



UNICEF/2018/Ndinda

KENYA

Humanitarian Situation Report

January to June 2019

SITUATION IN NUMBERS

HIGHLIGHTS

- By May 2019, there were 1.6 million food insecure people in Kenya, up from 1.1 million people in February 2019, and the number is expected to increase to 2.5 million people by July 2019 due to escalating drought conditions.
- In 2019, 3,036 cholera cases with 22 deaths have been reported across Tana River, Garissa, Wajir, Turkana, Baringo, Mandera, Marsabit, Kajiado and Narok counties
- A total of 37,875 severely malnourished children and 61,522 moderately malnourished children were admitted for treatment from January to June 2019 with UNICEF support.
- A total of 188,170 children have been reached with life-saving preventative and curative health interventions with UNICEF support.
- With UNICEF support, 90,436, people in 10 counties affected by cholera and drought have benefitted from access to safe water through promotion of household water treatment and storage.
- In 2019, UNICEF requires US\$ 28.2 million for its Humanitarian Action for Children Appeal and has a funding gap of 73 per cent.

30 June 2019

1,600,000

People are food insecure
(2019 Long Rains Mid-Season Assessment, May 2019)

752,000

Children are food insecure
(2019 Long Rains Mid-Season Assessment, May 2019)

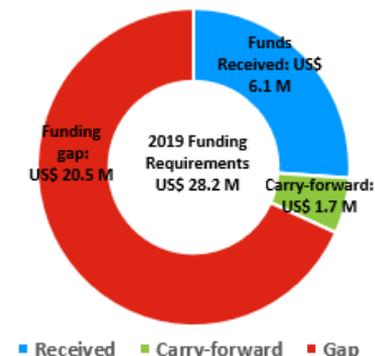
125,688

Children under 5 in need of severe acute malnutrition treatment
(Kenya Food and Nutrition Security Seasonal Assessments, March 2019)

UNICEF HAC Appeal 2019
US\$ 28,299,494

UNICEF's Key Response with Partners in 2019

	UNICEF		Sector	
	UNICEF Target	2019 Cumulative Results	Sector Target	2019 Cumulative Results
Nutrition: children aged 6 to 59 months with severe acute malnutrition (SAM) admitted for treatment	96,028	37,875 ¹	96,028	37,875 ²
Health: children affected by acute watery diarrhoea, malaria or measles accessing life-saving preventative and curative interventions	579,200	188,170		
WASH: people accessing the agreed quantity of water for drinking, cooking and personal hygiene	250,000	90,436	Not Available ³	Not Available
Child Protection: children (52 per cent girls) provided with psychosocial support, including access to child-friendly spaces with inter-sectoral programming interventions	13,575	4,280	50,672 ⁴	Not Available
Education: school-aged children, including adolescents (50 per cent girls), accessing formal or non-formal early learning, pre-primary, primary or secondary education	169,000	29,927	364,046	29,927



* Funds available include funding received against current appeal as well as carry-forward from the previous year (US\$1.7 million).

