HIGHLIGHTS

- The number of food-insecure people in Kenya was approximately 2.8 million¹ as of July 2023, down from 4.4 million people in February 2023 due to hydrological recovery from the drought. However, the number of children aged 6–59 months requiring treatment for wasting had only decreased slightly, from 970,214 in February to 945,610 in July,² because of the cumulative adverse effects of the prolonged drought on food security, on water, sanitation and hygiene capacities and on health status. Of those children requiring treatment, 216,794 are severely wasted.

- UNICEF will support community-led emergency preparedness and response efforts to provide timely life-saving humanitarian interventions, while enhancing links between humanitarian and development programmes to strengthen government systems and enhance resilience.

- In 2024, UNICEF requires $44.7 million to respond with critical life-saving and protective interventions for the most vulnerable girls, boys, women and men in Kenya’s Arid and Semi-Arid Lands, in urban informal settlements and in refugee settlements that are affected by the country’s slow recovery from the severe drought in the Horn of Africa. The difficult conditions are exacerbated by the high cost of living, El Niño-induced flooding, disease outbreaks and refugee influx.

KEY PLANNED TARGETS

- **320,980** children and women accessing primary health care
- **162,596** children with severe wasting admitted for treatment
- **109,497** children/caregivers accessing community-based mental health and psychosocial support
- **349,990** people accessing a sufficient quantity and quality of water

- **3.4 million people**³
- **1.8 million children**⁴
- **1.3 million people**⁵,⁶
- **831,509 children**⁷

FUNDING REQUIREMENTS

US$44.7 million
The severe drought in the Horn of Africa from 2020 to 2023 has hindered access to food, income and safe water in Kenya’s Arid and Semi-Arid Lands. Approximately 90 per cent of open water sources in Kenya had dried up by March 2023. The March to May (MAM) rains brought hydrological recovery, with open water sources recharging up to 70–100 per cent of their capacities. However, only 35–50 per cent of households treat drinking water; fewer than 50 per cent have handwashing facilities with soap; latrine coverage is below 50 per cent; and open defecation is at 40 per cent. This increases the risk of cholera and other waterborne diseases.

By mid-September 2023, 12,107 cholera cases had been reported in Kenya in 27 counties (1.6 per cent case fatality rate). Thirty-three per cent of cases were among children under 10 years of age. Approximately 60 per cent of cases were reported during the MAM rains, attributed to contaminated water sources and poor hygiene practices. As of September 2023, eight polio cases and 1,244 measles cases had been reported. By mid-June 2023, 1,230,000 people were food-insecure, down from 4.4 million people in February 2023. However, below-average milk and food production are expected in 2024 due to the cumulative effects of five failed rains seasons, and high livestock mortality will significantly slow drought recovery. Additionally, high food and fuel prices pushed the inflation rate to 6.9 per cent in June 2023.

The number of children aged 6–59 months requiring treatment for wasting slightly decreased from 970,214 in February 2023 to 945,610 in July 2023, due to the cumulative effects of the drought on food security, WASH and health status, with 216,794 children severely wasted. There was a reported increase in child protection and gender-based violence cases in the drought-affected counties, including school dropouts (29 per cent), teen pregnancies, neglect, female genital mutilation and child marriage (66 per cent) affecting adolescent girls.

As of the end of June 2023, Kenya was hosting 623,865 refugees and asylum-seekers (83 per cent women and children), up from 573,508 on 31 December 2022, an increase due to insecurity and the Horn of Africa drought. The refugee population includes 10,536 unaccompanied and separated children (4,352 girls and 6,184 boys). The El Niño-enhanced rains expected between October 2023 and January 2024 may lead to destruction of WASH, health and education infrastructure, as well as disease outbreaks in 33 counties at risk of flooding.

With support from the United States Agency for International Development (USAID), UNICEF has provided ready-to-use therapeutic food to 219 health centres and 490 outreach sites in Turkana County to treat children with malnutrition. At Sopel Dispensary, UNICEF has also provided medicines and a refrigerator for storing vaccines and renovated a borehole to provide safe water to patients and health workers. The organization is also supporting the health centre to do mobile outreach to remote villages in the area.

“We partnered with UNICEF to provide critical support such as water and sanitation, as well as therapeutic food for children and pregnant women,” says USAID Kenya Mission Director David Gosney.

Read more about this story here
Working closely with county governments and implementing partners, UNICEF will support community-led life-saving and protection interventions by employing social mobilization approaches. Implementation of integrated health and nutrition outreach to the most affected communities will improve access to basic health services to children and women.

UNICEF will work through civil society partners to deliver integrated services to the affected population, ensuring close collaboration with county governments for effective service delivery, and leveraging the expertise of local women-led and youth organizations to enhance interventions for children and women.

