Kenya Country Office HUMANITARIAN SITUATION REPORT August - October 2014

Highlights

- According to the results of the Kenya Food Security Steering Group’s (KFSSG) 2014 long rains assessment conducted in July, the acutely food insecure population increased from 1.3 million in February to 1.5 million by August. This is due to the below-average March to May long rains this year that resulted in poor harvests and poor livestock health, thus constraining food access from June/July. The food-insecure population requiring food assistance is therefore likely to increase in October.

- The overall nutrition situation has deteriorated in the Arid and semi-arid (ASAL) counties based on results from nutrition surveys conducted in May and June. The nutrition situation is Very Critical in Turkana North, South & East, East Pokot, Marsabit (Noth Harr & Chalbi), Wajir North, Mandera East and Mandera Central with acute malnutrition above 20%. UNICEF and partners nutrition response scale-up (financial and technical) is ongoing to meet the increased needs;

- The Government of Kenya has prioritized Ebola as a public health emergency, with The President of Kenya at the centre EVD preparedness. An Ebola Virus Disease (EVD) Contingency Plan has been developed to lead coordination, planning and implementation of key preparedness priorities. UNICEF has supported the Government in the development of the national EVD contingency plan and is part of the Coordination & Resource Mobilization and Advocacy Communication & Social Mobilization task forces under the plan. UNICEF is also supporting the design, pre-testing and dissemination of key EVD messages to segments of the population to create awareness, and key messaging to health workers.

- By end October 2014, Kakuma Refugee Camp hosted a total population of 175,832 refugees, of whom 49.2% are from South Sudan. Of this population, 101,819 (58%) are below the age of 18, with girls numbering 46,107 (45%) and boys 55,712 (55%). Of the 43,940 new arrivals after Mid-December 2013 influx, 67% are under the age of 18, making up nearly 29% of the total children population in the camp. As of 30th October, there was a cumulative figure of 29,743 newly arrived South Sudanese children (16,572 males/13,189 females) of whom 7,298 are unaccompanied and separated children (UASC). 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.

- A nutrition survey conducted in all 4 camps in Dadaab in September 2014 has revealed a Global Acute Malnutrition rate of 8.9%, which indicated a stable situation from the same time last year where 9.9% was reported. In Kakuma Refugee Camp, screening for acute malnutrition among new arrival children aged 6-59 months old is ongoing at the Reception Center. Overall there is a downward trend in number of new admissions in Supplementary feeding programme in previous months and the same is noted with admissions to Community Therapeutic care with a slight increase in September 2014.
Situation Overview & Humanitarian Needs

- The 2014 Long Rains Assessment estimates that the food security situation is likely to remain stressed in most parts of the arid and semi-arid parts of the country with crisis levels in most parts of the arid counties. The current caseload of vulnerable population requiring food assistance has risen from 1.3 million in February 2104 to 1.5 million now and this number could increase though October, before the next rain season. This increase in food insecurity is due to the poor preforming long rains in terms of intensity and distribution which has led to a reduction of 30% in the national harvest and subsequent higher cereal prices has been recorded in the last 5 years. Further, pastoral populations remain the worst affected and have undertaken stress migration in search of pasture and water, leading to reduced milk availability which has significantly increased level of acute malnutrition in pastoral children. The food-insecure population is mostly in the pastoral areas of Turkana, Marsabit, Mandera, Samburu, Isiolo, Wajir, West Pokot, Kitui North and Baringo, with many households likely to move into Crisis (IPC Phase 3) by October.

