UNICEF’s Key Response with Partners in 2018

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF Target</th>
<th>Cumulative Results</th>
<th>Sector</th>
<th>Cumulative Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition: children under 5 treated for SAM</td>
<td>77,232 (^1)</td>
<td>51,689 (^2)</td>
<td>77,232</td>
<td>51,689</td>
</tr>
<tr>
<td>Nutrition: children under 5 treated for MAM</td>
<td>240,196 (^3)</td>
<td>106,182 (^4)</td>
<td>240,196</td>
<td>106,182</td>
</tr>
<tr>
<td>Health: children under 5 accessing integrated package of health interventions including diarrhea, malaria and pneumonia diseases</td>
<td>814,500</td>
<td>127,616</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH: persons affected by crises are reached with [permanent] safe water interventions</td>
<td>250,000</td>
<td>60,506</td>
<td>250,000</td>
<td>60,506</td>
</tr>
<tr>
<td>Child Protection: most affected boys and girls have access to protective case management services</td>
<td>30,000</td>
<td>15,022</td>
<td>95,000</td>
<td>15,022</td>
</tr>
<tr>
<td>Education: school-aged children (including adolescents) affected by crises accessing quality education</td>
<td>205,000</td>
<td>118,576</td>
<td>635,000</td>
<td>118,576</td>
</tr>
<tr>
<td>HIV: children, adolescents and pregnant women have access to HIV testing services</td>
<td>120,000</td>
<td>7,815</td>
<td></td>
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</tbody>
</table>

\(^1\) Target changed as per the results of the Long Rains Assessment 2018
\(^2\) Results are up to end of July 2018
\(^3\) Target changed as per the results of the Long Rains Assessment 2018
\(^4\) Results are up to end of July 2018

SITUATION IN NUMBERS

31 August 2018

- **700,000** People are food insecure (2018 Long Rains Assessment, August 2018)
- **329,000** Children are food insecure (2018 Long Rains Assessment, August 2018)
- **85,105** Children under 5 in need of SAM treatment (2018 Long Rains Assessment, August 2018)

UNICEF HAC Appeal 2018

US$ 34,235,000

**Funding Requirements:** US$ 34.2M

- Received: US$ 7.9M
- Carry-forward: US$ 5.5M
- Gap: US$ 20.6M

*Funds available include funding received against current appeal as well as carry-forward from the previous year (US$ 5.5 million, which includes US$1.7 million for the refugee response).*

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1. Target changed as per the results of the Long Rains Assessment 2018
2. Results are up to end of July 2018
3. Target changed as per the results of the Long Rains Assessment 2018
4. Results are up to end of July 2018
Situation Overview & Humanitarian Needs

The results of the Long Rains Assessment 2018 released on 31 August 2018 indicate significant improvement in the food security situation in Kenya, with 700,000 people requiring food assistance, down from 2.55 million as per the Short Rains Assessment (SRA) 2018. This is attributable to the exceptionally above average long rains, increased food availability, access due to substantial crop production, low market prices and available supplies in the local markets.

According to the National Drought Management Authority, all 23 ASAL counties are currently categorized in the normal drought phase with the trend improving in five counties, stable in 13 counties and worsening in 5 counties (Nyeri, Turkana, Mandera, Makueni and Kwale). In almost all ASAL counties, majority of the open water sources such as water pans and dams have water and thus average return distances to water points are stable. According to FEWSNET, food availability and access have improved across Kenya with ongoing marginal harvests, and generally below-normal staple food prices, which are up to 30 percent below average in urban markets, resulting in Minimal (IPC Phase 1) outcomes. However, Stressed (IPC Phase 2) outcomes persist in riverine areas that are recovering from flooding, including in Tana River, where previously inaccessible households are now receiving humanitarian assistance; sub-counties impacted by an outbreak of Rift Valley Fever (RVF); and previously drought-affected regions.

In Pastoral areas, milk production is above average except in Garissa, Mandera, and Tana river due to the effect of the 2016/17 drought. Following recent flooding and Fall Armyworm infestations, below-average harvests are expected in Kilifi, Kitui, Tharaka Nithi, and Kwale.