UNICEF’s approach is child-friendly and provides holistic integrated support for children, caregivers and parents by providing complementary interventions. These will include referrals to additional direct assistance and working with other sectors through community volunteers and local organizations.

Communities will be engaged and sensitized to the effects of drought and floods and provided with information on where to access health services. Messages will promote disease prevention through sanitation and hygiene. Hygiene promotion efforts will also focus on increasing access to sanitation and hygiene facilities in households, schools and health facilities through community mobilization and awareness.

UNICEF’s programming and advocacy to remove barriers to accessing services will foster meaningful participation of persons with disabilities; girls and boys; women; and their representative organizations. Data will be disaggregated by disability, age and sex in all sectors to monitor inclusion. The participation of people of varying age groups, notably children and adolescents, will be ensured through social and behaviour change and accountability to affected people approaches. UNICEF will receive community feedback and concerns and respond to these through government and implementing partner structures.

UNICEF will continue to strengthen subnational government systems throughout the humanitarian response and will link this to ongoing development programmes to build more resilient subnational government capacities. In collaboration with key United Nations partners, UNICEF will facilitate county government planning, resource mobilization and budgeting processes so they are able to provide critical services addressing future climate shocks, focusing on the scale-up of resilience programmes.

UNICEF will provide technical support to national social protection systems to strengthen the disbursement of emergency-triggered, scaled-up cash transfers, as well as financial support for emergency cash assistance for the most vulnerable beneficiaries.

The risk-informed approach and inclusion of minority and vulnerable groups (including children, women and persons with disabilities) will be supported through development of legal and policy frameworks for disaster risk management.

Progress against the latest programme targets is available in the humanitarian 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 2024

In 2024, UNICEF requires $44.7 million to provide life-saving assistance to vulnerable girls, boys, women and men in Kenya's Arid and Semi-Arid Lands and in urban informal settlements and refugee settlements that are still recovering from the cumulative impacts of the severe Horn of Africa drought, high refugee influx, El Niño-induced flooding, the high cost of living and disease outbreaks. This is a 68 per cent reduction in funding requirements compared with 2023 because of lower food assistance and nutrition needs.

Due to persistent food insecurity, high malnutrition rates and frequent disease outbreaks – exacerbated by the El Niño flooding and the lack of government capacity to respond in the Arid and Semi-Arid Lands and in urban informal settlements – there is a significant need for increased funding to support urgent life-saving nutrition, WASH and health interventions, which account for 66 per cent of the overall needs. Funding will enable UNICEF to reach up to 700,000 people with life-saving humanitarian interventions. Additionally, through its work UNICEF will strengthen the resilience of communities to climatic shocks.

Without sufficient funding, close to 200,000 children under 5 years of age will be unable to access treatment for severe wasting; and approximately 700,000 girls, boys, women and men will be unable to access safe water, life-saving messages to prevent disease outbreaks and treatment for common ailments in the Arid and Semi-Arid Lands. This will lead to human suffering and the loss of lives. In addition, gains in resilience brought about through the intensified drought response interventions will be lost.

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*This includes costs from other sectors/interventions: Education (5.9%), Social Behaviour Change (3.4%), HIV/AIDS (<1%).
ENDNOTES


2. Ibid.

3. This includes: 2,786,550 food-insecure people; 623,865 refugees and asylum-seekers; and 13,367 disease outbreak cases (12,107 cholera, 8 polio and 1,252 measles). Data sources are the 2023 Long Rains Season Assessment (July 2023), Office of the United Nations High Commissioner for Refugees (UNHCR), Refugee data finder (accessed 30 June 2023) and WHO/Ministry of Health Disease Outbreak Sitrep 14 September 2023.

4. 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.

5. To avoid double-counting beneficiaries, the total number of people to be reached is based on: (1) 181,995 adults to be reached with access to safe water; (2) 131,529 children aged 3–18 years to be reached with access to education in emergencies; and (3) 999,980 children aged 0–23 months to be reached with infant and young child feeding counselling through 999,980 caregivers. This figure includes 51 per cent women/girls and 15 per cent people with disabilities (based on 2019 population statistics).

6. 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.

7. To avoid double-counting beneficiaries, the total number of children to be reached is based on: (1) 131,529 children aged 3–18 years to be reached with access to education in emergencies; and (2) 699,980 children aged 0–23 months to be reached with infant and young child feeding counselling through 699,980 caregivers. This figure includes 51 per cent girls and 15 per cent people with disabilities (based on 2019 population statistics).


27. 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.

28. UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinator costs are included in sectoral programme budgets.

29. 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.

30. Beyond the UNICEF targets for these interventions, other humanitarian partners are expected to reach the remaining children/families in need.

31. $3,832,403 will be required for mental health and psychosocial support and $1,532,961 will be required for gender-based violence in emergencies risk mitigation and for protection from sexual exploitation and abuse efforts.