- Nutrition surveys conducted by Ministry of Health (MOH) and partners in Turkana, Baringo (East Pokot), Samburu, Mandera, Wajir, Garissa, West Pokot and Tana River between May and July 2014 indicate a deteriorating nutrition situation in all areas compared to the same time last year, apart from Tana River. In the Arid and Semi-Arid counties, children requiring treatment for acute malnutrition is 309,547 (170,251 boys and 139,296 Girls). Total caseloads of acutely malnourished Pregnant and lactating women requiring treatment is 37,502. West Pokot, Garissa, Mandera, Wajir and Turkana accounted for over 50% of total admission of acutely malnourished children Outcome indicators from the nutrition programme are within the recommended thresholds, with the number of children recovered at 17,276 illustrating a cure rate of 83.7%, except for the default rate which was elevated in January, April and July. By the end of Sept 2014 58.8% (30,978) 6-59 month children admitted of the 52,722 targeted in Arid and Semi-Arid Lands and urban Note that the target caseloads were revised in July 2014. Nutrition response scale-up (financial and technical) by UNICEF and its partners is ongoing to meet the increased needs. However, insecurity has affected delivery of nutrition services (closure of health facilities and outreach sites) in Mandera North and East. The MOH and partners on ground are currently undertaking nutrition treatment programmes where possible and intensifying screening and active case findings where populations have been displaced.

- A nutrition survey conducted in all 4 camps in Dadaab in September 2014 has revealed a Global Acute Malnutrition rate of 8.9%, which indicated a stable situation from the same time last year where 9.3% was reported. The survey also used an innovative approach - android mobile phones and Open Data Kit (ODK) software for data collection and entry, which replaced the paper questionnaires. The approach saves time in data entry, has inbuilt data quality controls and saves on cost in the long run. In Kakuma Refugee Camp, screening for acute malnutrition among new arrival children aged 6-59 months old is ongoing at the Reception Center. Overall there is a downward trend in number of new admission in Supplementary feeding programme in previous months and the same is noted with admissions to Community Therapeutic care with a slight increase in September 2014.

- It is anticipated that an upsurge in violence in South Sudan during the upcoming dry season could cause some cross-border movements, with a projected 257,000 new refugees coming in mostly in Ethiopia, Sudan, Uganda and to a less extent Kenya. Planning for the 2015 South Sudan refugee response is ongoing and CERF funding is availed, with UNICEF submitting funding proposals for Nutrition, Child Protection and Health. As of 30th October, there was a cumulative figure of 29,743 newly arrived South Sudanese children (16,572 males/13,189 females) of whom 7,298 fall into the category of unaccompanied and separated children (UASC). Of this population, 1,267 (839 males/428 females) are unaccompanied and 6,031 (3766 males/2265 females) are separated. Of the population of UAMs, 172 continue to live at the reception center. As about 15% of incoming population from the influx are UASC, it is projected that there will be about 15,000 UASC by end of the year. UNICEF through partners continues to provide technical and supplies assistance in child protection, health, nutrition, education and WASH sectors. Funding remains a key bottleneck for the response across all the sectors.

- The Government of Kenya has prioritized Ebola as a public health emergency, with the President of Kenya at the centre of EVD preparedness. An Ebola Virus Disease (EVD) Contingency Plan has been developed to lead coordination, planning and implementation of key preparedness priorities. The country EVD taskforce includes Government, WHO, CDC, UNICEF, UNAIDS, KEMRI, Kenya Red Cross, Kenya Medical Association which is committed to ensuring a multi-sectoral preparedness that effectively supports response. UNICEF has supported the development of the EVD contingency plan and C4D strategy and materials, and is a member of the Coordination & Resource Mobilization and Advocacy, Communication & Social Mobilization task forces under the plan. UNICEF is also supporting the Government in the design, pre-testing and dissemination of key EVD messages to key segments of the population to create awareness and key messaging to health workers. Additionally, UNICEF is a member of the UN Interagency coordination that works at agency level to guide UN-level preparedness, as well as supporting the government in the preparedness actions.

- Disease outbreaks reported until end of September 2014 indicates 1669 Measles cases nationwide, occurring in Garissa (100), Marsabit (10), Turkana (170) and Wajir (7), with 2 reported deaths. There are also 481 reported Dengue Fever cases, with 1 death reported in Mombasa County; 231Aflatoxicosis cases with 10 deaths; and 379 Visceral
Leishmaniasis (Kala-azar) cases, occurring in Marsabit (123), with 10 deaths and Wajir (295), with 4 reported deaths. UNICEF is supporting with distribution of Kala-azar drugs.

