With the failure of the last four rainy seasons, Kenya is experiencing the worst drought in 40 years. It is projected that about 4.5 million people in the 23 Arid and Semi-Arid Lands will require humanitarian assistance, more than double the number of people who required assistance just over a year ago.

UNICEF supports the Government, in partnership with United Nations agencies and national and international non-governmental organizations, in the delivery of life-saving, protective and multisectoral interventions for people affected by drought, floods and disease outbreaks. UNICEF is also a partner in providing essential services to refugees using a multisectoral approach that addresses gaps in the response.

UNICEF is requesting US$137.5 million to: 1) scale up the delivery of an integrated package of nutrition, health and water, sanitation and hygiene (WASH) services along with multipurpose cash transfers to the most affected populations; and 2) ensure child protection and education needs are addressed.

KEY PLANNED TARGETS

1.1 million people accessing primary healthcare in UNICEF-supported health facilities

238,373 children with severe wasting admitted for treatment

157,334 children/caregivers accessing community-based mental health and psychosocial support

2.1 million people accessing a sufficient quantity and quality of water

IN NEED

4.5 million people

2.2 million children

TO BE REACHED

2.9 million people

1.8 million children

FUNDING REQUIREMENTS

US$ 137.5 million
With the failure of the last four rainy seasons, Kenya is experiencing the worst drought in 40 years. The short rainy season (October-December 2022) remains below average, and the long rains of March-May 2023 are also projected to be below average, resulting in a deterioration of the drought situation and a worsening of its impact on the population. It is projected that about 4.5 million people in the 23 Arid and Semi-Arid Lands in Kenya require humanitarian assistance, an increase of 114 per cent in just over a year. This situation has been compounded by spiraling inflation in the price of food.

The number of children aged 6-59 months who require treatment for wasting rose from 754,906 in February 2022 to 884,464 in July 2022. Of these, 222,720 children under the age of 5 require treatment for severe wasting. The deteriorating nutrition situation across the 23 Arid and Semi-Arid Lands is primarily attributed to worsening food insecurity, low milk availability, increased morbidity and water stress.

The main sources of water for domestic use in the Arid and Semi-Arid Lands are rivers, boreholes, water pans and shallow wells. The failed rains meant that there was not enough water to refill the open water sources, which dried up the majority of the pans/dams and shallow wells. Borehole breakdown has subsequently increased due to overuse. The average individual water consumption has decreased from 15-20 litres to 4-8 litres per day. Water hauling distances have increased to an average of 2-6 kilometres, up from the five-year average of 1-2 kilometres.

In 2023, the education sector will target about 968,843 children out of an estimated more than 1.5 million learners in drought-affected areas who will need support to remain in school. Keeping children in school will minimize dropout and also help to prevent gender-based violence and violence against children. The main drivers of school absenteeism are: reduced water availability in schools; the lack of school meals; the inability to pay school fees; and the need for children to care for livestock.

A total of 561,836 refugees and asylum-seekers continue to live in Kenya, of whom 42 per cent live in Kakuma refugee camp, 42 per cent live in the Dadaab refugee complex and 16 per cent live in urban areas. The escalation of the conflict in Somalia, coupled with the impact of the drought, has led to more than 55,000 refugees from Somalia arriving in Dadaab.

**STORY FROM THE FIELD**

To deliver critical life-saving services to hard-to-reach in Baringo County, UNICEF and its partners work through community health workers to reach people migrating in search of water and pasture. Average individual water consumption has decreased from 15-20 litres to 4-8 litres per day, and water hauling distances increased to an average of 2-6 kilometres, up from the five-year average of 1-2 kilometres. In Tiaty East and West subcounties in this area, the global acute malnutrition rate among children under 5 is critical, at 26.4 per cent compared with 24.4 per cent in 2021. Prevalence of severe wasting is 5.3 per cent, compared with 3.9 per cent in 2021.

Read more about this story here.

