



UNICEF/Kenya/2005/ Bagha

UNICEF KENYA CONSOLIDATED EMERGENCY DONOR REPORT

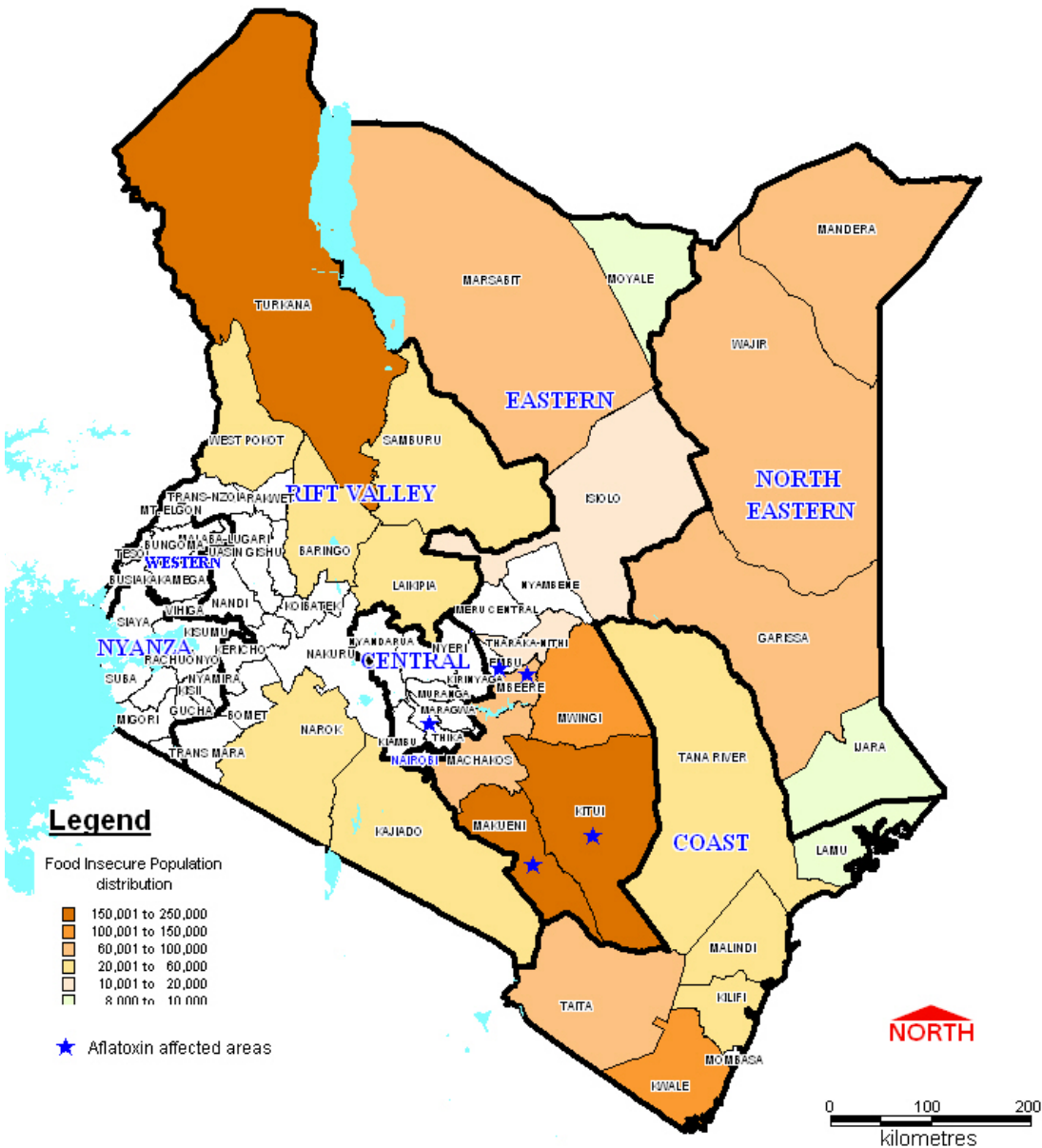
2005
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For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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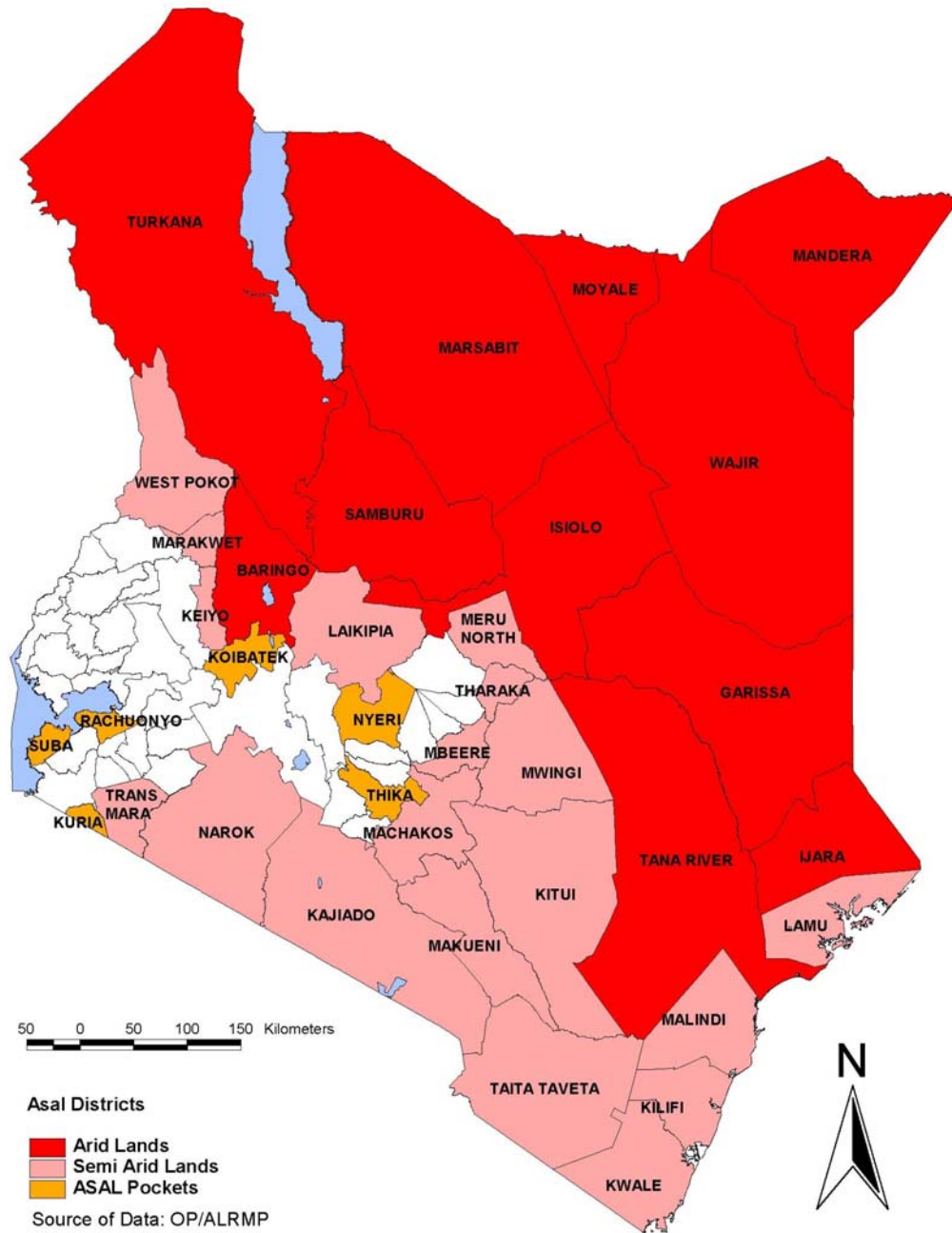
Map 1: Food Insecure Population by District (April 2005)