¹ January to April 2019 results

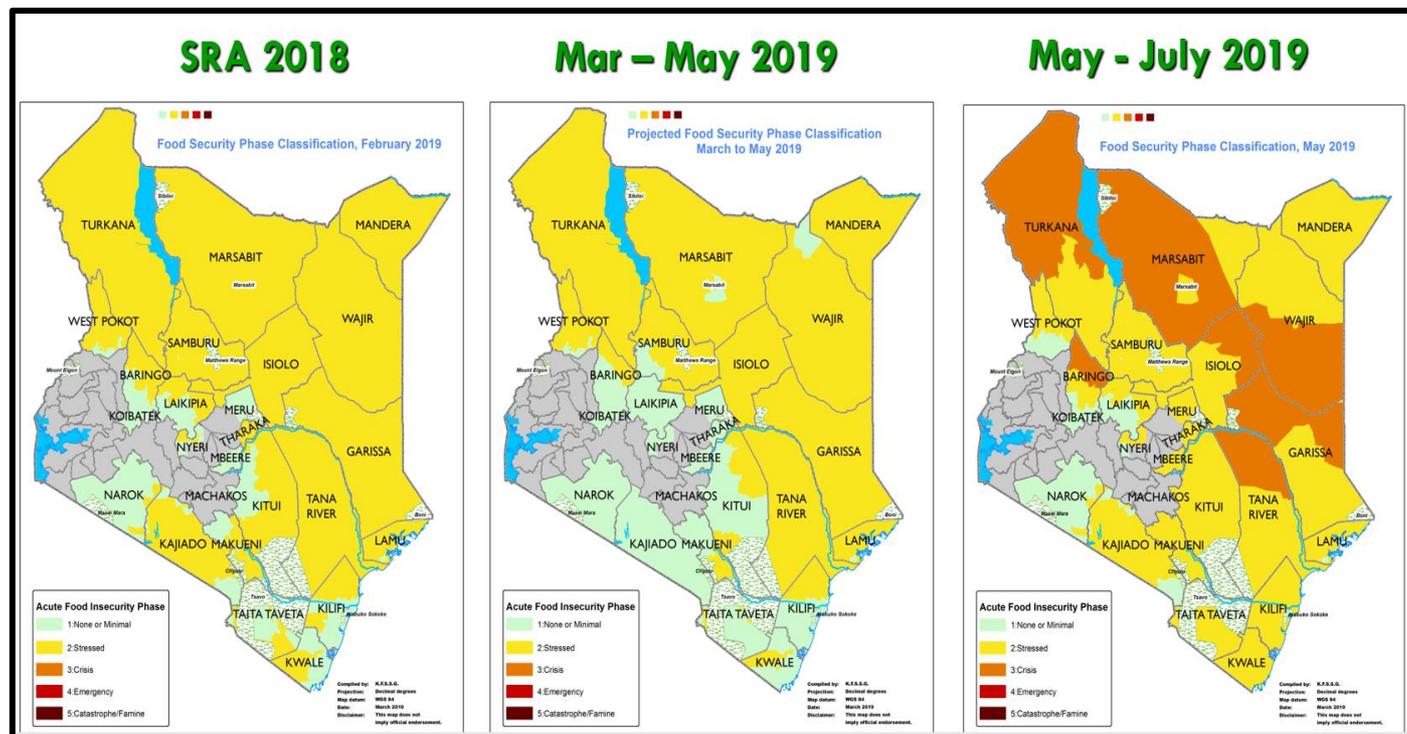
² January to April 2019 results

³ Sector-level planning is still ongoing

⁴ Target is for drought response

Situation Overview and Humanitarian Needs

The deficient performance of the October to December 2018 ‘short rains’ season and the subsequent below normal and poorly distributed March to May 2019 long rains resulted in severe drought conditions in Kenya, especially in the arid and semi-arid (ASAL) counties. As a result, the food security and nutrition situation has deteriorated with the estimated food-insecure population in crisis (IPC phase three) increasing from 700,000 people in August 2018 to 1.1 million in February 2019, and up to 1.6 million in May 2019.⁵ In addition, more households were stressed (IPC phase two) in June compared to February 2019 with Turkana, Marsabit, Wajir, Garissa, Tana River, Baringo and Isiolo counties accounting for most of the increase. The food security situation is expected to deteriorate further with the decline in income and food sources in the ASAL counties. The Famine Early Warning Systems Network (FEWS NET) outlook indicates significant declines in food security between June and September 2019. According to the National Drought Management Authority (NDMA), it is estimated that the food insecure population is expected to reach 2.5 million people by July 2019 due to the escalating drought conditions.



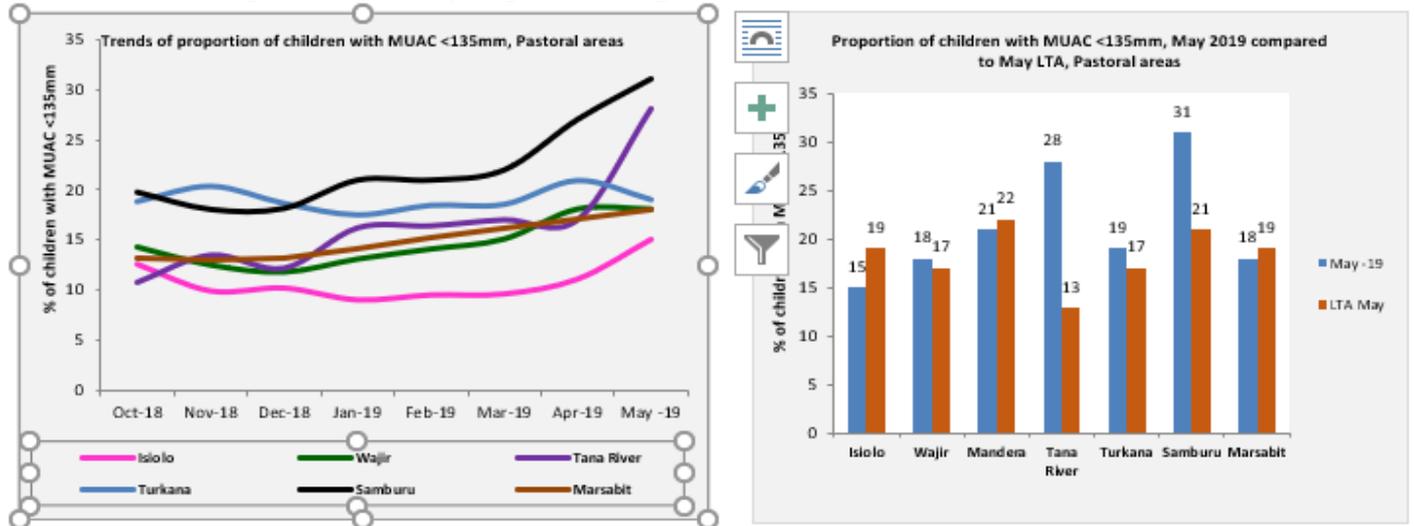
Food Security Phase Classification following Mid-Season Assessment, May 2019

According to NDMA early warning bulletins, the drought status in the ASAL counties has been deteriorating and in May 2019, eight counties were classified in alarm phase while 13 counties were in alert phase. Access to water remains a key challenge in arid counties with most of the water pans dried up, and with over 40 per cent of the population relying on boreholes further exerting pressure on existing facilities and leading to frequent breakdowns. In addition, distance to water sources for both livestock and human increased to between 50 and 100 percent of normal, up to above a five-year average. Children have continued to be more vulnerable to the drought due to drought-related intercommunal conflict and negative coping mechanisms by families, with an increase in neglect and exploitation of children being reported, thus exacerbating protection risks. About 25 schools in Wajir, Garissa and Baringo counties with an enrolment of over 6,000 (2,500 girls) learners have been affected by drought-related intercommunal conflict, leading to increased student absenteeism, school dropouts and poor school attendance, especially at early childhood and Primary school levels.

