While 2010 has seen some improvement in the humanitarian situation in Kenya, progress has been tempered by the chronic vulnerabilities of emergency-affected populations. Despite recent good rainfalls, recovery has been mitigated by high food prices and the lingering impact of the 2007–2009 drought. More than 40,000 children are suffering from severe acute malnutrition,1 and weather patterns predicted for 2011 could introduce another period of drought. The current influx of Somali refugees, coupled with the potential for displaced populations from the Sudan, adds to concerns about refugee and host community welfare as well as to the vulnerability of children and women.

Humanitarian concerns in Kenya centre on the chronic vulnerability of pastoral populations, residents of urban informal settlements and refugees dealing with extreme climatic conditions, high food prices and the deterioration of political and security conditions in neighbouring countries. Increasingly frequent cycles of drought result in food insecurity, high levels of undernutrition in children, increased risk of diarrhoea and disease outbreaks due to lowered immunity and poor levels of routine vaccination coverage. Acute malnutrition levels remain unacceptably high. Surveys of 11 of 22 districts report global acute malnutrition rates above 15 per cent, the emergency threshold. The health system’s capacity to respond to the chronic vulnerabilities and repeated shocks is impeded by the lack of qualified staff and inadequate outreach in hard-to-reach areas, including those affected by drought. While the Government of Kenya has made efforts to deploy additional staff to these underserved areas, the reach of the health system remains limited.

There is a risk in 2011 of a return to high levels of food insecurity as La Niña-influenced climatic predictions indicate reduced rainfall in much of the north-eastern sector of the country. Further-constrained water access in arid areas could also reverse gains made in cholera prevention, and the effects of undernutrition could increase the susceptibility of up to 1.4 million children to communicable diseases. At the same time, planned evictions from the Mau Forest complex – to be carried out by the Government in an effort to reclaim and restore one of the country’s largest water-sheds – could also require humanitarian response for up to 200,000 affected people, if not properly managed.

There is also a potential influx of Sudanese refugees in the aftermath of that country’s referendum in early 2011. Anticipated indictments from the International Criminal Court expected in late 2010, related to Kenya’s post-election violence of 2008, leave open the potential for internal tension and population displacement.

UNICEF is requesting US$16,168,000 for its 2011 humanitarian work in Kenya. The organization has aligned its request with the 2011 Consolidated Appeals Process (CAP) requirements. This amount represents a decrease of almost US$7 million compared with 2010 due to improvements in the food security situation; however, continued funding is required to support recovery and prevent deterioration.

In 2011, UNICEF will continue to work with the Government of Kenya, other UN agencies and NGO partners to respond to the needs of up to 1.9 million children affected by multiple urgent situations in the country. UNICEF strategies in all sectors seek to respond to immediate needs, but also aim to build the Government’s and people’s capacities to cope with and respond to future adverse conditions. Ongoing support to sectoral coordination for emergencies (cluster functions) will continue to focus on nutrition, education, child protection and WASH.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

The influx of Somali refugees in Kenya is expected to continue, bringing heightened protection concerns for children in refugee and host communities. The protracted conflict in Somalia has not only contributed to an ongoing influx of refugees, but also to deterioration of security conditions in north-eastern Kenya.

There are heightened child protection concerns relating to the impact of the conflict on children in refugee and host communities. Limited humanitarian space negatively impacts the ability of humanitarian programmes to address the food security and refugee crises.
Displacement of children due to eviction, conflict or flooding carries a high risk of separation and exploitation as well as reduced access to basic shelter and social services. Access to durable solutions\(^2\) in the aftermath of displacement is also extremely limited.

**KEY ACHIEVEMENTS IN 2010**

In mid–2010, an estimated US$23,092,245 was needed for UNICEF’s humanitarian activities in Kenya. As of October 2010, a total of US$14,177,026 (61 per cent of the revised request) had been received. UNICEF’s support of the measles immunization mop-up campaign reached 284,169 children under 5 (113 per cent of the target), bringing the national coverage for measles up to 87 per cent. As part of integrated outreach services, about 1 million (or 42 per cent) of the 2.4 million targeted women and children in emergency-affected districts received high-impact interventions including routine immunization, oral rehydration therapy and insecticide-treated mosquito nets. This support continued in 100 districts until December 2010. Approximately 400,000 children under 5 in emergency-affected districts (67 per cent of the target) accessed quality curative services for treating diarrhoea because essential supplies were available and health-care workers had improved their skills and knowledge in this area.

