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Humanitarian Action for Children

Kenya

In Kenya, drought conditions that are expected to persist into 2018 have left 3.4 million people severely food insecure and an estimated 500,000 people without access to water.² An estimated 482,882 children require treatment for acute malnutrition, including 104,614 who are suffering from severe acute malnutrition (SAM). Eighty-eight per cent of these children are from 23 arid and semi-arid counties.³ Drought conditions have led to declines in school attendance and school participation and rising dropout rates. Flash floods, inter-communal conflicts and doctors' and nurses' strikes have disrupted health services and undermined emergency response capacity. Disease outbreaks continue to threaten child survival. In 2017, 3,518 cholera cases and 66 deaths were reported—a case fatality rate of 1.9 per cent.⁴ Kenya has also reported outbreaks of malaria, measles, dengue fever and kala-azar, with alerts issued for Marburg virus disease and plague, and continuing risk of measles and polio outbreaks. Kenya hosts 489,239 refugees,⁵ primarily from Somalia and South Sudan, 57 per cent of whom are under 18. In 2018, an estimated 20,000 new refugees from South Sudan are expected to arrive in Kenya.⁶ Since 2015, 74,451 refugees from Dadaab have been repatriated to Somalia, with a similar trend anticipated for 2018.⁷

Humanitarian strategy

In 2018, UNICEF will continue to strengthen its engagement with Kenya's decentralized system of governance by supporting county capacities for emergency preparedness and response and direct implementation. UNICEF will focus on strengthening sector coordination, including multi-sectoral coordination at national and sub-national levels and cross-border coordination. Education will serve as a platform for integrated service provision, including engaging with and supporting shared goals related to building community resilience. UNICEF and partners will respond to the survival and protection needs of more than 1 million children⁶ in emergency situations by delivering nutrition treatment; increasing access to safe water, hygiene and sanitation (WASH); strengthening disease prevention and response; improving access to quality education; and providing protection and mitigation services, particularly for children affected by natural disasters and resource-based community conflicts. UNICEF's emergency preparedness and response will bridge the humanitarian-development nexus through the use of scalable risk-informed programming (e.g. the nutrition surge model). Communication for Development strategies will be used to mobilize, engage and provide information for community response and resilience building. UNICEF will respond to refugee influxes by providing emergency WASH, health, nutrition, education and protection services to new arrivals in Kakuma and children affected by the voluntary repatriation of refugees to Somalia.

Results from 2017

As of 31 October 2017, UNICEF had US\$31 million available against the US\$42.4 million appeal (73 per cent funded).⁸ UNICEF supported the treatment of 59,446 children with SAM and 114,090 children with moderate acute malnutrition (MAM).⁹ Monthly SAM and MAM admissions declined from 8,000 to 5,000 per month due to the five-month nurses' strike. Through integrated nutrition/health outreach, 384,202 mothers received nutrition counselling. UNICEF reached 339,971 children with emergency health services, 124,764 children were vaccinated against measles, and 213,431 people received cholera messages. In addition, 450,089 people gained access to safe permanent water supply; 349,839 gained temporary access to safe water; 580,022 received WASH-related information on preventable child illnesses; and 66,241 children accessed safe water and sanitation facilities in schools. UNICEF reached 179,875 crisis-affected children, including refugee children, with emergency education supplies, temporary learning spaces and behavioural change messages. A total of 17,158 children experiencing protection risks were identified and their vulnerability was mitigated through psychosocial support, family reunification or placement with foster families. In addition, 82,676 adolescents received HIV prevention, care and treatment interventions in Turkana. UNICEF also supported the Ministry of Health with contingency planning and response for HIV in emergencies.

Total people in need:

3.9 million

Total children (<18) in need:

1.8 million

Total people to be reached:

1.6 million¹

Total children to be reached:

1.1 million

2018 programme targets:

Nutrition¹⁰

- 78,925 children under 5 treated for SAM
- 194,656 children under 5 treated for MAM

Health

- 814,500 children under 5 accessing an integrated package of health interventions including for diarrhoea, malaria and pneumonia
- 641,817 children under 5 vaccinated against measles¹¹

WASH

- 250,000 persons affected by crises are reached with permanent safe water interventions¹²
- 400,000 people reached with hygiene education essential for disease prevention and response
- 100,000 children accessing appropriate hygiene education in schools, temporary learning spaces and other child-friendly spaces

Child protection

- 20,000 most-affected boys and girls have access to protective case management services

Education

- 205,000 school-aged children (including adolescents) affected by crises accessing quality education

HIV/AIDS

- 120,000 children, adolescents and pregnant women have access to HIV testing services
- 15,000 adolescents receive age-appropriate sexual and reproductive health/HIV messaging with life-skills education