Source of data: WFP Kenya BMDP

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Map 2: Arid and semi arid lands districts

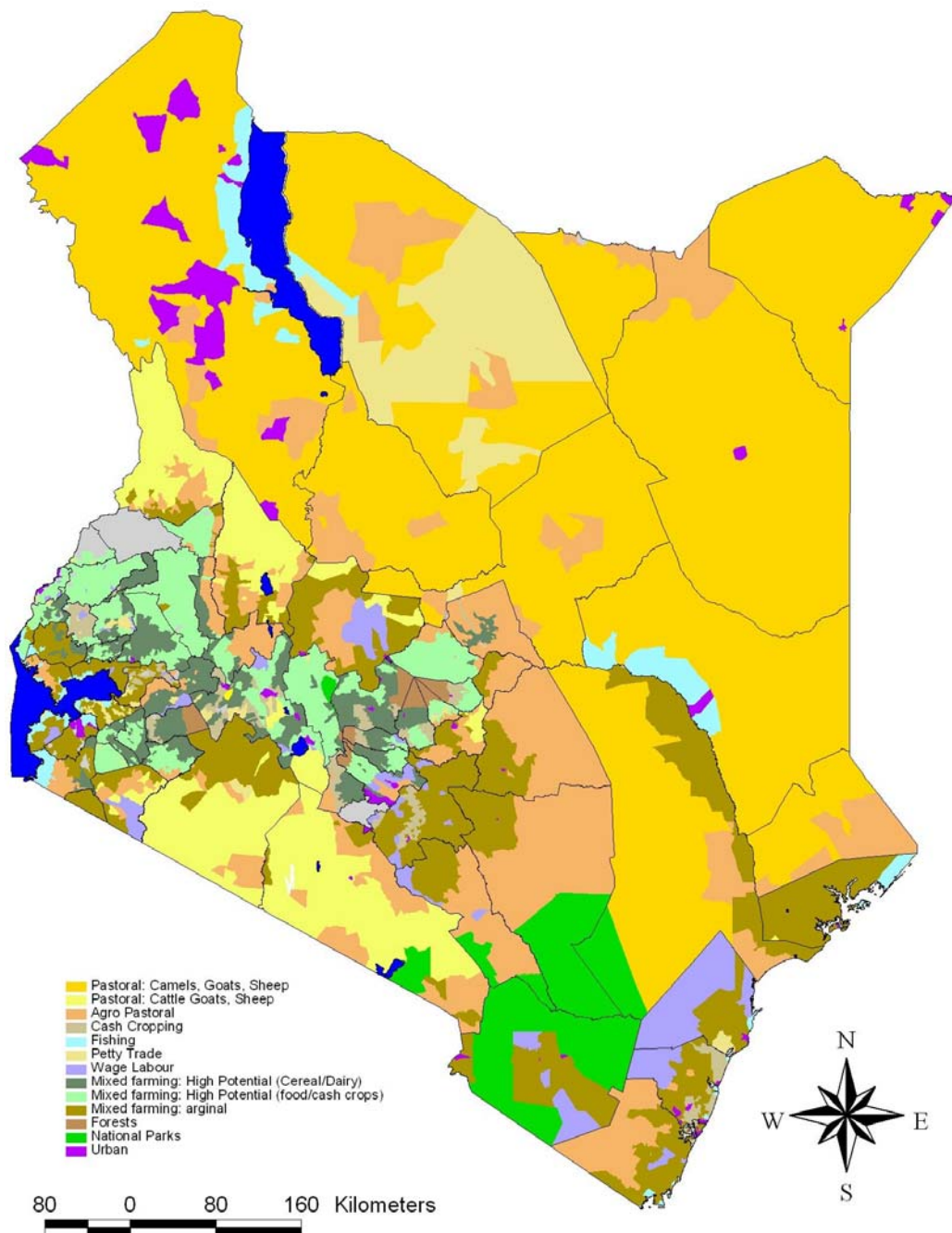


Map by WFP/VAM, Kenya

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Map 3: National Livelihoods Zones



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The Impact on Children and Women

The prolonged 1998-2001 drought in Kenya unfolded against a backdrop of long-term economic decline, which affected all sectors: health, education, security, infrastructure and water and sanitation. It is in this context that the poor performance of the short rains in October-December 2003, coupled with the erratic long rains in March-May 2004, resulted in drought in 26 of Kenya's 75 districts. Acute food insecurity in 22 of these districts - making up two thirds of Kenya - led to the declaration of a drought emergency in July 2004 with an estimated 2.3 million Kenyans in need of relief aid. The Kenya Food Security Steering Group (KFSSG), led by the Office of the President and comprised of UN agencies including UNICEF, non-governmental organizations, donors and government officials, launched a consolidated, multi-sectoral flash appeal for the drought emergency. As co-coordinator of the KFSSG sectoral groups on nutrition and health, water and sanitation and education UNICEF issued a separate Crisis Appeal to expedite a multi-sectoral response to the emergency.

The drought of 2004, which stretched through the Horn of Africa from Ethiopia to Kenya, was experienced in an environment where the general health and nutrition situation in the country was already poor, primarily due to rising poverty especially in the most vulnerable districts. Food security assessments coordinated by various District Steering Groups (DSG) and the KFSSG at the time of the Appeal showed many parts of Kenya experiencing total crop failure, poor pastures and browse. An estimated 37,000 malnourished children required targeted nutritional support.