Although the estimated number of children requiring treatment for acute malnutrition has increased compared to the same time last year, the nutrition situation has improved this year, which is mainly attributed to improvement in food security. The higher caseload this year is due to an updated caseload calculation methodology, which has been informed by global guidance, lessons from the 2017/2018 response, and coverage assessments conducted in 2017. The current caseload of...
children 6 to 59 months requiring treatment for acute malnutrition in ASAL and urban areas is 510,593 (MAM- 425,488; SAM- 85,105) while a total of 31,354 pregnant and lactating women require treatment.

The trend for sampled children under 5 years at risk of being acutely malnourished in most counties is either improving or stable and is attributed to milk availability and better dietary diversity. However, acute malnutrition levels in Turkana, Samburu, Mandera, East Pokot in Baringo, and North Horr in Marsabit remain above emergency thresholds of Global Acute Malnutrition (GAM) of above 15 per cent despite these improvements. West Pokot, Tana River, Garissa, and Wajir reported GAM of 10 to 14.9 percent; while Moyale and Saku in Marsabit County and Baringo North/Marigat in Baringo County reported GAM of 5 to 9.9 percent.

The overall nutrition situation is projected to remain stable in most areas. However, past trends indicate a potential fast deterioration of the nutrition situation in highly vulnerable counties such as Turkana during the seasonal dry spell as households have not yet fully recovered their assets. Trends of malnutrition in the most affected counties point to very high susceptibility to high levels of acute malnutrition especially during drought.
With the cessation of the March to May long rains season, floodwaters have receded in most of the flood-affected areas. However, in Tana River county, farms and villages mainly in Tana Delta area are still flooded, and most of the people who were displaced by floods are still living in camps, with 10 IDP camps still hosting 4000 households. The Kenya Meteorological Department October to December (OND) 2018 “Short Rains” Season forecast indicates that most parts of the country are expected to experience above-average rainfall. Flash floods are likely to occur over several parts of the country in the flood-prone areas, especially during the peak month of November.

According to the latest Ministry of Health Disease Outbreak situation report, the Cholera outbreak is now controlled, with a call for vigilance in all the counties. The last Cholera outbreak was reported in Garissa County with the last date of onset being on 19 August 2018 which is more than two incubation periods. Nineteen (19) counties had reported Cholera cases in 2018, with 5,756 cases and 78 deaths (Case Fatality Rate 1.4 per cent). In addition, there are ongoing measles outbreaks in Mandera, Garissa, Nairobi and Kitui counties. Mandera County is experiencing a second wave of the outbreak with 135 cases reported (nine confirmed), Garissa county has reported 15 cases (3 confirmed), Nairobi County has reported four confirmed cases and Kitui County has reported seven cases (four confirmed). Kenya also remains on high alert following declaration of a new outbreak of Ebola virus disease in the Democratic Republic of the Congo.

According to the latest UNHCR update, there are 471,330 refugees and asylum seekers in Kenya (78 per cent are women and children of whom 56 per cent are children). 209,606 are in Dadaab Refugee Camps, 185,615 in Kakuma Refugee Camps.
Humanitarian Strategy and Coordination

Building on results achieved in 2017, UNICEF is continuing to strengthen engagement with the devolved system of governance in Kenya, especially in strengthening county capacity for emergency preparedness and response as well as direct implementation. UNICEF is focusing on strengthening sector coordination, multi-sectoral coordination both at national and sub national levels and cross-border coordination. The four zonal offices (Lodwar, Kisumu, Garissa and Dadaab) continue to provide critical programme oversight, technical support to devolution and humanitarian response. Schools are an ideal platform where multi-sectoral integrated basic services are being availed to children and hence strengthening the overall shared goals for enhancing community resilience. In 2018, UNICEF and partners are responding to the survival and protection needs of more than one million children in emergency situations including drought, flooding, disease outbreaks, refugee influx and inter-communal conflict by delivering nutrition treatment; increasing access to safe water, hygiene and sanitation; strengthening disease prevention and response, improving access to quality education; and providing protection mitigation services, particularly for refugee children and children affected by natural disasters and resource-based community conflicts. C4D strategies are being used to mobilize, engage and provide information for community response and resilience building.