Social protection

- 30,000 vulnerable households reached with cash transfer top ups during crises

	Sector 2017 targets	Sector total results	UNICEF 2017 target	UNICEF total results
NUTRITION				
Children under 5 suffering from SAM admitted to community-based management programmes ⁱ	78,925	59,446	78,925	59,446
Children under 5 suffering from MAM admitted to integrated management of acute malnutrition programmes	194,656	114,090	194,656	114,090
HEALTH				
Children under 5 accessing an integrated package of interventions, including for the management of diarrhoeal diseases			780,000	339,971
Children under 5 vaccinated against measles			185,000	124,764
WATER, SANITATION AND HYGIENE				
People that gained temporary access to 7.5-15 litres of safe water per person per day for drinking, cooking and personal hygiene ⁱⁱ	400,000	938,535	650,000	349,839
People that gained permanent access to 7.5 litres of safe water per person per day for drinking, cooking and personal hygiene	753,696	938,525	120,000	450,089
People that received critical WASH-related information to prevent child illness, especially diarrhoea ⁱⁱ	520,000	959,576	600,000	580,022
CHILD PROTECTION				
Most vulnerable children are provided with access to protection services, including case management, psychosocial care and access to child-friendly spaces	139,000	17,159	30,000	17,159
EDUCATION				
School-aged children affected by crises accessing formal and non-formal education opportunities	485,126	171,788	288,000	179,895
HIV/AIDS				
Children, adolescents and pregnant/lactating women previously on HIV-related care and treatment that continued to receive antiretroviral treatment in Kakuma refugee camp and the host community in Turkana West			90,000	82,676
SOCIAL PROTECTION				
Vulnerable households in six arid and semi-arid counties receive top-up cash transfers to help meet basic needs			70,000	0 ⁱⁱⁱ

Results are through 31 October 2017 unless otherwise noted.

ⁱ Results are as of September 2017.

ⁱⁱ UNICEF target is higher than the sector target due to the inclusion of the refugee caseload in UNICEF programming.

ⁱⁱⁱ Social protection interventions are critically underfunded (97 per cent funding gap). The limited funds are being utilised to focus on the most vulnerable 6,500 households by the end of 2017.

Funding requirements

UNICEF is requesting US\$34,235,000 to meet the humanitarian needs of children in Kenya in 2018. With increasing vulnerability and the ongoing deterioration of the food security situation due to drought, the number of children and women requiring emergency nutrition and WASH interventions will increase. Without additional funding, UNICEF will be unable to support the national and county responses to Kenya's continuing nutrition crisis, as well as the critical WASH, health, education and child protection services needed to uphold children's rights and protect children from abuse, neglect and violence during emergency situations.

Sector	2018 requirements (US\$)
Nutrition ¹³	10,000,000
Health	6,300,000
Water, sanitation and hygiene	4,000,000
Child protection	1,000,000
Education	5,935,000
HIV/AIDS	500,000
Social protection	2,000,000
Cluster/sector coordination	4,500,000
Total	34,235,000

¹ The total number of children to be reached by UNICEF in 2018 includes 1,065,000 children under 5 benefitting from an integrated health package (the same children who are benefitting from UNICEF's other interventions in early childhood education, nutrition, WASH and child protection services), plus the cohort of 6 to 18 year olds benefitting from education, child protection, school WASH and HIV/AIDS interventions.

² National Drought Management Authority, 'Long Rains Assessment', July 2017.

³ Ministry of Health, SMART nutrition surveys, July 2017.

⁴ Ministry of Health, 'Disease Outbreak Situation Report', 31 October 2017.

⁵ United Nations High Commissioner for Refugees, 'Statistical Summary – Refugees and Asylum-Seekers in Kenya', 31 October 2017. Figure includes 238,617 in Dadaab, 185,993 in Kakuma and 64,629 urban refugees.

⁶ Projection from the United Nations High Commissioner for Refugees, 2017.

⁷ United Nations High Commissioner for Refugees, 'Somalia Repatriation Update 1-31 October 2017'.

⁸ Available funds include US\$24 million raised against the current appeal and US\$7.2 million carried forward from the previous year, which includes US\$2.8 million for the refugee response.

⁹ UNICEF supports the provision of SAM and MAM services in an integrated manner in Kenya by enhancing the quality of case management through on-the-job training, data quality assurance and supportive supervision through partner non-governmental organizations in arid and semi-arid counties. The SAM and MAM targets are for the most-affected areas, including arid and semi-arid lands, urban informal settlements and refugee populations.

¹⁰ In 2018, an estimated 378,268 children under 5 are projected to require MAM treatment and 104,614 children under 5 will require SAM treatment, of which UNICEF is targeting 51 per cent and 75 per cent, respectively.

¹¹ A national measles and rubella vaccination campaign is planned for 2018.

¹² Activities towards this target will continue the work that was done in 2017; therefore some of the costs were already covered in 2017.

¹³ The funding requirement has gone down for the following reasons: a) the nutrition supply pipeline (mainly for ready-to-use therapeutic foods) for the first half of 2018 has been secured; and b) funds were carried over into 2018.

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