Health workers provide routine outreach services at a UNICEF-supported outreach clinic for people who are hard to reach. This one is in Chepkokoch, 90 kilometres from the nearest health facility.
In partnership with other United Nations agencies and national and international organizations, UNICEF will continue to support the Government to deliver life-saving, protective and multisectoral interventions to people affected by drought, floods and disease outbreaks. UNICEF will support provision of essential services to refugees using a multisectoral approach that addresses gaps in the response efforts of the Government and partners.

Through its child rights mandate and its sector lead role, UNICEF will provide operational, technical and managerial support by developing strategic partnerships to provide critical nutrition, WASH, education, health, social protection, HIV/AIDS and child protection services, including strategic high-level advocacy and influencing.

UNICEF will build capacities to ensure the effectiveness of nutrition, health, cash transfers, education and protection services. Community volunteers will be supported to take integrated life-saving services closer to affected communities and provide referrals for specialized care. Support will be provided to enhance government protocols on safe schools and improve learning outcomes against the backdrop of drought. Multiple strategies and channels of communication, including FM radio, social media and community volunteers will disseminate messages, create awareness, increase community participation, receive feedback and increase demand for basic social services.

Gender analysis will inform the design of equitable, responsive and inclusive programming. Targeted interventions will address the specific vulnerabilities of girls, women and people with disabilities and foster community participation at all stages of programme implementation, along with appropriate feedback mechanisms.

All UNICEF partnership agreements will hold partners to account for preventing and reporting sexual exploitation and abuse and for community sensitization on zero tolerance for sexual exploitation and abuse. UNICEF will raise awareness on identifying and reporting sexual exploitation and abuse through the toll-free national child and gender-based violence helplines; the organization will also monitor reported cases and support mental health and psychosocial support and referrals to specialized care.

UNICEF will use its comparative advantage in supply and logistics to procure various life-saving commodities using economies of scale for the delivery of critical interventions to the most vulnerable people, and will maintain the supply pipeline. It will leverage its lead role in risk communication and community engagement to equip communities with appropriate information and skills to avert and respond to humanitarian situations.

With the United Nations Development Programme and the Resident Coordinator, UNICEF will strengthen resilience and the humanitarian-peace-development nexus through technical and financial support for developing disaster risk management legal frameworks. UNICEF will work to strengthen devolved governance structures for disaster risk management along with resilience, especially around WASH interventions, where UNICEF will provide a mix of emergency and longer-term resilience interventions.

**2023 PROGRAMME TARGETS**

**Health**
- **Health**: 1,103,630 people accessing primary healthcare in UNICEF-supported health facilities
- **HIV/AIDS**: 310 community health workers receiving support (skills and equipment) to deliver essential maternal, newborn and child health services
- **Nutrition**: 11,187 children, adolescents, pregnant and lactating women living with HIV receiving antiretroviral therapy
- **Nutrition**: 238,373 children 6-59 months with severe wasting admitted for treatment
- **Nutrition**: 1,800,000 primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- **Child protection, GBViE and PSEA**: 157,334 children, adolescents and caregivers accessing community-based mental health and psychosocial support
- **Child protection, GBViE and PSEA**: 48,000 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **Child protection, GBViE and PSEA**: 50,000 people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- **Education**: 866,711 children accessing formal or non-formal education, including early learning
- **Education**: 442,914 children receiving individual learning materials
- **Water, sanitation and hygiene**: 2,146,530 people accessing a sufficient quantity and quality of water for drinking and domestic needs
- **Water, sanitation and hygiene**: 2,146,530 people that participated in hygiene promotion sessions
- **Social protection**: 8,923 households benefitting from new or additional social assistance (cash/in kind) measures from governments with UNICEF-technical assistance support
- **Cross-sectoral (HCT, SBC, RCCE and AAP)**: 130,000 people reached through messaging on prevention and access to services

Progress against the latest programme targets is available in the humanitarian situation reports: [https://www.unicef.org/appeals/kenya/situation-reports](https://www.unicef.org/appeals/kenya/situation-reports)

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

FUNDING REQUIREMENTS IN 2023

Due to continuing and deepening drought (which is a Level 3 emergency), and based on updated evidence on needs, UNICEF requires US$137.5 million to respond with critical life-saving and protective interventions for the most vulnerable girls, boys, women and men in affected counties, in urban informal settlements and in refugee settlements in Kenya. Together, the drought, intercommunal conflicts rooted in resource scarcity, disease outbreaks and the residual impact of the coronavirus disease 2019 (COVID-19) pandemic have adversely affected communities, who then resort to desperate coping strategies.