UNICEF continues to support basic services delivery in areas that were affected by floods during the long rains season, including longer-term humanitarian interventions. The partnership engagement with Kenya Red Cross Society (KRCS), which has the comparative advantage of country-wide presence including in hard-to-reach areas is supporting implementation of lifesaving interventions. Response to refugee influxes continues, including emergency WASH, Health, nutrition and education and child protection services to new arrivals in Kakuma and children affected by the voluntary repatriation of refugees to Somalia in Dadaab Refugee Camps.

UNICEF’s Response with Partners – Summary Programme Response

**NUTRITION**

A total of 51,689 severely malnourished children (65.5 percent of the annual target) and 106,182 moderately malnourished children (54 percent of the annual target) were admitted for treatment from 1 January to 31 July 2018 indicating that the IMAM program is on course to achieve the annual target. During the same period, a total of 61,634 cartons of Ready-To-Use Therapeutic Food (RUTF) have been distributed by UNICEF across 1,854 health facilities in 23 arid and semi-arid (ASAL) counties through the Kenya Essential Medical Supplies Authority, sufficient to treat 61,634 severely malnourished children. Of these, 10,748 cartons were distributed in July 2018. Logistics Management and Information System (LMIS) reporting rates in the 23 counties integrating nutrition supplies through government led pipeline (KEMSA) for month of July stands at 86 per cent. UNICEF supported implementation of 15 integrated nutrition SMART surveys across eight counties as part of the 2018 Long Rains Assessment in June and July 2018, results of which have informed revision of the sector targets. The sector has reviewed caseload calculation methodology, which has been informed by global guidance, lessons from the 2017/2018 response, and coverage assessments conducted in 2017. UNICEF as Nutrition Sector lead continues to support emergency coordination mechanism at both National and Sub national levels, and has continued to facilitate monthly Nutrition Advisory Committee meetings. The sector is currently supporting the development of national and county nutrition response plans based on 2018 long rains food security assessment findings. In addition, through the Nutrition Information Working Group (NITWG), the sector has heightened surveillance and monitoring activities using surveillance data and administrative reports from the health information system. The sector enhanced representation across other coordination forums with a view of enhancing synergies and response efficiency.

**HEALTH**

28,266 children were reached with life-saving health interventions (including treatment for diarrhea, malaria and pneumonia diseases) during integrated health outreaches during the reporting period. Through the Kenya Red Cross Society

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5 Food insecure population and refugees

6 The food security and nutrition situation has deteriorated significantly since the end of 2016, with the President of Kenya declaring a national disaster on 10 February 2017
UNICEF supported the Ministry of Health to establish Cholera Treatment Centers in Madogo Ward, Tana River County, and Cholera isolation units in Isiolo, Turkana and Mombasa Counties, through which a total of 552 cholera cases were managed. UNICEF supported the Ministry of Health and partners to implement round two of the Polio Campaign (mOPV2 in response to the ongoing outbreak in the Horn of Africa - Kenya, Somalia and Ethiopia) between 11 July and 8 August 2018, reaching about 2.6 million children under five years (out of the targeted 2.8 million) in Nairobi, Kajiado, Machakos, Kiambu, Meru, Isiolo, Tana River, Lamu, Garissa (including Dadaab Refugee Camps, where 87,952 children were reached), Mandera, Wajir and Kitui counties. UNICEF is also supporting the updating of the national Ebola Virus Disease contingency plan.

HIV
No change since last report.

WASH
During the reporting period, a total of 15,000 flood-affected people in Tana River, Mandera, Kilifi and Turkana counties had improved permanent access to safe water through repair of water points while 98,500 people received critical WASH related information for the prevention of illnesses through UNICEF partnership with County Water and Public Health departments and seven implementing partners (Norwegian Refugee Council, World Vision, Welthungerhilfe, Fin Church Aid, Plan International, Terre des Hommes and Kenya Red Cross), supported by CERF funding. An additional 30,000 women, boys, girls and men had temporary access to safe water through distribution of Emergency WASH supplies for the promotion of household water treatment and storage while up to 10,000 women and adolescent girls received sanitary pads for menstrual hygiene management.