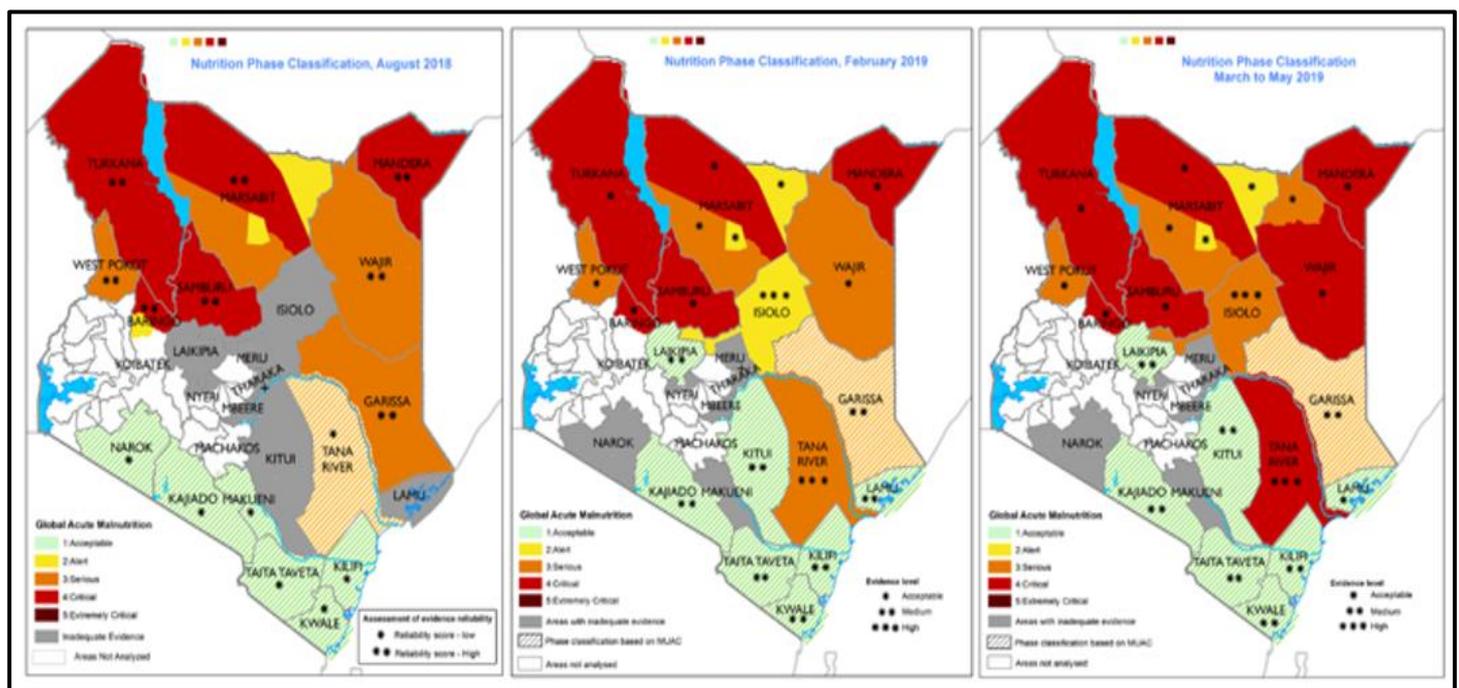
According to the Integrated Phase Classification for Acute Malnutrition (IPC AMN) conducted in February 2019, the nutrition situation varied widely with emergency levels of Global Acute Malnutrition (GAM) ≥ 15 per cent being reported in Turkana, North Horr, Mandera East Pokot and North Horr (Phase 4; GAM WHZ 15.0 - 29.9 per cent). The situation was projected to remain stable except for Wajir and Tana river counties during the projection period (March to May 2019) based on the information that was available at the time. The analysis further warned there was potential for fast deterioration if the rains performed poorly, which would result in the deterioration in the food security situation. Subsequently, the performance of the 2019 long rains was poor and this has impacted negatively on the nutrition security situation with reduced availability of milk at household level and increasing food prices being reported across the pastoral counties. According to the sentinel data collected through the NDMA early warning system an increasing trend of children with MUAC (less than 135 millimeters) has been reported in Meru North, Baringo, Samburu, Tana River. Further, Turkana,

⁵ KFSSG Mid-season report, May 2019

Tana River, Samburu, Wajir, Baringo, Lamu, and Meru North have reported proportions of children less than 135 millimeters, which is higher than the May long term average.