The consequences of food insecurity were borne by children and women; the most vulnerable groups. Public health services, already under-resourced and overburdened in the drought-affected areas, were suffering from acute shortage of drugs and equipment and were also poorly staffed and managed. The situation was by far the worst in the North Eastern and coastal districts, where communities were already disadvantaged in relation to populations in other parts of Kenya. About 80 percent of the population in the North Eastern Province (NEP) is nomadic. Most communities in the province are pastoralists though some are agro pastoralists and a few are sedentary subsistence farmers. The average household size is 6 persons. Although there are a significant number of persons now permanently settled at district towns and administrative and trading centres, livelihoods are largely derived from pastoral activities. As affected areas experienced



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water shortages with pans drying-up, communities moved to the remaining few water sources. The concentration of people and animals led to outbreaks of diarrhoeal diseases due to poor hygiene and sanitation practices as well as insufficient water quality. In certain areas, lack of sanitation facilities constituted an emergency in itself.

The drought persisted well into 2005. Although food security had improved in several locations as a result of the end 2004/early 2005 short rains season, the health and nutritional status of a number of communities remained precarious. UNICEF, in collaboration with the Ministry of Health, World Vision, Christian Children's Fund, Oxfam GB and Action Against Hunger, undertook 9 integrated nutrition and health surveys in Isiolo, Kwale, Kajiado, Turkana and Mandera districts in March/April. Results showed global acute malnutrition rates (GAM) were highest in parts of Mandera and Turkana, affecting over 25 per cent of children under five; significantly higher than the WHO threshold of 15 per cent, indicating a serious food security crisis.

On 22 April 2005, UNICEF issued a supplementary appeal US \$2.94 million to rehabilitate 30,000 malnourished children, vaccinate 240,000 children against measles, immunise another 200,000 children against polio, and provide 200,000 people with safe drinking water (see ANNEX 2). About, US \$670,000 (23 per cent of the funding requirements) was raised through the Appeal.

In August, detailed food security assessments conducted by the KFSSG in 26 of the most drought-prone districts, revealed significant deterioration in household food security in the eastern pastoral, and the southeastern and coastal marginal districts. In September, the KFSSG acknowledged that food and non-food interventions had fallen short of the requirements and the government invited donors to contribute to the relief effort. In response, UNICEF launched a second supplementary appeal on 6 October for US \$4 million to support the rehabilitation of 20,000 malnourished children, counter the threat of a polio outbreak in Kenya and protect children victimised by inter-tribal and inter-clan violence in the drought-stricken areas (see ANNEX 3).

With UNICEF support, 1,302,887 children under the age of five were protected from the risk of being re-infected with polio during October to December 2005. UNICEF's contribution to the emergency response in 2005 also included measles/ Vitamin A supplementation, support for supplementary and therapeutic feeding centres, support for emergency water and interventions, and efforts to keep children in school - notably through an effort to expand temporary boarding. But despite gains made during the year, persistent drought has left pastoralist households across the region acutely vulnerable as the backbone of their food security system has collapsed. Livestock constitute a key source of wealth and they provide for almost all the material and nutritional needs. Following the failure of the October-December short-rains season thousands of head of livestock have died and thousands more will succumb, as the drought intensifies. Currently, GAM rates in these areas are between 18 to 30 per cent. Water pans (open depressions in the ground for collecting rainwater) have dried-up. Livestock and people are concentrating near the few permanent water points, especially boreholes. These critical water points are being over-utilized and are prone to frequent to breakdowns. An estimated 4.5 million people are affected by unreliable and/or severe shortage of water.

All social services are weak in the Arid and Semi-Arid Lands (ASAL) districts. The health system is over-burdened, under-staffed, suffers from poor referral systems, and shortages of equipment, drugs and essential supplies as well as poor communication networks. Health outreach services are few and the static facilities are difficult to access for the widely dispersed and predominantly nomadic population. The 2003 Kenya Demographic and Health Survey (KDHS) showed that North Eastern Province (NEP), incorporating the districts of Mandera, Wajir, Garissa and Ijara, exhibits mortality indicators that are between 50 per cent and 75 per cent higher than the national average. The under five mortality rate in NEP is 163/1000 live births, compared with a national rate of 114/1000. Access to quality health care is poor. Only 31 per cent of health facilities in the NEP had running water compared with 65 per cent nationally. Furthermore, according to the 2003

KDHS, only 12 per cent of facilities in the province had all the necessary supplies equipment for infection control (running water, soap, gloves, chlorine solution) and just 31 per cent had functioning equipment for sterilization or high level disinfection.

Conditions in NEP also suggest a very high incidence of maternal mortality though precise data is lacking. Underlying factors include the poor health and nutritional status of women, inadequate care during pregnancy and delivery, the very heavy workload of women, early marriage and pregnancy and the unmet needs and rights of women to basic social services. A high proportion of deliveries take place at home, and the majority are handled by unskilled attendants. Poverty and harmful socio-cultural beliefs and practices, including female genital mutilation which is inflicted on over 90 per cent of girls in North Eastern Province, can also create complications during pregnancy and childbirth.

With the ongoing drought emergency, low enrolment also continues to be an issue in the drought-affected areas. Close to 800 schools require water trucking, affecting more than 200,000 children. The ASAL districts record the lowest school enrolment rates in the country. In North Eastern Province only 20 per cent of girls enrol in primary school and over 90 per cent drop out before reaching Grade 8. A new feature appearing in the UNICEF programme in the last two to three years has been the increasing purchase of education supplies as part of efforts to maintain an education service in drought conditions. The threat of school closures due to lack of water however remains great. Efforts are required to ensure that educational facilities are well resourced and authorities able to retain children who may otherwise drop out due to migration of families or involvement in other chores.

The plight of children and families displaced by tribal and clan clashes in 2005 also remains a continuing protection concern. In Marsabit, a massacre in July 2005 left 70 people dead, including 22 children who were massacred at their primary boarding school. Hundreds more were injured and displaced. Since late 2004, an estimated 20,000 people in Mandera District have been displaced by violence. In all areas where tension and competition between communities runs high, children and women are exposed to numerous rights abuses including sexual assault while they are out searching for water and fuel wood.

In Isiolo district many of the children displaced by clashes have left their homes and now live on the streets. Some have resorted to survival sex – selling sex to get money or other material support for themselves and their families. The consequent risks of contracting HIV/AIDS are particularly high.