CHILD PROTECTION
UNICEF and its partners reached 7,677 children (3,868 girls and 3,809 boys) with child protection interventions during the reporting period. This includes 6,417 (3,540 girls and 2,877 boys) children displaced from their homes across 7 affected counties: Garissa, Tana River, Mandera, Isiolo, West Pokot and Baringo, as well as 1,260 (328 girls and 932 boys) unaccompanied and separated children in Kakuma Refugee camp. Assessments were carried by UNICEF and partners to identify at risk children among communities in IDP camps. Protection support and services were provided including to 2,997 children (1,430 girls and 1,567 boys) who received psychosocial support; 3,410 (2,110 girls and 1,300 boys) children who were referred to other services, including school reinsertion and health services. UNICEF also facilitated child protection awareness sessions among affected communities, directly involving a total of 2,243 (1,084 women and 1,159 men) parents and caregivers in awareness-raising sessions. In Baringo County, 40 child protection committee members were trained on prevention and response to violence, abuse and exploitation of children to enhance their capacity to monitor and detect cases in IDP camps. 954 separated children (258 girls and 696 boys) and 306 unaccompanied children (70 girls and 236 boys) were identified and placed in alternative family care in Kakuma Refugee camp. The Child Protection in Emergency (CPiE) Area of Responsibility (CPIE AoR) finalized the review of the Child Protection Minimum Standards (CPMS). Stakeholders from nine counties and the two refugee camps in Dadaab and Kakuma reviewed 11 minimum standards for child protection in humanitarian action. The revised CPMS will be used as capacity building and reference resource pack by CPIE CPIE AoR in Kenya.

EDUCATION
During the reporting period, 19,675 children (7,738 girls, 11,937 boys) from Garissa, Wajir and Tana River Counties including refugee children in Dadaab, Kakuma and Kalobeyei Settlements have benefitted from access to Education in Emergencies interventions with UNICEF support, through distribution of 22 classroom tents, 78 education kits and 50 recreation kits. Additionally, 26 Early Childhood Development (ECD) kits benefitted 1,500 learners (675 girls, 825 boys) in Wajir County. UNICEF has supplied sufficient English and Kiswahili textbooks to grades 1-3 learners in Kalobeyei, enabling the schools realize a 1:1 text book ratio in the two subjects. In addition, 179 teachers (74 female) in Kalobeyei have been trained on implementation of Tusome (i.e. Early Grade Reading Assessment - EGRA) for grades 1-3 refugee children through UNICEF and Research Triangle Institute (RTI) partnership. UNICEF has also continued to support payment of incentives to 130 teachers in Kalobeyei through Finn Church Aid and Lutheran World Federation in Kalobeyei. UNICEF has also continued to support the development of the refugee education policy and the initial draft is being reviewed by the Ministry of Education before final approval and national level validation. The Education Sector Disaster Management Policy was officially launched on 26th July 2018 with support of UNICEF through the EIE Working Group. The Short Messaging Service (SMS) platform has been used to dissemination Rift Valley Fever and Cholera information to 36,704 schools in 47 counties with an enrolment of over 11 million children.

Cash-based programming
No change since last report.

Communications for Development (C4D), Community Engagement & Accountability
With continued cholera and other disease outbreaks, 40 TOTs consisting of Health promotion officers, disease surveillance, community health officials, including 10 Kenya Red Cross County coordinators, drawn from 15 counties were trained on communication for behaviour and social change and interpersonal communication skills to be applied to disease outbreaks.
The trained TOTs are expected to further train 40 Community Health Volunteers each in their respective Counties. C4D plans for Rift Valley Fever and Cholera were also developed during the training. Through partnership with Kenya Red Cross Society, 68,633 people (30,855 males, 37,778 females) were reached with cholera awareness and behavior change messages to stop cholera in Tana River County in June. Hygiene promotion and health education sessions undertaken during the cholera response in Mombasa reached a total of 31,575 people increased awareness and knowledge on how to prevent cholera. The Community Health Volunteers (CHVs) and Public Health Officers (PHO) undertook door to door cholera awareness sessions reaching households and public gatherings. They also distributed 200 IEC materials and water treatment chemicals, and also undertook 7,345 demonstrations on hand washing in Mombasa. Mass campaigns were also conducted in Mombasa. A total of 13,145 children in Turkana, West Pokot and Garissa Counties, were reached with cholera messages on cholera. UNICEF supported the rift Valley Fever response by developing IEC material for distribution in the affected counties. In addition, 464,168 bulk SMS messages were sent and received in Marsabit and Tana River Counties, reaching an estimated 500,000 community members in these Counties. Through social mobilization, over three million parents and caregivers were reached with messages on the polio vaccination campaign.