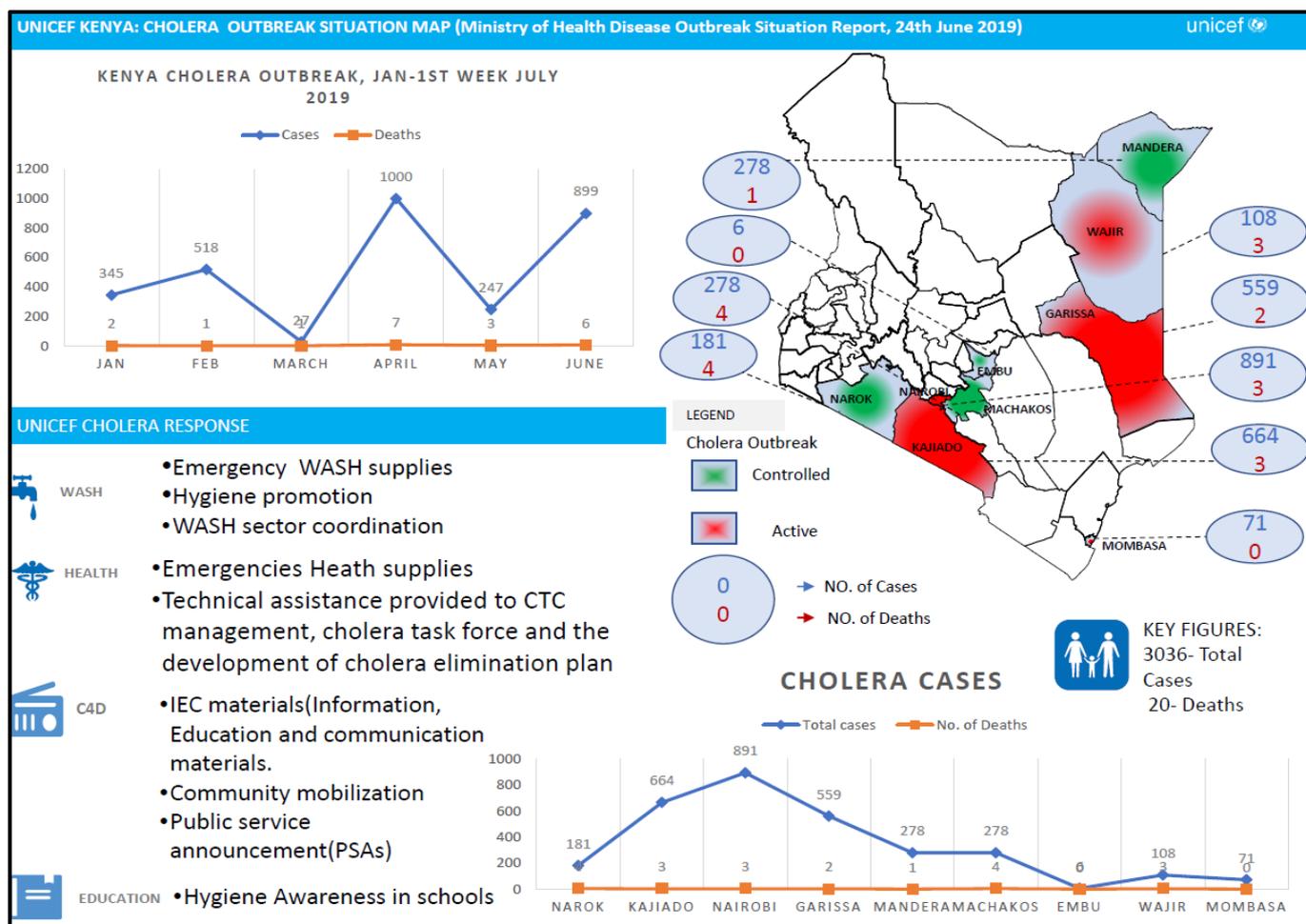


Stable trends were observed in the rest of the ASAL counties. The Nutrition situation is expected to continue deteriorating steadily given the cumulative effect of the below average performance of the 2019 long rains and the 2018 short rains. The Ministry of Health and partners will be conducting integrated nutrition SMART survey in the months of June and July in Mandera, Wajir, Garissa, Marsabit, Samburu, Turkana, West Pokot and Baringo (East Pokot and Marigat/Baringo North and will continue to closely monitor the nutrition situation across all the counties. Further, integrated phase classification for acute malnutrition will be conducted during the 2019 long rains assessment in July 2019 and will provide updated nutrition IPC maps by August 2019.



Disease outbreaks have continued to plague the country since January 2019, with alerts for new outbreaks being issued by the concerned authorities. Kenya remains on high alert due to the lengthy Ebola Virus Disease outbreak in the Democratic Republic of the Congo, and especially following the spread of the outbreak to neighbouring Uganda in early June 2019. Considering Kenya's cross-border trade with Uganda, and high population movement across the border, coupled with the porous regional borders and Kenya being a key regional and international travel hub, there is a high risk of an imported Ebola outbreak into the country, and surveillance has been heightened. All suspected cases in Kenya have tested negative for Ebola and other hemorrhagic fevers to-date. According to the Ministry of Health, drought conditions have exacerbated disease outbreaks in the first half of the year. Since January 2019, a total of 1,564 cases of visceral leishmaniasis (Kala Azar) have been reported (261 cases in Wajir; 1,303 in Marsabit). A total of 7,129 measles cases with 54 deaths have been reported, with most of the cases (67 percent) reported in ASAL counties. Cholera cases

have increased from 71 cases with two deaths across two counties by 14 January 2019 to 3,036 cases with 20 deaths across nine counties by 24 June 2019.



The Kenya refugee operation continues to be marked by the political developments and humanitarian situation in Somalia and South Sudan. Kenya remains among the top refugee hosting countries in Africa. According to UNHCR, Kenya hosts 476,695 refugees and asylum seekers (58 per cent children) as of May 2019. Of these, 211,544 are in Dadaab refugee camps and 190,181 are in Kakuma refugee camp. The majority of refugees and asylum seekers in Kenya originate from Somalia (54.5 percent) and South Sudan (24.4 percent). Since the beginning of 2019, 4616 refugee children (2047 boys; 2047 girls) have arrived in Kakuma refugee camp from South Sudan. Out of these, 1213 (753 boys and 460 girls) children are separated and 198 (93 boys; 105 girls) are unaccompanied. In Dadaab, 106,550 children of school-going age (3-17 years) are currently in Dadaab, of which only 65,373 are enrolled in school (62 per cent of Gross Enrolment Rate). Since December 2014, 79,113 Somali refugees have returned home (6,324 in 2018; 33,398 in 2017; 33,219 in 2016), resulting in IFO2 and Kambioos camps being closed. Voluntary repatriation will continue in 2019 for Somalis and other nationalities, if the situation permits in the countries of origin, however, the number recorded is very low.