With the increased needs for 2023 (due to the expected further intensification of the drought and deterioration of the economy, along with poor harvests and projected depressed rains), there is an 8.3 per cent increase in funding requirements for 2023 compared with the 2022 appeal.

The drought trends/projections and funding needs are aligned with the Kenya Drought Flash Appeal 2023 and UNICEF’s revised regional call to action on the Horn of Africa drought crisis, with increased sector needs.

Funding for this Humanitarian Action for Children appeal will support urgent life-saving nutrition, WASH and health interventions, which combined account for nearly 69 per cent of the total ask. The funding will also support other important multisectoral programmatic interventions such as humanitarian cash transfers through targeted joint beneficiary selection of the most vulnerable groups with other sectors including nutrition, child protection and HIV/AIDS. Additionally, it will support strengthening the resilience of communities to shocks and provide the operational, technical and managerial support essential for the smooth implementation of multisectoral programmes. For instance, WASH will engage in resilience interventions in affected communities and outreach facilities.

Without sufficient funding, UNICEF will be unable to support the delivery of life-saving interventions to reduce human suffering and loss of lives. Women and children will be unable to access health, nutrition and WASH services, which remain the most critical.

*This includes costs from other sectors/interventions : Child protection, GBVIE and PSEA (8.3%), Cross-sectoral (HCT, SBC, RCCE and AAP) (1.8%), HIV/AIDS (<1%).

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1. COVID-19 remains a Public Health Emergency of International Concern as declared by the World Health Organization in January 2020. On 1 July 2022, UNICEF deactivated its Level 3 Sustained Phase for the global COVID-19 pandemic response. All activities related to COVID-19 pandemic response, including programme targets and funding requirements, have been shifted into regular development programming and operations. While UNICEF’s Level 3 emergency response phase of the COVID-19 pandemic was deactivated, the organization is continuing to respond to the COVID-19 pandemic and its impact on children, their families and their communities and on the social systems they rely on.

2. UNICEF activated its Corporate Emergency Level 3 Scale-up Procedure for Kenya for the following period: 14 September 2022 to 13 March 2023. UNICEF Emergency Procedures are activated to ensure a timely and effective response to all crises. The emergency procedures provide a tailored package of mandatory actions and simplifications required for all offices responding to Level 3, Level 2 and Level 1 humanitarian situations.


4. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

5. Ibid. The number of children in need was calculated as 48 per cent of the total number of people in need, based on official Kenyan demographic data, which is used for all calculations related to humanitarian response.

6. The total people to be reached includes the following: 1) 1,116,196 adults (52 per cent of 2,146,530) who will access safe water; and 2) 866,711 school-age children (aged 3-17 years) targeted with education access and 900,000 children (aged 0-23 months) who will be reached through 1,800,000 caregivers targeted with infant and young child feeding counselling (assuming two caregivers for one child).

7. The infant and young child feeding target is 1,800,000. Assuming two caregivers for one child (aged 0-23 months), the target for children is 900,000 and the target for education is 866,711. Together these give an overall target of 1,766,711.

8. Ibid.


11. Ministry of Health, estimated caseloads and targets of children aged 6-59 months and pregnant and lactating women requiring treatment for acute malnutrition, August 2022.


13. UNHCR, Kenya: Registered refugees and asylum-seekers as of 31 August 2022

14. ACAPS, CrisisInSight Weekly Picks, 9 November 2022.

15. This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

16. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.