Some 18,352 children\(^3\) affected by severe acute malnutrition accessed treatment with a recovery rate of 84.1 per cent. Some 17,183 children under 5 affected by moderate acute malnutrition accessed treatment and 83.5 per cent of those recovered. Undernutrition rates in the refugee camps declined from 17 per cent global acute malnutrition in 2009 to between 5.6 per cent and 10.1 per cent global acute malnutrition as of August 2010. In arid and urban informal settlement areas, 1.4 million children 6–59 months old (73 per cent coverage) were reached with vitamin A supplementation. Improved coordination contributed to enhanced reporting rates for core nutrition data, which increased from 56 per cent in 2009 to 87 per cent in 2010 in arid districts.

All child-friendly spaces in Dadaab refugee camps were fully staffed and operational in 2010. Attendance at such spaces increased by 50 per cent in the second quarter (from 5,712 to 8,811), with a 100 per cent increase in the attendance of girls (from 1,498 to 2,933). Legal assistance had been provided to 220 children as of September 2010. The working group on child protection in emergencies (child protection sub-cluster) established a work plan for 2010–2011, which included the development of common assessment tools and a code of conduct. Children’s rights were highlighted in Kenya’s draft policy on internally displaced persons.

Safe and adequate water was provided to 313,000 people (150 per cent of the target) in communities affected by drought, flooding and cholera, through rehabilitation and the construction of water supply schemes. Some 31,500

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**CORE COUNTRY DATA**

<table>
<thead>
<tr>
<th>Population (thousands 2009)</th>
<th>39,802</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population (thousands 2009)</td>
<td>19,652</td>
</tr>
<tr>
<td>U5 mortality rate (per 1,000 live births, 2009)</td>
<td>84</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births, 2009)</td>
<td>55</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births 2008)</td>
<td>530</td>
</tr>
<tr>
<td>Primary school enrolment ratio (net male/female, 2005–2009*)</td>
<td>81/82</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3, 2009)</td>
<td>75</td>
</tr>
<tr>
<td>% population using improved drinking-water sources (2008)</td>
<td>59</td>
</tr>
<tr>
<td>HIV/AIDS prevalence (% aged 15–49, 2009)</td>
<td>6.3</td>
</tr>
<tr>
<td>% U5 suffering from moderate and severe wasting (2003–2009*)</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: UNICEF, *The State of the World’s Children 2011*.\(^*\)Data refer to most recent year available during the period specified.
children (78 per cent of the target) gained access to
gender-appropriate sanitation and hygiene facilities and
hygiene promotion in their learning environments. About
3.75 million people accessed safe water by using house-
hold water treatment supplies and chlorinated community
water points. They also improved their knowledge of
hygiene and sanitation practices, in part contributing to a
60 per cent reduction in the cholera caseload as of mid–
October (compared with the same period in 2009).

Through the distribution of education and early childhood
development kits and temporary school tents, 26,500
schoolchildren affected by floods were able to continue
their education (nearly full coverage). In addition, 240
national and district education officers were trained on the
technical components of education in emergencies pre-
paredness, response and risk reduction (96 per cent of the
target). Peace education was integrated into the life-skills
curriculum and broadcast as a weekly radio lesson to all
Standard Eight classes (where the children are 14–15 years
old). This reached more than 700,000 children, well above
the targeted 100,000. The ministry of education played a
leading role in coordinating the education cluster that is
working to finalize the first-ever emergency preparedness
and response plan for the education sector.

UNICEF supported cross-sectoral preparedness planning
and pre-positioning in flood-prone districts in the
Nyanza, Western North Eastern and Coast Provinces, as
well as high-risk areas for conflict and displacement in
the Rift Valley Province in advance of the constitutional
referendum.