UNICEF is engaged in undertaking a wide ranging protection assessment in Garissa and surrounding areas as evidence of impending drought gathers. Emergency preparedness plans including the provision of child friendly shelter and safe spaces for displaced and vulnerable youth have been agreed locally with key Government and NGO actors. UNICEF is also developing targeted psychosocial interventions and trainings for Government and other staff to recognise and intervene appropriately where children and others have been traumatised.

Objectives and Expected Outcomes

Overall Goals of UNICEF Kenya 2004-2008 Programme

Over 16 million Kenyans, roughly half the population, including almost 9 million children, live below the poverty line. The Poverty Reduction Strategy Paper, incorporating the Millennium Development Goals (MDGs), guides the current development agenda towards the goal of reducing the number of those living in extreme poverty by 50 per cent by 2015. Yet progress on most of the MDGs is lagging in Kenya, more noticeably in the rural areas and especially districts in Northern and North Eastern Kenya where key social indicators are among the worst in the country and where drought cycles have progressively compromised the livelihoods of people.

The 2004-2008 Country Programme of Cooperation is geographically targeting the most disadvantaged districts of Northern and North Eastern Kenya. In line with UNICEF's core commitments, its sectoral programmes accelerate key life-saving interventions during times of emergency while ensuring that support to capacity development and routine service delivery continues at all times.

The country programme is committed to accelerating programming in the same pastoral areas to empower communities and households to realise the rights of children, especially the girl child, and thus meet the MDG goals. In the health and nutrition sector programmes are being made to improve antenatal care, emergency obstetric care services, improve immunization and Vitamin A coverage, promote proper infant and young child feeding practices as well as support sensitization on HIV/AIDS. A key area of focus is strengthening the national health system to deliver more effective efficient outreach services which are especially critical in serving dispersed mobile populations, particularly as government capacity for outreach services is a key component in a sustainable response to drought emergencies.

In the water sector, the UNICEF/GoK emergency programme coordinates water-related emergency relief and rehabilitation in all drought-affected arid and semi-arid districts. The programme works to improve access to potable water for communities in these areas within the realm of the new Water Act 2002 which envisages empowerment of beneficiaries through ownership, training and organization. The goal is to enhance the ability of communities to manage their own water supplies. Interventions are planned and implemented with long term sustainability as a core requirement. The focus in many areas is on improving service provision at hospitals and health centres, on and boosting enrolment and retention of children in schools through provision of water.

In the education and child protection sectors, goals for ASAL districts include improvement in Early Childhood Education, increase primary school graduation rates, especially for girls, reduce rates of female genital cutting and maternal mortality ratios (MMR's), particularly in the North-Eastern province. In high HIV/AIDS- prevalence areas, the programme supports service delivery-oriented community organisations that focus on children orphaned by HIV/AIDS.

Specific Sectoral Goals of UNICEF Drought Interventions in 2005

In 2005, UNICEF, at the request of the KFSSG, funded and/or undertook more than 12 health and nutrition surveys to monitor the constantly fluctuating situation in the drought-stricken areas. Results of these surveys, together with others taken by partners, were used in programmatic decision making, including food aid allocations done by the GOK and WFP. They also determined the varying nature and scale of UNICEF's emergency response throughout the year. (Please see ANNEX 4: Summary Table 2002-2005 Nutrition Surveys)

UNICEF's humanitarian actions in the drought-affected areas aimed at reducing and preventing malnutrition, morbidity and mortality among children, water and sanitation related diseases and school drop-outs. The initial focus of emergency support was in response to the high levels of acute global malnutrition amongst underfives. This combined with low levels of immunization and Vitamin A supplementation in these districts posed a high risk of measles outbreak in the districts. In addition, health and nutrition surveys conducted in March/April showed that malaria was a major problem and that the lack of water and sanitation experienced in the districts exposed children to disease outbreaks, including diarrhoea.

In October, the re-emergence of polio in 2004 in 12 African countries appeared to threaten progress made in eradicating polio in Kenya, particularly as outbreaks of wild polio had been reported in Sudan, Ethiopia and Somalia. The four countries share long porous borders that extend around 23 districts in Kenya.

The following is a summary of the results and activities expected of UNICEF drought-related interventions, as at April 2005 (please see ANNEX 2, "UNICEF Flash Appeal and Donor Update of 22 April 2005").

Health and Nutrition

Expected results:

- Rehabilitation of approximately 30,000 malnourished children and 10,000 at risk pregnant and nursing women;
- 240,000 children under five in vulnerable districts immunized against measles and provided with immunity-boosting vitamin A capsules;
- 210,000 children under five in at-risk districts provided with oral polio vaccine;
- Reduction in malaria related morbidity in target district
- Improved preparedness in response to cholera outbreaks
- Increased awareness of HIV/AIDS issues in the communities in target districts;
- Improved capacity of districts to provide basic healthcare.

Planned humanitarian action for 2005:

a) Rehabilitation of malnourished children and pregnant and nursing mothers - Provision of supplementary and therapeutic foods and partner support for targeted programmes. Technical support from UNICEF field nutritionists to ensure adherence to standard protocols, monitor progress and undertake assessments and surveys in 6 districts.

b) Measles and polio immunization campaigns, malaria control and improved delivery of minimum health care package. UNICEF, with the Ministry of Health, to organize measles immunization/Vitamin A supplementation campaigns for children aged 9 months – 4 years in the worst affected districts (Garissa, Ijara, Wajir, Moyale and Kajiado). UNICEF will also:

- Support the organisation and implementation of a polio campaign in Garissa, Ijara, Wajir, Moyale and Mandera;
- Purchase and provision of insecticide treated nets and treatment for malaria;
- Social mobilisation on disease prevention;
- Provision of basic medical supplies to key health facilities; and
- Contingency stocking for cholera outbreaks.

Water and Environmental Sanitation

Expected results:

- Safe water provision for 200,000 persons in drought stressed areas;
- Adoption of adequate hygiene and sanitation practices that prevent diseases;
- Schools receive water, ensuring that the education of primary school children is uninterrupted;

- Continuation of the school feeding program as schools have adequate water to cook meals;
- Schools able to provide separate sanitation facilities for boys and girls at schools;
- Reduced outbreak and spread of infectious diseases.

Planned humanitarian action for 2005:

a) District Rapid Response Teams The establishment of these teams aimed to ensure repair of water supply equipment within a 24-hour period from the time of breakdown as well as to ensure detection and rapid response to diarrhoeal disease outbreaks, especially cholera.

b) Improvement of Water Quality: UNICEF aimed to provide water filters and treatment chemicals to schools in critical need, to support training on household water treatment and hygiene and to supply mobile water testing kits and treatment of water at source where appropriate.

c) Replacement and Development of Boreholes and Rain-Harvesting Structures UNICEF also aimed to establish low cost, water-saving irrigation systems in schools to supplement food aid, to support maintenance and management training for communities and to provide tools/materials and training on rain harvesting technology.

d) Emergency Hygiene and Sanitation Using participatory tools and methods, UNICEF aimed to support large-scale mobilization and training of households in improved sanitation/hygiene.