Media and External Communication
During the reporting period, several communication initiatives were undertaken to support advocacy in the emergency context during the inter-agency flood assessment joint-mission to Garissa and Tana River Counties on social media through frequent updates on Twitter and Facebook. Human interest stories were collected and a photo bank of the response activities was built. Media and digital support was given for activities around the first and second rounds of polio immunization campaigns. Television spots and frequent social media updates made on Twitter, Facebook and Instagram. Media houses such as the KTN Kenya, KTN News, NTV Kenya and Standard Digital were engaged to amplify messages on social media, reaching over 13.3 million people with polio immunization campaign messaging.

Supply & Logistics
Despite customs clearance challenges, UNICEF continued to procure and distribute emergency supplies to floods and disease outbreak-affected areas during the reporting period.

Security
The security situation across the country remained generally calm in the reporting period.

Funding
In 2018, UNICEF requires US$ 34.2 million for its Humanitarian Action for Children (HAC) Appeal in Kenya to respond to the humanitarian needs of children as a result of the ongoing drought, refugee response, inter-communal conflict, disease outbreaks and flash floods. In 2018, Japan, ECHO, CERF and USA (USAID) OFDA have generously contributed to UNICEF Kenya humanitarian funding needs. However, the 2018 HAC still has a funding gap of 60 per cent. To meet the immediate flooding response needs, UNICEF has reallocated USD 385,000 from its regular resources and has also received USD 200,000 from the regional thematic emergency funds as well as USD 400,000 global humanitarian thematic funds to procure urgent emergency supplies. In addition, an internal loan of USD 900,000 from the UNICEF Emergency Programme Fund was released to timely respond to critical needs and until further donor support is secured.

Next SitRep: 31 October 2018
UNICEF Kenya Crisis Facebook: https://www.facebook.com/UNICEFKenya/
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### Annex A
#### SUMMARY OF PROGRAMME RESULTS 2018

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<th>Sector Response</th>
<th>UNICEF and Implementing Partners</th>
</tr>
</thead>
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<tr>
<td><strong>Overall needs</strong></td>
<td><strong>2018 Target</strong></td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
</tr>
<tr>
<td>Children under 5 treated for SAM</td>
<td>85,105</td>
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<td>Children under 5 treated for MAM</td>
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<tr>
<td><strong>HEALTH</strong></td>
<td></td>
</tr>
<tr>
<td>Children under 5 accessing integrated package of health interventions including diarrhea, malaria and pneumonia diseases</td>
<td></td>
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<tr>
<td>Children under 5 vaccinated against measles(^11)</td>
<td></td>
</tr>
<tr>
<td>Persons affected by crises are reached with [permanent] safe water interventions</td>
<td>3,500,000</td>
</tr>
<tr>
<td>People reached with hygiene education essential for disease prevention and response</td>
<td>3,500,000</td>
</tr>
<tr>
<td>Children accessing appropriate hygiene education in schools, temporary learning spaces and other child friendly spaces</td>
<td>1,150,000</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
</tr>
<tr>
<td>Most affected boys and girls have access to protective case management services</td>
<td>325,000</td>
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<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
</tr>
<tr>
<td>School-aged children (including adolescents) affected by crises accessing quality education</td>
<td>1,150,000</td>
</tr>
<tr>
<td><strong>HIV and AIDS</strong></td>
<td></td>
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<tr>
<td>Children, adolescents and pregnant women have access to HIV testing services</td>
<td></td>
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<tr>
<td>Adolescents receive age appropriate SRH/HIV messaging incorporated with life skills education in humanitarian settings</td>
<td></td>
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<tr>
<td><strong>SOCIAL PROTECTION</strong></td>
<td></td>
</tr>
<tr>
<td>Vulnerable households reached with cash transfer top up during crises</td>
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</tbody>
</table>

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\(^7\) Target changed in August 2018 as per the Results of the Long Rains Assessment

\(^8\) Results are up to end of July 2018

\(^9\) Target changed in August 2018 as per the Results of the Long Rains Assessment

\(^10\) Results are up to end of July 2018

\(^11\) This indicator is for Measles Immunization Campaigns, which are planned in September 2018