Estimated Population in Need of Humanitarian Assistance: 4,473,971⁶
(Estimates calculated based on Government Long Rains Assessment conducted in February 2019 and the UNHCR Refugee data)

Start of humanitarian response: May 2019

	Total	Male	Female
Total Population in Need	4,473,971	2,192,245	2,281,725
Children (Under 18)	2,147,506	1,052,278	1,096,228
Children Under Five	671,095	315,415	355,680
Children 6 to 23 months	268,438	131,535	136,903
Pregnant and lactating women	268,438	N/A	268,438

Humanitarian Strategy and Coordination

The Government has set up a Drought Command Centre and developed a comprehensive drought response plan covering the whole country. The national coordination of the drought response is under the National Drought Management Authority (NDMA), a semi-autonomous and specialised agency in the Ministry of Devolution and ASALs which is mandated to

⁶ Kenya Humanitarian Sitrep, May 2019

coordinate drought risk management and establish mechanisms to end drought emergencies. The Government estimates that Kenya Shillings 8 billion (US\$ 77.8 million) will be required for drought mitigation between June and December 2019. The UN Resident Coordinator is leading coordination of drought response by UN agencies and partners through the Kenya Humanitarian Partnership Team (KHPT), through which a CERF funding window for drought response in Kenya with a US\$ 5million envelope has been opened for applications by a number of agencies. Due to the heightened Ebola outbreak threat, the EVD Task Force led by the Ministry of Health (MoH) as well as Ebola task force sub-committees (Coordination & resource mobilization, Surveillance, Laboratory, Logistics, Risk Communication, Case management and IPC) are meeting regularly and providing regular updates on the outbreak in the region and the status of the key preparedness actions and leading the review of the Kenya EVD Contingency Plan.

UNICEF Kenya Humanitarian Action for Children (HAC) 2019 appeal was revised in May 2019 to respond to the ongoing drought situation and the UNICEF drought response plan has been updated to end December 2019. For Nutrition, WASH, Child Protection and Education sectors, UNICEF is taking a lead role in sectoral preparedness and supporting government-led efforts to deliver life-saving services. Through existing government structures, key humanitarian interventions such as enhancing integrated health and nutrition outreach services in hard-to-reach areas, supporting vaccination campaigns, repairing strategic water points and conducting behaviour change communication as part of disease outbreak response are ongoing. Integrated outreach is being scaled up and programme delivery strategies modified to ensure timely identification and treatment of acute malnutrition, with emphasis on provision of integrated treatment services including provision of micronutrients and education services to caregivers towards enhancing prospects for successful infant and young child care and feeding practices. UNICEF is continuing to support the Ministry of Health and partners to respond to disease outbreaks and is providing technical support to the Cholera Task Force. The zonal offices in Lodwar, Kisumu and Garissa continue to provide coordination oversight and technical support to the humanitarian response at county level. UNICEF is also supporting multi-sectoral preparedness and response through active participation in the KHPT and the OCHA-led inter-sector working group. On Ebola preparedness, UNICEF Kenya is actively participating in the EVD taskforce and has intensified internal key preparedness actions through the Emergency Management Team (EMT). Building on 2014/2015 preparedness plan, a UNICEF Kenya Ebola guidance note, and Ebola contingency plan have been developed. In line with the Comprehensive Refugee Response Framework, UNICEF is collaborating with the UNHCR to support the Government in strengthening coordination in the refugee response and develop policies that facilitate the inclusion of refugee children in national systems. Cross-border coordination is ongoing to support the voluntary repatriation of refugees from the Dadaab refugee camp to Somalia and to monitor refugee influxes into Kakuma refugee camps and Moyale to facilitate timely assistance particularly for women and children.

Summary Programme Response

Nutrition

A total of 37,875 severely malnourished children (44.3 per cent of the annual target) and 71,898 moderately malnourished children (28.8 per cent of the annual target) in the arid and semi-arid lands (ASAL) counties and urban informal settlements were admitted for treatment from January to April 2019 with UNICEF support. UNICEF has distributed 38,774 cartons of Ready-To-Use Therapeutic Food (RUTF) from January to May 2019 across 1,937 health facilities in twenty-three ASAL counties and Nairobi urban informal settlements and refugee camps through the Kenya Essential Medical Supplies Authority to treat 38,774 severely malnourished children. A total of 97 per cent of the facilities implementing IMAM have ensured commodity request and reporting through the Logistics Management Information System (LMIS). Scale up of IMAM surge approach continued from January to June, reaching an additional 59 health facilities, bringing the total of health facilities implementing IMAM surge to 314 in ten counties (Marsabit, Wajir, Turkana, Samburu, West pokot, Isiolo, Tana River, Baringo, Garissa and Mandera). During the same period, 62 health facilities from Marsabit, Turkana, Wajir, Tana River and Isiolo surpassed set threshold and subsequently activated surge support, which included mass screening and outreach services. Through support from National Drought Management Authority-National Drought Emergency Fund, Tana River, Wajir, Turkana and Samburu counties also received financial support to conduct mass screening and outreach services. In June 2019, UNICEF supported integrated nutrition SMART survey in Mandera, Wajir, Garissa, Marsabit, Samburu, Turkana, West Pokot and Baringo (East Pokot and Marigat/Baringo North counties to inform updating of the Integrated Phase Classification for Acute Malnutrition (IPC AMN) for these counties. On refugee nutrition support, UNICEF in partnership with International Rescue committee (IRC) has supported Maternal Infant and Young Child Nutrition (MIYCN) in Dadaab camp and High Impact Nutrition Interventions for refugees and new arrivals in Kakuma refugee camp. Through this partnership, UNICEF has supported the emergency nutrition response action among refugees and asylum seekers through provision of therapeutic feeds and MIYCN-E response action, reaching 3,532 with treatment for severe acute malnutrition.