Education and Child Protection

Expected results:

- 3,500 more children immediately accommodated in boarding schools and protected from migration and disrupted education due to food and water stress.
- WFP emergency food distributors and UNHCR staff managing the two refugee camps trained against sexual exploitation in emergency situations

Planned humanitarian actions for 2005:

a) Provision of supplies, teaching and learning materials. To ensure minimal disruption in the education of children in conditions of crisis, UNICEF aimed to provide equipment and learning materials for schools and to repair critical infrastructures such as food storage facilities, water systems and latrines (the latter in conjunction with the water and sanitation programme).

b) Strengthen the capacity of local authorities and education officers to carry out rapid response appraisals, manage and maintain educational facilities. The appeal included plans to train and equip the education inspectorate and education officers to carry out rapid response appraisals of schools affected by drought, and to ensure early targeted emergency response in the sector. Essential interventions would be evaluated by the District Steering Committee, reviewed by the Education Sub-Group of the KFSSG and prioritized for funding.

c) Sensitization on protection of children and women in emergencies. Schools were to be used as an entry point to sensitize communities HIV/AIDS prevention, avoidance of conflict over scarce resources and peaceful resolution of disputes.

Resources

Table 1: 2005 Funding Status against Appeal (in USD)

Appeal Date	Appeal Amount	Funds Received	Gaps
Kenya Flash Appeal – August 2004 (Sep 04 – Feb 05)	8,635,200	3,051,501 (or 35%)	5,583,699
Donor Update April 2005 (Apr – Sep 05)	2,935,630	697,446 (or 23%)	2,238,184
Donor Update October 2005 (Oct – Dec 05)	4,000,000	270,121 (or 7%)	3,729,879

Table 2: Funding Received and Available by Donor and Funding type in USD

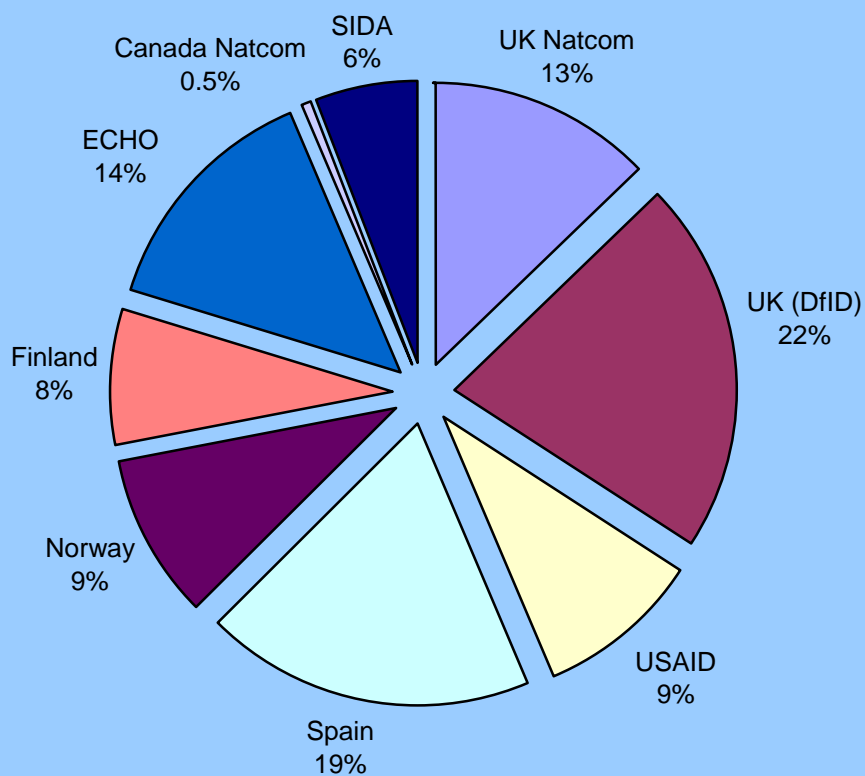
Donor Name/Type of funding	Programme Budget Allotment (PBA) reference	Programmable Amount	Contribution Amount
a) Non-thematic Emergency Funds: List all non-thematic emergency funding received in 2005 per donor in descending order by sum, for example:			
United Kingdom National Committee for UNICEF	SM/05/0528	497,683	547,446
USAID/OFDA	SM/05/0246	136,365	150,000
b) Thematic Humanitarian Funds:	SM/05/9906	270,121	
c) Carry-overs: List by donor and programmable amount			
United Kingdom (DfID)	SM/04/0438	501,643	
USAID/OFDA	SM/04/0470	9,562	
Spain	SM/04/0702	585,723	
Finland	SM/04/0758	298,707	
ECHO	SM/04/0706	597,627	
d) Other sources such as regular resources set-aside, diversion of RR, etc. in programmable amount			
Regular Resources diverted to emergency			
Regular Resources set-aside			
In-kind assistance			
Total Programmable Amount Available:		2,897,431	

It should be noted that the UNICEF Kenya Country Programme Action Plan (CPAP) strategies take cognisance of the reality of frequent drought response so particular adaptation is not required. Sufficient Other Resource funding has been available to avoid the use of loans from Headquarters and Regular Resources may be redirected towards humanitarian activities early in the year if successful appeals for further funding do not yield sufficient funds to support reallocations of government funds.

Table 3: Country-specific Thematic Humanitarian Contributions in USD

Donor	Country-specific Thematic Humanitarian Funds (Contribution Amount)
Canadian National Committee for UNICEF	21,981
SIDA	248,140

Chart 1: Contributions to the 2004/2005 Drought Appeals by Donor (USD)



Action

The increasingly acute drought situation leading to an enhanced emergency response was the largest unexpected circumstance in 2005. In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Kenyan population affected by the drought and disease outbreaks. Through the sectoral coordination mandate given to it by the Government of Kenya, UNICEF has mainly focused on the priority areas of health, nutrition, water and sanitation and education.

To solicit funds for these sectors, UNICEF issued two donor updates in April and October. Health and nutrition received the bulk of the funds requested, with education receiving the least. Given the poor response met by both appeals, priority was therefore given to supporting supplementary feeding centres and measles and polio immunisations in high-risk districts.