HUMANITARIAN ACTION: BUILDING RESILIENCE

One of the challenges faced by the nutrition sector is the limited capacity of health workers in areas chronically
affected by food insecurity to provide a comprehensive package of nutrition interventions that both treat and
prevent undernutrition. Critical preventive actions include, among others, exclusive breastfeeding for the
first six months and appropriate food supplementation thereafter, vitamin A supplementation, hand washing
and deworming.

To promote recovery and build the resilience of the health system and communities, the Nutrition Technical
Forum (nutrition cluster), with support from UNICEF, has agreed on a strategy of on-the-job training, in which
UNICEF and NGO nutrition partners support Government health staff to enhance the quality of nutrition
programmes and minimize lost opportunities for nutrition counselling and supplementation. This includes
a structured and standardized approach to capacity assessment, cognitive theory and demonstrations, as
well as behavioural modelling and coaching, assessment, evaluation and follow-up to ensure that improved
understanding translates into behaviour change and better service delivery for children at both the health
facility and community levels. This approach is being rolled out in all 18 emergency-affected districts with the
support of NGO partners and UNICEF-contracted technical staff.

PLANNED HUMANITARIAN ACTION FOR 2011

UNICEF, together with the Government of Kenya, other
UN agencies and NGOs, will focus on assisting the coun-
try’s most vulnerable people. UNICEF co-leads the nutri-
tion, education, child protection and WASH clusters along
with the relevant government ministries and expects to
reach 1.9 million people living in emergency conditions
in 2011, including about 988,000 girls and 912,000 boys.
UNICEF will ensure that recovery initiated in 2010 is sus-
tained and cluster programmes are scaled up in response
to any deterioration in the food security situation. It will
also increase its focus on supporting refugee and host
populations, specifically in child protection and education.
Disaster risk reduction will be a cross-cutting approach to
ensure that UNICEF contributes to building resilience at
the community, district and national levels.

NUTRITION (US$6,310,000)

Through preventive and curative actions, UNICEF will aim
to prevent and address high levels of acute malnutrition in
young children and women while strengthening systems
and capacities that contribute to the reduction of morbid-
ity and mortality associated with undernutrition.

- Coverage of integrated high-impact nutrition interven-
tions at the health facility and community levels will be
increased. This will include the management of mod-
erate and severe acute malnutrition, infant and young
child feeding and micronutrient supplementation. Such
coverage will target 250,000 children under 5 affected
by moderate malnutrition, 40,000 children under 5
affected by severe acute malnutrition, and 55,000
pregnant and lactating mothers.
Nutrition information and a surveillance system at the national and sub-national levels will be strengthened.

Government capacities to improve coordination systems at the national level and scale-up coordination at the sub-national level will be strengthened.

**HEALTH (US$2,001,000)**

UNICEF will work to minimize the impact of emergencies on the health status of 2 million children under 5 and pregnant and lactating mothers.

- Some 85 per cent of children under 5 in selected districts of North Eastern, Rift Valley, Eastern, Nyanza, Western and Coast Provinces will receive increased measles immunization coverage.
- At least 1,120,000 children under 5 and pregnant and lactating women will have access to services including immunization, prevention of mother-to-child transmission of HIV and obstetric care during emergencies through integrated outreach services delivered using procured essential health supplies.
- At least 550,000 children under 5 at risk of acute watery diarrhoea will access oral rehydration therapy for treatment of mild cases.
- Insecticide-treated mosquito net coverage will increase in North Eastern, Eastern, Nyanza, Western and Coast Provinces by 1,320,000 (45.3 per cent) to 1,520,000 (52.9 per cent) by the end of 2011, with a target of two nets per family and a focus on boys and girls under 5.

**WATER, SANITATION AND HYGIENE (WASH) (US$4,378,000)**

UNICEF aims to provide reliable access to safe water, proper sanitation and hygiene facilities for up to 1.6 million people afflicted by drought, floods or disease outbreaks.

