. In November, 19 Administration Police officers deployed to protect residents from cattle raids in Kapedo area were killed in an ambush related to an inter-ethnic conflict attack that broke out among the Pokot and Turkana communities. Consequently, military disarmament operations were carried out in the area. Children and women were most affected, resulting in overnighting at local institutions and under forest cover for security reasons.

In December, terrorist-related attacks were reported on a public transportation bus in Mandera which 28 non-locals including 18 teachers were reported to be killed, and in a quarry where 36 laborers were reported to be killed. The attacks created tension and anxiety among non-locals workforce in Mandera, with many calling on the Government for evacuations, and many opting to leave Mandera County. Although the situation is reported to be calming down since the attacks, grenade attacks on military installations have been reported. In addition, within the tension created by the attacks, the Degodia and Garre clan conflict is still ongoing. Mandera East, Lafey and Mandera North are most affected, and a total of 15,257HHs (125,107people) are still reported to be displaced within the county.

Due to the looming drought in these areas, inter-community tension is still high in the Arid and Semi-Arid Land and might last longer until the next raining season.



Humanitarian Funding as of  
December 31, 2014

| Sector                        | Original 2014 HAC requirements (US\$) | Jan-Dec 2014 additional requirements (US\$) Response to South Sudan Refugees Crisis | Revised 2014 HAC Requirements (US\$) | Total received towards 2014 HAC (US\$) | Funding Gap (US\$) | % Met      |
|-------------------------------|---------------------------------------|---|--------------------------------------|--|--------------------|------------|
| Nutrition                     | 7,700,000                             | 1,577,963   | 9,277,963                            | 13,750,407                             | -4,472,444         | 148%       |
| Health                        | 4,000,000                             | 1,896,505   | 5,896,505                            | 2,430,464                              | 3,466,041          | 41%        |
| Water, sanitation and hygiene | 4,000,000                             | 790,541   | 4,790,541                            | 2,153,070                              | 2,637,471          | 45%        |
| Child protection              | 4,900,000                             | 801,472   | 4,144,350                            | 1,744,038                              | 2,400,312          | 42%        |
| Education                     | 5,500,000                             | 1,181,665   | 6,681,665                            | 3,788,548                              | 2,893,117          | 57%        |
| HIV and AIDS                  | 1,000,000                             | 0   | 1,000,000                            | 0                                      | 1,000,000          | 0%         |
| Cluster/sector coordination   | 2,000,000                             | 0   | 2,000,000                            | 1,216,987                              | 783,013            | 61%        |
| <b>Total</b>                  | <b>29,100,000</b>                     | <b>6,248,146</b>  | <b>35,348,146</b>                    | <b>25,083,514</b>                      | <b>8,707,510</b>   | <b>71%</b> |

**NOTE: 29% of total funding requirement for Kenya remains unmet as of 31 December**

\* 'Funds received' does not include pledges

In 2014, we have received Humanitarian funding from the following to-date:

- a) Government of Japan Supplementary funding
- b) USAID-Food for Peace (FFP)
- c) UNOCHA (CERF)
- d) USAID/OFDA
- e) SIDA
- f) UK/DfID
- g) Global Thematic Humanitarian Response Fund
- h) USA (State) BPRM US Bureau of Population, Refugees

Next SitRep: 15April 2015

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<sup>1</sup> Estimated affected Population figures are in line with the UNICEF Humanitarian Action for Children 2014 Appeal. The Kenya Humanitarian Partnership Group (the Inter-Agency Standing Committee in Kenya) during Kenya Humanitarian Strategy in mid-November 2013, agreed to continue planning for targeted population of 1.1 million for 2014. Additional 50,000 added based on the UNHCR Contingency Planning for the Kakuma Refugee Influx response plan.

<sup>2</sup> Male and Female figures are generated using approximation from Kenya National Bureau of Statistics

<sup>3</sup> The total affected population figures have been revised to 1.2 million from 1.1 million based on the additional 100,000 South Sudanese refugees UNICEF and other partners are targeting in Kakuma Refugee Camp.

<sup>4</sup> For the reporting period of **January – July 2014**

<sup>5</sup> 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.

<sup>6</sup> UNICEF and sector targets are the same because UNICEF provides technical and supply support to all integrated management of acute malnutrition programmes.

<sup>7</sup> Data awaited from Ministry of Health for population reached through activities implemented by the Ministry with UNICEF support

<sup>8</sup> UNICEF supported hygiene promotion activities at Kakuma start in the month of July 2014 in partnership with NRC

<sup>9</sup> An estimated 600,000 persons reached through UNICEF/GOK programme targeting 7 cholera prone counties;

<sup>10</sup> Persons reached through the Dadaab Refugee interventions and activities

<sup>11</sup> Includes 2,918 Alternative Basic Education beneficiaries and 39,904 for peace education.