Education is probably the most difficult sector to promote to donors as an area for urgent intervention because of the already low rates of enrolment in the ASAL districts. Activities proposed may well have boosted enrolment beyond pre-emergency levels and may therefore have been perceived by donors to be more developmental in nature. While WES activities received only a modest amount of funds requested under the appeal, additional substantial funding was received from ECHO for WES emergency activities. Child protection issues have been particularly critical following the clashes in 2005 but this sector has received limited funding. The frequent recurrence of drought in the ASAL districts led some donors to suggest that such challenges were characteristic of the area, and as such required a more developmental rather than an emergency response.

Response and Results

Coordination

In the health, nutrition, education and the water and sanitation sectors the UNICEF programme has assisted line ministries to coordinate the response between partners active in that sector through a system of sub-committees that report to the Office of the President, which provides overall coordination of the food and non-food drought response. UNICEF works together with WFP who assists in coordinating the food response and FAO that assists in the coordination of emergency efforts in the agriculture and livestock sectors. This coordination comes in the form of setting up and chairing of monthly meetings to agree on situation assessments and analyses, programme strategy, coordination between implementing partners, circulating minutes, organising joint monitoring visits to drought affected areas and updating situation assessments in each area.

Health and Nutrition

Key results:

- About 21,300 children and 3,500 pregnant women and breastfeeding mothers benefited from the supplementary feeding program and more than 1,500 were assisted through therapeutic feeding programs.
- Close to 180,300 children in 5 districts (West Pokot, Ijara, Garissa, Wajir and Moyale) received measles vaccines and Vitamin A supplements.
- A polio campaign targeting 1,961,600 children under five years of age in 23 districts achieved an average coverage of 114% per round. More than 100% coverage was achieved due to inflow of clients from neighbouring districts.
- Some 310,000 people in Wajir, Mandera and Garissa able to access primary health care interventions following provision of basic and supplementary kits to mobile clinics and static health facilities.

- Some 1,500 pregnant women and mother-infant pairs in Wajir, Mandera and Garissa protected against malaria through the provision of Long Lasting Insecticide Treated Nets (LLITNs).

a) Rehabilitation of malnourished children and pregnant and nursing mothers: In 2005, UNICEF ensured that about US \$815,000 worth of emergency supplies, including therapeutic milk, fortified blended food, feeding kits, drugs and anthropometric equipment was procured and dispatched to support feeding programmes for malnourished children and malnourished pregnant and nursing women in Turkana, Marsabit, Kajiado and Isiolo, Wajir and Mandera, the worst-affected districts. To boost the capacity of key health centres in these districts to deal with the growing numbers of severely malnourished children, UNICEF organised specialized training and practical sessions for 20 health workers.

Table 4: UNICEF-Supported Selective Feeding Programs

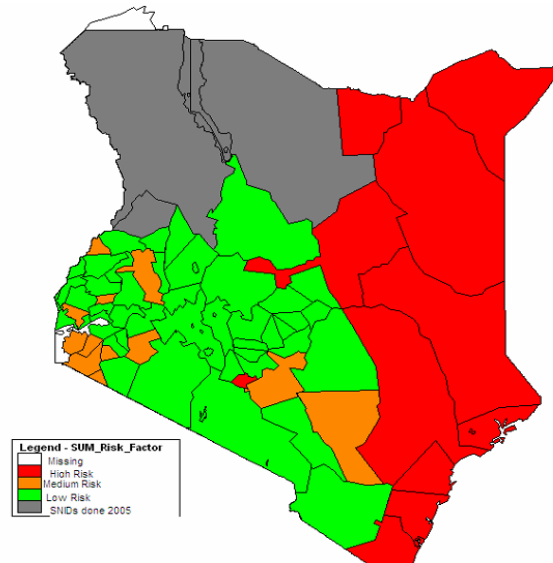
Name of Partner	District	Reporting period	Selective feeding program. No. of beneficiaries	TFC	HBC
			SFC		
AMREF	Turkana	Dec 2004 –May 2005	1,128 children (<5yrs) 115 children (> 5 yrs) 513 adults (pregnant, lactating women and other adults)	-	-
Action Against Hunger (AAH)	Mandera	Feb - Mar 2005	1118 children (<5yrs) 745 adults (pregnant, lactating women and the aged) 4357 children (<5yrs + pregnant and lactating women	118	-
		Aug - Feb 06		42	14
Merlin	Wajir	Sep 2004 – Feb 2005	3792 children (<5yrs)	35	276
		Dec 2005- Feb 06	3792 children (<5yrs)	35	276
	Turkana	Nov 2004 - Jul 2005	47 children (<5yrs)	76	539
		Dec 2005 - Feb 06	137 children (<5yrs)	8	114
CCF	Turkana	Jan – Jul 2005	4418 children	-	-
		Mar - Sep 2005	4778 children		-
MSF- France	Marsabit	Oct 2004 -Mar 2005	1375 children (< 5yrs) 2058 pregnant and lactating women)	345	-
Ministry of Health	Kajiado	Feb - Apr 2005	4697 children	100	-
Ministry of Health	Isiolo	July 2004 - Jan 2005	693 children	-	-
Ministry of Health	Marsabit	Aug - Jan 06	524	163	
Ministry of Health	Garissa	Aug - Jan 06		55	
Ministry of Health	Tana River	Aug - Jan 06		101	
CRS (Proposed Coverage)	Tana River	As of Jan 06	3305 children <5 yrs 5922 pregnant and lactating		
Salvation Army- East Africa	Turkana	Feb - Apr 2005	4846 children	-	-
Kakuma Mission Hospital	Turkana	July 2004- Jan 2005	798 children (<5yrs) 16 children (> 5 yrs) 106 adults (pregnant, lactating mothers and other adults)	-	-

N.B: Supplementary Feeding Centres (SFCs) cater to moderately malnourished children and pregnant/nursing women. Therapeutic Feeding Centres serve acutely malnourished children and HBC refers to Home-Based or outpatient care for moderately malnourished children and pregnant/lactating women.

b) Measles and polio immunization campaigns: High levels of acute global malnutrition combined with low levels of immunization and Vitamin A supplementation in the drought-affected regions highlighted the growing danger of a measles outbreak. Between October 2004 and December 2005, the GOK, with support from UNICEF and WHO, conducted 1 round of measles SIAs in 12 drought affected districts and 2 rounds of polio SIAs in 23 border districts. The measles campaigns were implemented in 7 districts in October 2004, 1 district (West Pokot) in February 2005 and in 4 districts in October 2005. Two rounds of polio vaccinations were undertaken in February- March 2005 in 3 districts bordering Sudan and in 20 other high risk districts between October and December 2005.