In response to the prevailing poor food and nutrition security situation the first half of 2019, UNICEF intensified support Nutrition Sector Coordination through the Emergency Nutrition Advisory Committee, enhancing monitoring, advocacy and resource mobilization. The Nutrition sector preparedness and response plan was updated, contributing to upscaled sectoral response actions. Communication trees between National and County level committees were activated to further enhance congruence of actions to support the evolving nutrition situation. Through its sector lead role, UNICEF has supported the Nutrition sector to invest in progressively strengthening capacity of sub-counties on coordination through dedicated training sessions that target a pool of cross-functional technical staff from Government and partners. To-date, the capacity of 13

ASAL counties has been enhanced to facilitate sub-county level coordination, thus improving the quality of emergency nutrition response actions.

Health

In 2019, a total of 188,170 children have been reached with life-saving preventative and curative health interventions, including treatment for malaria and acute watery diarrhoea. Of these, 81,509 children aged 06-59 months were reached with measles rubella vaccination in Wajir. In response to cholera outbreaks in Kajiado and Narok Counties, UNICEF and partners reached 222,787 people with cholera awareness messaging and treated 1,308 people in cholera treatment centres (CTCs) and isolation units supported by UNICEF. UNICEF procured and distributed cholera commodities for response to outbreaks, and prepositioned similar commodities in Narok, Kajiado, Garissa, Mandera and Wajir. UNICEF provided technical support to Kajiado, Nairobi, and Narok counties to strengthen multi-sectoral coordination and implementation of best practices. Through a partnership agreement with Kenya Red Cross Society (KRCS), UNICEF provided support to the establishment of CTCs and Isolation Units in Olenkulo and Narok County Hospital in Narok, Oloika, Mosiro and Shampole in Kajiado County, and Mama Lucy Kibaki Hospital in Nairobi, improving infection prevention and control. In addition, surge teams were deployed to support the county health department in management of cases at the CTCs and scaling up of community level public health interventions. Coordinates for the Nairobi County line list are being collected with support from the MOH teams and hot-spot maps have been used to ensure targeted interventions through community health volunteers (CHV), including active case finding and community-level interventions to improve and sustain proper hygiene and sanitation practices in high-risk areas. UNICEF has also supported MoH in conducting a cholera epidemiological study to guide targeted prevention and control interventions. UNICEF also distributed assorted health commodities for prepositioning and response to drought emergency in Turkana, Tana River, Marsabit, Isiolo, Baringo, Mandera, Garissa, Wajir and West Pokot. In response to Kala azar, UNICEF distributed Kala Azar rapid diagnostic test kits-rk39 and regimen to Marsabit, Wajir, Baringo, Turkana and Isiolo Counties for management of the cases. On Ebola preparedness, UNICEF, WHO, UNHCR and other partners have supported MOH in advocacy, revision of the Kenya EVD contingency plan and co-facilitation of the EVD task force and sub-committee meetings.

WASH

Since the start of the year, UNICEF and partners provided 90,436 people in cholera and drought- affected areas in 10 counties (Narok, Garrissa and Kajiado, Tana River, Mandera, Turkana, West Pokot, Wajir, Marsabit and Isiolo) with access to safe water through promotion of household water treatment and storage. UNICEF distributed over 16,092 jerry cans, 18,942 bars of soap, 10,092 buckets, 541,800 PUR sachets and over 2.1 million tablets of Aqua tabs in the first six months of the year. Over 50,000 people received critical WASH related information, including hand washing with soap at critical times for the prevention of illnesses. Several schools and health facilities benefitted from the support. UNICEF supported multi-sectoral weekly technical visits to the Cholera-affected counties to provide oversight to the response and provided guidance to the County Cholera coordination meetings. For timely response to emergencies, UNICEF has prepositioned 8500 jerrycans, 6,400 buckets, 9,700 bars of soap, 3,800 sachets of water flocculant and disinfectant, 420,000 tablets of aquatabs and 45kg of chlorine at the county level. WASH coordination forum quarterly meetings for discussion of cholera and drought response were held in 6 counties (Garrissa, Tana river, Turkana, West Pokot, Samburu and Baringo).

Child Protection

In the first half of the year, a total of 4,280 children (1,921 girls; 2,359 boys), of whom 220 (111 girls; 109 boys) were unaccompanied; 1,190 separated children (454 girls; 736 boys) and 2,870 children (1,356 girls; 1,514 boys) identified as vulnerable in drought- affected counties and refugee camps benefitted from mitigation of child protection risks through comprehensive case management and distribution of dignity kits to the 2,870 girls and boys through UNICEF support in partnership with the Government and partners. UNICEF has further strengthened advocacy and partnerships for the rights of refugee children through an inclusive system that is aligned to the national child protection systems as well as funding to partners to facilitate their role in identification, assessment and support to vulnerable children in Kakuma and Kalobeyei. Part of the advocacy initiative included facilitating a joint UNICEF and Department of Children services mission to Kakuma on inclusion of refugee children in the national child protection systems. UNICEF also strengthened information management capacity in drought-prone counties through capacity building and technical support on child protection information management systems to 50 child officers (22 women; 28 men) in Turkana, West Pokot, Samburu, Garissa, Marsabit and Wajir counties. UNICEF co-chaired child protection in emergencies drought emergency preparedness and response planning, bringing together state departments and non-governmental partners. A costed child protection sector response plan was developed, key advocacy messages on protection of children affected by drought updated and endorsed by sector members.