- The Education sector in Mandera County has been seriously affected by renewed inter-clan conflict leading to closure of Eighteen (18) schools in Mandera-west sub-counties, six (6) schools in Mandera-North and eleven (11) schools closed down in Banisa sub-County, disrupting the learning of over 8,500 learners, subsequently leading to lack of access to education services for the displaced children, poor curriculum coverage, increased pressure to existing learning facilities in schools that have absorbed the displaced learners. Kala-azar outbreaks have been sustained in northern Kenya. The impact of drought is food insecurity and conflict, which have direct impact on the health of communities living in northern Kenya.

### Estimated Affected Population

*Estimates calculated based on initial figures from Kenya Humanitarian Strategy Meeting, November 2013 and UNHCR Contingency Plan for South Sudanese Refugee response, July 2014*

<table>
<thead>
<tr>
<th>Start of humanitarian response</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Affected Population</td>
<td>1,200,000&lt;sup&gt;3&lt;/sup&gt;</td>
<td>596,500</td>
<td>603,500</td>
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<tr>
<td>Children Affected (Under 18)</td>
<td>645,700</td>
<td>320,970</td>
<td>324,730</td>
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<tr>
<td>Children Under Five</td>
<td>185,640</td>
<td>92,278</td>
<td>93,362</td>
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<tr>
<td>Children Acutely Malnourished in ASAL, urban and refugee</td>
<td>371,005</td>
<td>204,053</td>
<td>166,952</td>
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</table>

### UNICEF’s Response with partners

<table>
<thead>
<tr>
<th>Sector/Cluster</th>
<th>Over all target for 2014</th>
<th>UNICEF Support to South Sudanese Refugees&lt;sup&gt;5&lt;/sup&gt;</th>
<th>Population reached other than in Kakuma</th>
<th>Cluster Target</th>
<th>Cumulative results (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong>&lt;sup&gt;6&lt;/sup&gt;</td>
<td></td>
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<tr>
<td>Children in humanitarian situations aged 6 to 59 months affected by SAM admitted to community-based management programmes</td>
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<tr>
<td>Children in humanitarian situations aged 6 to 59 months affected by moderate acute malnutrition (MAM) admitted to integrated management of acute malnutrition programmes</td>
<td>59,817</td>
<td>759</td>
<td>2,070</td>
<td>33,336</td>
<td>59,817</td>
</tr>
<tr>
<td>Children under 15 provided with an integrated package of high impact maternal, new-born and child health interventions, including measles immunization</td>
<td>950,000</td>
<td>118,000</td>
<td>122,233</td>
<td>932,537</td>
<td></td>
</tr>
<tr>
<td>Children with diarrheal disease having access to life-saving curative interventions including oral rehydration therapy and zinc</td>
<td>500,700</td>
<td>N/A</td>
<td>N/A</td>
<td>139,445</td>
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<td><strong>WASH</strong>&lt;sup&gt;7&lt;/sup&gt;</td>
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<tr>
<td>Emergency affected people provided with access to safe water</td>
<td>200,000</td>
<td>100,000</td>
<td>35,000</td>
<td>32,000</td>
<td>385,980</td>
</tr>
<tr>
<td>Children and women that receive critical WASH-related information to prevent child illness&lt;sup&gt;8&lt;/sup&gt;</td>
<td>200,000</td>
<td>100,000</td>
<td>35,000</td>
<td>22,000</td>
<td>385,980</td>
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<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
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<tr>
<td>Children and women in humanitarian situations accessing protective interventions, including psychosocial support, legal aid and case management</td>
<td>65,000</td>
<td>7,500</td>
<td>9,613</td>
<td>705&lt;sup&gt;9&lt;/sup&gt;</td>
<td></td>
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<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
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<tr>
<td>Children in humanitarian situations that have access to formal and non-formal education opportunities</td>
<td>320,250</td>
<td>12,000</td>
<td>6,559</td>
<td>43,500&lt;sup&gt;10&lt;/sup&gt;</td>
<td>350,000</td>
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</table>
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 Shelter & Non-Food Items and Health sector coordination. UNICEF also co-leads Government of Kenya Ending Drought Emergency (EDE) Human Capital pillar which comprises of Education, Health and Nutrition, providing EDE technical support to the inter-governmental body on knowledge management and coordination to cross-fertilize innovative approaches on EDE. UNICEF leads the Human Capital Strategic Result Area under the Kenya UNDAF that comprises of Health, Nutrition, WASH, HIV/AIDS, Social Protection and Education. UNHCR and Government Department of Refugee Affairs (DRA) coordinates the refugee operations, with UNICEF working closely with UNHCR to support coordination for the refugee operations, and co-chairing some of the sectoral arrangements in Kakuma and Dadaab Refugee Camps. The Country Management Team at the UNICEF Kenya Country Office has Emergency Preparedness and Response as a standing agenda, and meets on a weekly 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. 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 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 (August 01 – October 31, 2014)