The Child Health ICC, the highest coordinating and policy advisory body for immunization activities and its Technical Working Groups (TWGs) played a key role in forward planning for the campaigns and in resource mobilization, especially for the polio SIAs. Amongst its key members are the line departments of the MOH and key government ministries (office of the President, the Ministry of Education, Ministry of Culture and Social Services), UNICEF, WHO, DFID and USAID. The ICC set up a national Steering Committee to identify the risk of polio importation and develop an emergency response plan. Resource mobilization was undertaken through letters of appeal signed by the Minister, followed by a presentation to stakeholders at a special ICC meeting, focusing on the threat posed to Kenya, the costs of not taking pre-emptive vaccination and the estimated costs and funding gaps. These subcommittees were replicated at the provincial and district levels for effective coordination of immunisation days planning and implementation. The provincial and district medical officers, successfully coordinated the planning and mobilization of vehicles and additional funds at their levels. WHO and UNICEF participated in cross border consultations with Sudan, and Somalia to try and enhance inter-country synchronization of the campaign dates.

Map 4: Polio High Risk Districts in 2005



c) Malaria control: Health and nutrition surveys conducted in 2005 also showed that malaria was a major problem in the drought-affected areas. Funds received were used to procure malaria supplies (quinine, sulphadoxine pyrimethamine for intermittent preventive treatment of malaria during pregnancy, supportive drugs, treatment kits, rapid diagnostic kits etc), support mobile clinics and provide malaria control measures in particular. Specific malaria control activities supported included:

- Distribution of 1,500 LLITNs for pregnant women and women-infant pairs in Garissa, Mandera and Wajir. UNICEF provided International Rescue Committee with 450 LLITN and 1,000 treatment kits for vulnerable populations in Kakuma refugee camp to offset a malaria upsurge, and provided Action Against Hunger and the Ministry of Health with 1,000 nets, treatment kits and nutrition supplies for vulnerable populations in Mandera.
- Support to social mobilization and advocacy activities as part of emergency response in one epidemic malaria district where 44 health workers were trained in Indoor Residual spraying, 30 on rapid diagnostic test kits and the management of severe malaria and 60 community sprayers trained.
- Organise the training of 75 health workers from NEP on the new malaria treatment guidelines, use of Rapid Diagnostic Test kits and laboratory diagnosis and the training 26 health workers from NEP as Trainers of Trainers in Focused Ante Natal Care and Malaria in pregnancy (FANC/MIP). Funds were also used to re-print orientation packages for health workers and community resource persons.

d) Improved delivery of minimum health care package: Approximately 310,000 persons in Wajir, Mandera and Garissa are benefiting from primary health care interventions through use of the basic and supplementary kits at mobile clinics and static health facilities, using funds from ECHO. Mobile clinics offered a vital service in areas where the distance to health facilities are very long and quality of services inadequate. Wajir and Mandera districts established a total of six mobile teams to reach the communities. At the start of each mobile clinic, staff gave health talks on hygiene, infant and young child feeding, PMTCT and HIV/AIDS.

In addition, 10 basic and 30 supplementary health kits were procured for use in Moyale and Marsabit districts following the tribal clashes. Due to interethnic tensions many of the local people migrated back to their villages and were unable to access basic healthcare. With these supplies and through the Government of Kenya and the Diocese of Marsabit, UNICEF was able to assist about 130,000 displaced persons in need of healthcare.

Constraints:

- Inadequate capacity (technical, personnel, financial, logistic and supplies) needed to scale up the emergency response. Between 33 to 40 per cent of health facilities in North Eastern Province are not operational due to an acute shortage of health workers. 26 per cent of operational health facilities are manned by community health workers.
- Insecurity in certain areas. An attack by bandits on AAH staff travelling between El Wak and Wargadud resulted in the death of an AAH contracted driver. As a result, AAH closed its therapeutic and supplementary feeding activities, supported by DfID and UNICEF, in El Wak and rural intervention areas. Due to inter-clan/inter-tribe clashes in Mandera district in early 2005 that resulted in massacres and the displacement of over 20,000 people, AAH supplementary and ambulatory nutritional programmes remained suspended until the end of February.
- In emergency situations relative under-funding of non-food sector compared to food aid, and uneven funding of the different non-food components, meant that the multi-sectoral approach was undermined.
- Immigration of non-Kenyans to centres offering health and nutritional services close to the borders has overstretched capacity of the facilities to provide these services.
- Scarcity of water in health facilities in North Eastern Province affects service delivery leading to closure of facilities and absentee staff.
- Vaccine stock-outs of BCG occurred both at the national and district levels due to insufficient funds and delayed renewal of the Vaccine Independent Initiative agreement. Unforeseen turn out for the polio campaigns also resulted in shortage of polio vaccines.
- GOK funding for immunization is lower despite attempts by GAVI to assist in pentavalent vaccine procurement and urging Government to undertake financial sustainability plans to be able to continue with pentavalent vaccines beyond GAVI funding.
- Low routine immunization coverage in the marginalized areas of the country that are also at high risks of polio importation and other EPI target disease outbreaks

Lessons Learnt:

- Continued involvement of the district level stakeholders in advocacy and social mobilization activities is essential if children are to have their rights to survival including during emergencies fulfilled.
- Health workers and volunteers should be selected from within the communities to ensure that community members are served by familiar faces that they already have confidence in, therefore reducing suspicion and increasing the demand for the antigens.
- Early disbursement of funds of funds for district level activities, in order to ensure the timelines and good quality services
- Need to inform political leaders of the misunderstandings/negative perceptions of some communities about vaccinations and family planning and to mind this as we discuss health issues within communities.
- Need to strengthen disease surveillance with special emphasis on Nairobi, which is an urban area and a major transit point for most travel in and out of the country. In early February

2006, for example, the first cases in a suspected measles outbreak were reported in Nairobi. Shortly thereafter, cases were reported elsewhere in NEP; all assumed to be linked to the Nairobi cases. Fortunately, as a result of the measles SIAs undertaken in 2005, the outbreak was contained.