Education

During the first half of 2019, UNICEF has supported Education in Emergencies (EiE) interventions, reaching a total of 29,927 children (17,409 boys; 12,518 girls) through distribution of emergency education supplies, construction of school infrastructure, provision of temporary learning spaces, provision of WASH facilities and basic hygiene awareness. Out of the total number of children reached, 8,725 (3,485 girls) benefitted from the construction of permanent classrooms and gender-sensitive WASH facilities in Kalobeyei settlement. A total of 648 primary school desks, 360 secondary school desks, 84 laboratory stools, 26 water storage tanks and 16 sets of ECDE furniture were distributed, improving the quality of learning and increasing school participation for 2,803 boys; 2,320 girls in the host communities and 5,123 refugee children (2,309

girls) in the targeted schools. Additionally, a total of 145 education kits, 48 recreational kits and six classroom tents were distributed to help in decongesting classrooms in four primary schools in Kisumu County and three schools in Dadaab refugee camp. A total of 8,430 children (3,628 girls) in Early Childhood Development and Education (ECDE) learning centres received 105 ECDE kits and play materials, including 297 skipping ropes, 97 modelling clay sets, 80 building block sets and 53 bundles of manila papers. In February 2019 and through partnership with NRC the training of over 600 (20 percent girls) AEP learners in Dadaab and 35 teachers was completed. UNICEF also supported the training of 269 (85 female) primary school teachers in Kalobeyei, Kisumu, Baringo, Mandera, Garissa and Turkana counties. Towards the end of February 2019, UNICEF commenced the construction of 32 teachers' houses and one teachers' resource center in Kalobeyei and continues with fund raising activities to mobilize resources for refugee education programming. UNICEF conducted a country-wide SMS based survey on the hazards impacting negatively on education of children focusing reaching 23,600 head teachers with a 20 per cent completion rate. The results indicated that 48 per cent of schools in ASAL were impacted by drought and drought-related conflict.

Social Protection

UNICEF is supporting the Government in the development of the Kenya Social Protection policy, which will provide a roadmap for supporting vulnerable households affected by climate shocks and humanitarian crises with cash and voucher assistance. UNICEF Kenya is focusing on upstream activities for long-term support to Government for systems strengthening and policy development as there is currently no funding for short-term cash-based response. Jointly with WFP Kenya, UNICEF is planning to assess the shock-responsiveness of the National social protection system in the last quarter of 2019.

Communications for Development (C4D), Community Engagement and Accountability

Since January 2019, UNICEF has provided C4D support to disease outbreak preparedness and response in Kenya. Pursuing a multi-pronged approach, technical support to Cholera preparedness and response has included active participation in the national cholera task force, developing the risk communication component of the national cholera elimination plan, supporting the development of county cholera response plans while integrating risk communication, conducting joint SWAT assessment missions in Cholera-affected counties (Narok, Kajiado and Wajir), as well as conducting community mobilisation and dialogues with a focus on key behaviours to prevent cholera. UNICEF has provided specific C4D support to Cholera response through support to a rapid assessment using behavioural economics methodologies, which will establish personality frames, resulting in better audience segmentation, behaviour profiling and development of revised cholera prevention and control messaging and material. Through support to development and dissemination of information, education and communication (IEC) materials and messaging, 3,000 cholera flip charts and 45,500 handwashing with soap posters in English and Kiswahili were distributed through the KRCS partnership to 25 UNICEF-supported counties to ensure enhanced community engagement on cholera prevention. Additionally, SMS were sent via the Echo Mobile partnership to heads of schools in 10 counties and a total of 77,047 school going children in cholera hotspots have been reached with school-based health promotion interventions. UNICEF has supported public service announcements (PSAs) using the messaging matrix and the Story of Cholera video on mass media channels. PSAs were used by community leaders prior to dialogue days to trigger community discussions on cholera. Further, county-specific radio stations were used to broadcast messages in local languages. On community engagement, 180,906 people were mobilised through community mobilisation interventions in Turkana, Tana River, Kajiado, Isiolo, Mombasa and Nairobi, and UNICEF-provided cholera flip charts reached 341 household heads at Endonyolasho, Lormoswa, Pakase and Musenke communities. CHVs facilitated community dialogues and reached 7,000 community members in seven cholera hotspots. In Kajiado county, CHVs made home visits to 7,497 households in Wajir and reached 110 cholera hotspots including 34 at-risk villages. Hand washing and water treatment demonstrations reached a further 25,000 people.

Support to Polio outbreak response included mapping Nomadic Settlements and Points of Interest targeting Garissa, Wajir and Mandera initiated to collect social data to improve vaccination coverage in hard-to-reach areas. A total of 58 department of health staff from Garissa were oriented on the exercise and 35 data collectors and 35 village guides were supported to conduct mapping at sub-county level. A total of 720 nomadic villages have been identified, visited and mapped with co-ordinates of livestock markets, water points, schools, religious centers, health facilities plotted in Garissa. On support to Measles outbreak response, UNICEF provided C4D technical support to Wajir County Health team and partnered with Save the Children to conduct a measles/rubella mop-up campaign. This entailed orienting 186 community mobilizers across the six sub-counties on social mobilization and inter personal communication. UNICEF also supported Ebola preparedness through supporting the MoH Advocacy, Communication, Social Mobilisation (ACSM) Technical working Group on the review of the Ebola Preparedness and Outbreak Response Communication strategy, review of the risk communication component of the National EVD Preparedness and Response Plan and in the revision of key Ebola messages.