Nutrition:

Drought response: As the UN lead agency for nutrition, UNICEF continues to support all stakeholders to scale up nutrition services including the treatment of severe acute malnutrition in all the priority counties. The current response activities are focusing largely in the locations indicating deterioration of food security status. The key activities are 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 therapeutic supplies prepositioned in KCRS stores for conflict areas where access is limited; Elevated monitoring of the nutrition situation and program quality both at the county and national level (bi monthly update of the situation at the national level); Updating and revision of the nutrition sector contingency preparedness and response plans in the county NDMA contingency plans. Implementation of activities is currently ongoing in 1,174 OTP sites, and 1221 SFP sites and 74 stabilisation centres. So far 28106 children below five years have been reached for management of severe acute malnutrition which is 47% of the sector target. The performance indicators for July were below the sphere standards with 67% recovery rate and 18% default rate, compared to June which had a cure rate of 80.5% the decline is attributed to population movement. According to the
July and August county updates more than 100,000 children were screened for malnutrition in Turkana, Marsabit, Baringo, West Pokot, Mandera, and Wajir. 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 multisectoral collaboration to support nutrition-related actions. UNICEF is working towards implementing partners to address some of the bottlenecks.

Refugee response:
Total admissions of acutely malnourished children in Kakuma nutrition program remained stable – reaching 1696 and 4402 for SAM and MAM respectively. A total of 7, 587 predominantly south Sudanese children (6-59 months of age) have so far been screened at the Kakuma reception centre between 8th January and 31st July 2014 with 730 (9.6%) moderately malnourished and 475 (6.3%) severely malnourished which is a marginal increase by 2% in July 2014. The July 2014 coverage assessment indicates a SAM coverage of 69.5% and a MAM coverage of 73.5 which is below the recommend sphere standard of 90%. An action plan which is currently being implemented.

Health:

Drought response: The Government of Kenya has prioritized Ebola as a public health emergency, with The President of Kenya at the centre EVD preparedness. An Ebola Virus Disease (EVD) Contingency Plan has been developed to lead coordination, planning and implementation of key preparedness priorities. The country EVD team includes Government, WHO, CDC, UNICEF, UNAIDS, KEMRI, Kenya Red Cross, Kenya Medical Association and is committed to ensuring a multi-sectoral preparedness that effectively supports response. UNICEF has supported the development of the EVD contingency plan and is a member of the Coordination & Resource Mobilization and Advocacy Communication & Social Mobilization task forces under the plan. UNICEF is also supporting the Government in the design, pre-testing and dissemination of key EVD messages to key segments of the population to create awareness and key messaging to health workers. Additionally, UNICEF is a member of the UN Interagency coordination that works at agency level to guide UN-level preparedness, as well as supporting the government in the preparedness actions.

UNICEF has issued Kala azar drugs to Turkana, Marsabit, and Wajir to support counties in the management of the diagnosed cases. Additionally, UNICEF has provided technical support to the affected counties in coordination and overall technical support in the management of outbreaks.

Refugee response: UNICEF has submitted a health project to CERF to support lifesaving interventions in Kakuma refugee camp, targeting old refugees, new arrivals from South Sudan and the host community, majority being children. UNICEF health is participating in coordination meetings for both refugee and host community in Dadaab refugee camp, as well as advocating with partners to include the refugee camps in the EVD preparedness efforts.