- 400,000 people affected by drought, floods and cholera will have improved access to safe water supplies and adapted, improved sanitation and hygiene practices through construction/rehabilitation and promotional activities.
- 1.6 million individuals will receive basic WASH emergency supplies in order to adopt proper hygiene and sanitation practices at the household level.
- 48,000 children in 80 emergency-affected schools will have access to safe WASH facilities in their learning environments.
- Human-rights principles and standards will be increasingly applied in disaster preparedness and response through a national cholera-focused multimedia disaster and risk communication campaign.
- The UNICEF-supported national WESCOORD Group (WASH cluster) will ensure coordination in preparedness and response at the national and district levels.

**CHILD PROTECTION (US$1,241,000)**

UNICEF will support the Government of Kenya in establishing a child protection system that will respond to the needs of vulnerable children in the following ways:

- 150,000 children will be protected from separation during times of emergency and, if separated, they will be reunited with their caregivers and provided with psychosocial support, post-rape care services and legal assistance in a sensitive and timely fashion.
- A child protection system framework will be established in the Dadaab refugee camp/host community with continued support for the functioning of child-friendly spaces and legal assistance.
- Gender-based violence and child protection will continue to be integrated into the national working group on internally displaced persons. This will include the provision of training of national- and field-level protection partners on child protection in emergencies, integration of child protection in assessments, monitoring and advocacy initiatives.
EDUCATION (US$1,198,000)

Emergency education assistance will continue for 155,000 boys and girls in the following ways:

- 40,000 boys and girls will access education through parental sensitization on the importance of early childhood development and primary education and through provision of essential learning materials.
- 100,000 boys and girls in schools will be reached with disaster risk reduction messages to ensure school and learner safety.
- 60 disaster-prone districts will have enhanced emergency-response capacity through training of 180 district education board members (120 male and 60 female) on education emergency preparedness and response.
- 15,000 primary schoolchildren in the Dadaab refugee camp will have access to improved education and learning environments.
- The education cluster, co-led by UNICEF and the ministry of education, will oversee and promote linkages to multi-sectoral interventions using the national emergency preparedness and response plan.

CROSS-SECTORAL PREPAREDNESS AND COORDINATION (US$500,000)

UNICEF will work with the Government and partners to improve the protection of children’s rights during emergencies through multi-sector disaster risk reduction initiatives.

- The Government will receive technical assistance in reviewing the disaster management system in order to incorporate a disaster risk reduction approach that is child-focused. UNICEF will also aid in the decentralization required by the new constitutional framework in which disaster risk reduction is a shared function of the national and as well as the county governments.
- Up to 30,000 newly displaced men, women and children will have access to essential household items.

CLUSTER COORDINATION (US$540,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. In Kenya, UNICEF supports and develops the capacity of Government sector leads to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, cluster/sector leads will strengthen monitoring mechanisms that track progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

2. A durable solution is achieved when internally displaced persons no longer have any specific assistance and/or protection needs that are linked to their displacement and can enjoy their human rights without discrimination on account of their displacement. It can be achieved through return, local integration or resettlement (IASC Framework on Durable Solutions for Internally Displaced Persons, The Brookings Institution – University of Bern Project on Internal Displacement, Washington, DC, April 2010, p. 5).
3. These represent coverage rates of above 50 per cent of those in need of treatment, the SPHERE standard. These rates were preliminary as of November 2010.
4. UNICEF co-leads the nutrition cluster with the Ministry of Public Health and Sanitation, the education cluster with the Ministry of Education, the child protection cluster with the Ministry of Gender and Children’s Affairs, and the WASH cluster with the Ministry of Water and Irrigation.
5. The interventions include supporting and promoting exclusive breastfeeding until the age of 6 months; supporting and promoting adequate complementary feeding from the age of 6 months; twice-yearly vitamin A supplementation; therapeutic zinc supplementation for diarrhoea management; multiple micronutrient fortification; iron-folate supplements for pregnant women; preventing acute malnutrition; managing moderate and severe acute malnutrition; improving hygiene practices, including hand washing; deworming for children; iron fortification of staple foods; and salt iodization.
6. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.