Media and External Communications

In 2019, several communication activities have been undertaken to support advocacy in the emergency context including [EU supported programmes in Kakuma](#). Human interest stories were developed on UNICEF support to [youth skills building](#), empowering young mothers facing multi-dimensional challenges, [psychosocial support](#) and [service satisfaction](#) for distributed items in Kakuma Refugee Camp. A powerful story of [young Fifo](#) was produced to show UNICEF's intervention in borehole restoration in Marsabit County- shortening walking distances to access safe water for communities. Efforts to ensure every child has safe access to clean water were supported through [World Water Day](#) posts on Social Media. To

celebrate [Menstrual Health Day](#) a campaign video was produced to promote the right to a safe, hygienic and dignified menstruation for all girls and women. The [Internet of Good Things](#) was launched on May 14th, providing life-saving and life-enhancing information for FREE to users with Safaricom SIM cards. A three-minute video was produced to showcase the Nokia and UNICEF pilot of the [Digital Text Book](#) and announce a partnership to launch the inclusive text book with the Government of Kenya. Efforts to ensure every child is vaccinated were supported through [World Immunization Week](#) posts on social media from 24 – 30 April 2019. Media and digital support was given for activities in varied humanitarian contexts with frequent social media updates made on [Twitter](#), [Facebook](#), and [Instagram](#).

Supply and Logistics

In the first half of 2019, no supply and logistics challenges have been encountered in the procurement and distribution of emergency supplies. Heavy rains in the second quarter of the year did not affect the movement of emergency supplies as was experienced in 2018, especially in the northern counties. UNICEF has supported the distribution of emergency supplies to various counties, including WASH and Health emergency supplies in response to the cholera outbreak in Kajiado and Narok counties. In June, UNICEF supported the Ministry of Health in emergency airlifting of Meningitis vaccines and transportation of syringes by road to Mandera, Wajir and Lodwar counties. The same syringes were also transported to Marsabit and West Pokot. On Ebola preparedness, UNICEF is participating in the Ministry of Health-led Ebola Logistics Sub -Committee, focusing on review of the contingency plan on logistics readiness and standard operating procedures.

Security

In the first half of 2019, sporadic incidents of inter-communal conflict were reported that are attributed to scarcity of water and pasture for livestock. In mid-January, a terrorism-related attack on an office and hotel complex was reported in Nairobi. Attacks on government security officials in the northern border areas, which remain inaccessible to UN staff due to security restrictions, have also been reported.

Funding

In 2019, UNICEF is requesting US\$ 28.2 million to meet the humanitarian needs of children affected by drought and disease outbreaks, and to provide basic services to refugees and host communities. This includes needs for nutrition response in Arid and Semi-Arid (ASAL) counties and urban informal settlements. Without adequate funding, UNICEF will be unable to support the survival and protection needs of vulnerable children. Basic supplies for primary education are also urgently needed to uphold children's right to education. In 2019, the [Government of Japan, USAID/Food For Peace and European Commission/ECHO](#) have generously contributed to UNICEF Kenya humanitarian funding needs.

Appeal Sector	HAC 2019 Requirements	Funds Available		Funding Gap***	
		Funds Received**	Carry-Forward Funds from 2018*	\$	%
Nutrition	12,239,122	2,850,000	1,112,455	8,276,667	68%
Health	4,641,231	621,000	127,798	3,892,433	84%
Water, sanitation and hygiene	2,290,580	414,000	64	1,876,516	82%
Child protection	1,234,225	271,206	15,789	947,230	77%
Education	5,544,336	1,557,988	453,704	3,532,644	64%
Social Protection	2,000,000	0		2,000,000	100%
Sector coordination	350,000	422,450	0	0	0%
Total	28,299,494	6,136,644	1,709,809	20,525,491	73%

* Carry-forward from the previous year (US\$ 1.7 million). The carry-forward figure is provisional and subject to change.

**Funds received is funding received against current appeal year

***Funding gap excludes the surplus for Sector coordination

Next SitRep: 31 October 2019

UNICEF Kenya HAC appeal: <https://www.unicef.org/appeals/kenya.html>

UNICEF Kenya Crisis Facebook: <https://www.facebook.com/UNICEFKenya/>

Who to contact for further information:

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Annex A

SUMMARY OF PROGRAMME RESULTS 2019

	Sector Response				UNICEF and Implementing Partners		
	Overall needs	Sector ⁷ Target	Total Results	Change since last report ▲▼	2019 Target	Total Results	Change since last report ▲▼
NUTRITION							
Children aged 6 to 59 months with severe acute malnutrition (SAM) admitted for treatment	125,688	96,028	37,875	▲27,393	96,028	37,875	N/A
HEALTH							
children affected by acute watery diarrhoea, malaria or measles accessing life-saving preventative and curative interventions					579,200 ⁸	188,170	▲45,476
WASH							
People accessing the agreed quantity of water for drinking, cooking and personal hygiene	Not available	Not available	-	-	250,000 ⁹	90,436	▲59,436
CHILD PROTECTION							
Children (52 per cent girls) provided with psychosocial support, including access to child-friendly spaces with inter-sectoral programming interventions	Not Available	50,672 ¹⁰	-	-	13,575	4,280	▲3,489
EDUCATION							
School-aged children, including adolescents (50 per cent girls), accessing formal or non-formal early learning, pre-primary, primary or secondary education	563,894	364,046	29,927	▲18,965	169,000 ¹¹	29,927	▲18,965
SOCIAL PROTECTION¹²							
Vulnerable households reached with cash transfer top up					30,000	Not available	Not available

⁷ Sector-level planning is still ongoing

⁸ Forty-five per cent of children under 5 years, who are 16 per cent of the total population in the 12 most-affected counties, are expected to be reached during integrated outreach services

⁹ The 2019 target is the same as the previous year's target based on trend analysis and the destruction of water points during the flood season. As such, it is estimated that the affected population will remain the same or will increase during the projected crisis in 2019

¹⁰ Target is for drought response

¹¹ The Government is increasingly taking up emergency preparedness and response responsibilities at the national and county levels, which has resulted in a reduction in the 2019 humanitarian caseload by 47 per cent compared with 2018. UNICEF and partners will focus more on strengthening systems and the policy environment for education in emergencies.

¹² New indicator as per the revised HAC