Water, Hygiene and Sanitation (WASH):

Drought response: UNICEF continues to support emergency WASH response through sector coordination (WESCOORD) and provision of WASH supplies and technical assistance in drought and conflict affected areas. A one day sensitization meeting for senior county officials took place on 28th August 2014 in Nairobi, with funding from the Global WASH Cluster ECHO funded Regional Emergency Cluster Advisor project that is hosted by INGO Tearfund in the region. The meeting brought together County Executive Committee members responsible for water and public health from eleven priority counties and their technical officers to discuss anchoring of WESCOORD in the county institutional framework. UNICEF supported WASH sector emergency coordination platform, WESCOORD has signed contract with Redr (UK) to conduct a study to align sector coordination with the devolved governance framework in the country, and to identify capacity strengthening needs for the platform. The study will form the basis for WESCOORD 3 year capacity building strategy, and is supported with funding from Government of Japan. UNICEF through its partners supported organizing of events in Turkana County to mark the global hand washing day on 15th October. The main ceremony was held at Lorugum stadium in Loima sub-county, and was attended by hundreds of people including school children and county leasers.

Emergency WASH supplies have been pre-positioned emergency supplies at the zonal offices in Lodwar, Garissa and Kisumu. In addition, UNICEF has received CERF funding to provide lifesaving assistance to children and women affected by conflict and drought in Kenya. The response will contribute to reducing cases of diarrheal and improve nutrition status for the affected children. The response targets internally displaced families, and children suffering from acute malnutrition in Marsabit, Mandera, Wajir, Turkana, Baringo, Tana River and Lamu counties, and will ensure 100,000 persons in humanitarian crisis have access to safe water for drinking and domestic use, basic sanitation and hygiene promotion services. The response is implemented in partnership with the government, Kenya Red Cross Society, 3 INGOs (GOAL, ACF and NRC) and local stakeholders in the affected areas.
Refugee response: UNICEF continues to collaborate with UNHCR in support of provision of WASH services at the refugee camps, and has pre-positioned emergency WASH supplies at the Dadaab refugee camp. Additional hygiene promoters have been recruited, and hygiene promotion is ongoing at the Kakuma refugee camp, section 4, as well as construction of latrines with hand washing facilities for schools and health facilities. Construction of 136 out of the targeted 150 shared family latrines has been completed, benefitting an estimated 3,264 new arrivals. Sanitation remains one of the biggest gaps for the new arrivals at the Kakuma refugee camp. The response is being implemented with funding from the Government of Japan and in partnership with Norwegian Refugee Council (NRC). NRC also organized a ceremony at the Kakuma Refugee Camp to mark the global hand washing day. Hundreds of children from various schools participated in the event and made presentations.

Child Protection:

Drought response: No Change since last reported.

Refugee response: Refugee response: With funding from Central Emergency Response Fund (CERF) Rapid Response Window and contributions from the Government of Japan, 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. The PCA provided for the identification and additional training of 500 additional foster families to hand the influx of the unaccompanied minors. By end August, 625 potential foster parents have been identified of whom 230 (196 female and 34 male) have been trained. The training package equips existing and prospective foster parents with guardianship knowledge and skills on some of the issues their foster children may have, e.g. psychosocial distress, and how to best support that child while he/she is unaccompanied. The training also includes an introduction to child protection and child development, the roles of people in the community and the “rings of protection,” child rights, communicating with children, alternative care, family reunification and the Kenya Children’s Act.

During the reporting period, the PRIMERO (Protection-Related Information Management for Emergency Response Operations) team from UNICEF HQ visited Kakuma to conduct User Acceptance Testing (UAT) of the next generation data management system. A group of 15 users comprised of LWF case workers, gender focal points, and UNHCR ProGres were tested. Kakuma refugee camp was the first of many UAT testing sites. At the end of the PRIMERO development cycle, each feature of the application will have been tested, updated, and integrated with all the previously-developed functions. The outcome is expected to be a stable and effective application, ready for final user testing in the field. De-brief meetings on the PRIMERO mission were held at Nairobi level with ESARO, UNHCR Kenya Country Office, UNHCR regional hub, UNICEF KCO and UNICEF Somalia.

Education:

Drought response: The Education sector in Mandera County has been seriously affected by renewed inter-clan conflict leading to closure of Eighteen (18) schools in Mandera-west sub-counties, six (6) schools in Mandera-North and eleven (11) schools closed down in Banisa sub- County, disrupting the learning of over 8,500 learners, subsequently leading to lack of access to education services for the displaced children, poor curriculum coverage, increased pressure to existing learning facilities in schools that have absorbed the displaced learners. In response to these, UNICEF Kenya has been working very closely with Ministry of Education at County level and other partners to support the reopening of schools that closed. Low cost boarding schools supplies totalling to 847 beds and 1700 mattresses were ordered to provide a safe haven for the displaced learner’s in Low cost boarding schools. Low cost boarding school supplies were provided by UNICEF, benefitting 847 learners in drought affected areas. Relative calmness has returned in Wajir County following inter-communal conflicts, however in August, a number of primary and secondary schools still remained closed (2 secondary and 7 primary) post-conflict. UNICEF conducted a post conflict in Wajir and Marsabit Counties to assess impact of the conflicts on education/children and it was evident that some children have not reported back to school hence some low cost boarding schools around Moyale town were not hosting boarders; some schools have not done any repairs on damaged infrastructure or replacement of lost teaching/learning instructional materials. By October, in the counties of Wajir, Mandera and Marsabit, considerable progress towards normalcy had been achieved and owing to the peace efforts led by the Government, the local leaders and the deployment of armed security personnel in the area. But general fluidity of security in the area has led to low school attendance by children and understaffing in insecure areas after the transfer of teachers. The areas that were not affected by conflict saw an increase in enrolment of learners thereby straining existing educational resources.

UNICEF has supported the County Education department in the rejuvenation of the Education sector working groups during the crises period and has advocated with other partners to support the sector. It was noted that there is need for a consistent joint effort by all education partners to support reconstruction efforts and rebuilding of the education sector. And strengthening the sector coordination mechanism at County and Sub County level was seen as a key step towards reconstructing the sector in the affected counties. This was discussed with County Directors of Education and
County Education board. Provision of teaching/learning materials to affected schools and support to low cost boarding schools hosting additional learners displaced by the conflict is also a key area that need joint support as well as Peace Education activities/Programmes. There are currently national government led peace initiatives but it will be necessary to have peace building activities at grass root/school level. In Kisumu Zone, there has been no significant humanitarian incidents despite the rains that more often than not been accompanied by floods.

Refugee response: The construction of ten semi-permanent learning structures supported by UNICEF through World Vision for Hope primary school in Kakuma refugee camp is complete. This intervention was implemented with funding from CERF. A total of 384 more children (209 girls and 175 boys) have been registered by the school but due to lack of enough learning space they have not joined any of the classes. An assessment on the impact of floods on schools is still ongoing following the floods in Kakuma refugee camp. The total enrolment for the emergency school established in Kakuma Refugee camp currently stands at 6,391 and this figure includes 2,613 girls. And during the month of October, the situation in Kakuma refugee camp remained calm enabling K.C.P.E. 1500 registered candidates prepare for examinations out of which 1468 candidates (405 girls) successful sat in the consequent month. However, insecurity in the border areas between Turkana and Baringo Counties have led travel suspensions to be put along Lokori-Baragoi-Maralal-Suguta until further notice affecting access and education normalcy in the area.

In Dadaab, the analysis of 2014 school data revealed an increase in the school population which stood at 92,126 (40% girls) as compared to the previous month. The Gross Enrolment Rates (GER) were 57% at preschool (girls-53%); 61% at primary school (girls-50%) and 12% at secondary schools (girls-6%). Also, there were 4,128 out of school children that continued with Alternative Basic Education (ABE) across the 22 ABE centres (four of which were opened in October) established in the refugee camps and host community. This comprises 1,865 male and 2,263 (54.8%) female; 1131 learners from the host community (603 male and 528 females) and 2,997 learners in the refugee camp. Construction of five new ABE centres in Dadaab camp was completed and renovations were carried out in four existing ABE centres. And having done this, 36 (6 female) new incentive teachers, 20 of whom were posted to the new ABE centres and 16 to replace those who had exited.

Security

Incidents of intermittent inter-communal conflicts have been reported in Mandera, Wajir, Marsabit and Baringo counties. Terrorist related threats are currently assessed to be elevated across the country, and the UN continues to be a possible target of terrorist groups active in Kenya. These security incidents and threats have led to restriction on UN staff movement in affected areas, thus affecting programme delivery. Following armed attacks by unknown gunmen, the Government has continued to impose a curfew in Lamu County, where official missions remain suspended. Travel restrictions to Garsen in Tana River County have been lifted following increased security patrols and a period of relative calm. In areas along Kapedo-Lokori road near Lake Turkana, reports have been received of inter-communal violence between Pokot and Turkana communities which involved cattle rustling, ambushes on a Ministry of Education vehicle which was carrying examination papers, burning down of shopping areas and ambushes and attacks on security personnel, civilians, Police convoys, including unconfirmed reports of SGBV on women and children. Attackers have targeted security personnel conducting an operation against cattle raiders in the area, and on 25 October, five police officers were killed. The ongoing incidents highlight the prevailing risks posed in the northern areas of Kenya which contributes to risks in these areas where enhanced security precautions are required for travel and mission activities.

Funding as of October 31, 2014

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<thead>
<tr>
<th>Sector</th>
<th>Original 2014 HAC requirements (US$)</th>
<th>Jan-Dec 2014 additional requirements (US$)</th>
<th>Revised 2014 HAC Requirements (US$)</th>
<th>Total received towards 2014 HAC (US$)</th>
<th>Funding Gap (US$)</th>
<th>% Met</th>
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</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>7,700,000</td>
<td>1,577,963</td>
<td>9,277,963</td>
<td>10,117,973</td>
<td>-840,010</td>
<td>109%</td>
</tr>
<tr>
<td>Health</td>
<td>4,000,000</td>
<td>1,896,505</td>
<td>5,896,505</td>
<td>6,652,860</td>
<td>4,243,645</td>
<td>28%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>4,000,000</td>
<td>790,541</td>
<td>4,790,541</td>
<td>2,153,070</td>
<td>2,637,471</td>
<td>44%</td>
</tr>
<tr>
<td>Child protection</td>
<td>4,900,000</td>
<td>801,472</td>
<td>5,701,472</td>
<td>1,370,206</td>
<td>4,331,266</td>
<td>24%</td>
</tr>
<tr>
<td>Education</td>
<td>5,500,000</td>
<td>1,181,665</td>
<td>6,681,665</td>
<td>2,887,918</td>
<td>3,793,747</td>
<td>56%</td>
</tr>
</tbody>
</table>
HIV and AIDS
1,000,000
0
1,000,000
-1,000,000
0%
Clustering/sector coordination
2,000,000
0
2,000,000
1,171,850
828,150
59%
Total
29,100,000
6,248,146
35,348,146
18,719,370
16,628,776
47%

NOTE: 47% of total funding requirement for Kenya remains unmet as of 31 October
*‘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: 10 January 2015

For additional information, please contact:
Pirkko Heinonen, Acting Representative, Tel: +254 71 923 2505, pheinonen@unicef.org
Madhavi Ashok, Deputy Representative, Tel: +254-705-262-285, mashok@unicef.org
Fred Ogwal-Oyee, OIC, Emergency/Field Ops, Tel: +254-705-188137, fogwal@unicef.org

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1 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.
2 Male and Female figures are generated using approximation from Kenya National Bureau of Statistics
3 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.
4 For the reporting period of January – July 2014
5 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.
6 UNICEF and sector targets are the same because UNICEF provides technical and supply support to all integrated management of acute malnutrition programmes.
7 Data awaited from Ministry of Health for population reached through activities implemented by the Ministry with UNICEF support
8 UNICEF supported hygiene promotion activities at Kakuma start in the month of July 2014 in partnership with NRC
9 Persons reached through the Dadaab Refugee interventions and activities
10 Includes 2,918 Alternative Basic Education beneficiaries and 39,904 for peace education.
11 Includes USD 888,788 carried over from 2013
12 Includes USD 342,293 carried over from 2013
13 Includes USD 100,921 carried over from 2013
14 Includes USD 1,799,793 carried over from 2013
15 Includes USD 413,057 carried over from 2013