Water and Environmental Sanitation

Key results:

- 215,000 people in Mandera, Wajir, Turkana, Moyale, Isiolo, Tana River, Kwale, Garissa and Samburu districts receive emergency access to safe water.
- 92,000 people benefit from longer-term interventions which included installation of equipment on 39 stressed strategic boreholes in Mandera, Wajir, Tana River, Kwale, Moyale and Isiolo and the installation of 195 handpumps in Turkana, Samburu and Wajir districts.

a) District Rapid Response Teams (RRTs): Water trucking operations were launched in drought-affected districts to keep schools and health centres operational, as well as providing domestic water and securing livelihoods. Emergency intervention activities in 12 drought affected districts reached about 94,000 people including 15,000 school children. With ECHO support, Daily Service Allowances were provided for Rapid Response Teams working in Garissa, Wajir, Mandera and Moyale. At the end of 2005, in response to the worsening drought situation, UNICEF supported the Wajir RRT with a vehicle and a driver.

b) Improvement of Water Quality: UNICEF supported water quality surveillance training for 12 District Water Officers and 12 Public Health Officers from 6 districts: Ijara, Garissa, Wajir, Tana River, Kwale and Turkana. Each district has since established a regular water quality monitoring regime and has been supplied with water testing kits.

c) Replacement and Development of Boreholes and Rain-Harvesting Structures: Access to potable water increased through the rehabilitation of 13 boreholes and extensions to pipe schemes serving about 65,000 people in 4 drought affected districts (Mandera, Wajir, Moyale and Isiolo). Meanwhile, the supply and installation of 75 hand pumps in Wajir, Samburu and Turkana districts improved access to reliable and safe water for 19,000 people. The programme supported the construction of one rock catchment water facility in Turkana district, benefiting more than 3,000 people and their livestock.

UNICEF also commissioned and completed a study on the management of community managed borehole water supplies in northern Kenya. This helped to increase our understanding of the management needs of community owned water supplies and to assess their readiness as new water service providers as required by the New Water Act 2005. In collaboration with other sections, the Water and Sanitation Section helped organized the evaluation of the ECHO-funded Emergency programme, which evaluated extent to which the funding has alleviated the effects of the drought, helped to prevent deaths and reduced future vulnerabilities. UNICEF supported and helped coordinate WESCOORD, in particular, strengthening links between national and district levels with a reporting system to improve information flow.

d) Emergency Hygiene and Sanitation: Funding from the Spanish Government went towards mobilizing partners at the district level to develop and establish a water and environmental sanitation reporting systems in Wajir, Mandera and Garissa. Twenty partners participated in the exercise, including the Ministry of Water and Public Health Department.

e) Improved capability to maintain critical water points: With support from the Spanish Government, the capacity of the Ministry of Water and Irrigation to effectively programme and monitor water activities was enhanced through GIS software installation and training for District Steering Group (DSG) members in Garissa district and HQ staff in the Ministry of Water and Irrigation. GIS mapping is currently underway in Turkana District where it will help district and central authorities to respond more effectively and sustainably to repeated drought emergencies. The programme also supported computerization of the Ministry of Water and Irrigation library to improve data management and accessibility.

Constraints:

- Lack of national sanitation policy remains a major constraint that inhibits sanitation and hygiene promotion as well as resource allocation by both GOK and communities. UNICEF has been involved and continues to support the finalization of this policy. It is also engaging the Ministry of Health in dialogue to fast track the finalization of the policy in addition to supporting implementing of part of its recommendations through capacity building to the Public health department.
- Insufficient logistical capacity to meet the demand for water trucking operations and support in many affected districts
- Inadequate timely information flow from districts to the national level

Education and Child Protection

Key results:

- 15,600 primary school children in the conflict-affected districts of Mandera and Marsabit and flood-affected Isiolo were assisted and enabled to resume education through the provision of 115 education kits.
- Provision of supplies to 36 boarding schools in 10 districts and the training of Government officials resulted in more than 1,300 children being able to continue education uninterrupted.

a) Provision of supplies, teaching and learning materials. To ensure minimal disruption in the education of children in conditions of crisis, UNICEF aimed to provide equipment and learning materials for schools and to repair critical infrastructures such as food storage facilities, water systems and latrines (the latter in conjunction with the water and sanitation programme).

b) Sensitization on protection of children and women in emergencies: With funding from the Government of Spain, 74 education managers and teachers from 15 districts in the drought and flood prone areas received training in disaster preparedness and management, contingency planning, conflict management and psycho-social care. The aim of the training was to strengthen the role of schools in emergency response.

Constraints:

- Donors continue to view education as a development issue that does not qualify for critical emergency support.
- Continuous population migration is making it difficult to reach school aged children.
- The capacities of the districts to monitor and prepare for emergency responses still need strengthening.

Partners

A key UNICEF partner at the national level is the Arid Lands Resource Management Programme (ALRMP). ALRMP was initiated in 1996 as a project to “reduce poverty and enhance food security...through procedures that enhance resilience to drought, enable the local people to determine their own development, accommodate mobile pastoralism and conserve the natural resource base.” ALRMP plays a key role in terms of assessing and co-ordinating responses to emergency situations in ASAL areas.

Key implementing partners also include: Ministry of Planning, Ministry of Health, Ministry of Water and Irrigation, Ministry of Education, UN sister agencies such as WFP, FAO and UNDP, NGOs such as AMA, Action Against Hunger, Catholic Dioceses, CIDRI, Christian Children’s Fund, CCM, Merlin, Nomad Life, Merlin, Oxfam GB, Salvation Army East Africa, Amref, PRASO, RACIDA, and World Vision.

Monitoring and Evaluation

UNICEF Sub-Office in Garissa – Staff at the Garissa office have a wide range of experience and knowledge that cuts across the four sectors (health and nutrition, water and sanitation, education and child protection) supported by UNICEF. Their proximity to the worst-affected areas and their ability to relate and communicate with communities in the area, particularly as most staff members at the office come from North Eastern Province, ensures that UNICEF interventions have maximum impact. Staff at the sub-office provide constant monitoring of the situation in these areas and ensure a quick and smooth flow of information between UNICEF's office in Nairobi and its partners in the field.

Monitoring Field Visits - Multi sectoral teams including representatives from the Government of Kenya, UNICEF, World Food Programme and NGOs conducted field visits to the drought affected districts. The teams met with the district officials, community representatives, affected populations and various organizations that work in the affected districts. In addition, drought monitoring reports by the Arid Lands Management Project, FEWS reports and Meteorological data were reviewed to track the continuing relevance of interventions.

Assessments - The Long Rains Food Security Rapid Assessments gathered information through participatory rural appraisal techniques including Community Interviews, Focus Group Discussions, Household Interviews, Clinic / Dispensary and Schools Visits, meeting with local leaders and general observations of key informants. Desk reviews and Early Warning Systems using sentinel sites data were also sources of food security information, and helped to ensure that efforts were directed to areas in greatest need.

Priorities and Funding Needs for 2006

According to a comprehensive Short-Rains Food Security Assessment in January 2006, coordinated by the KFSSG, made up of the Government of Kenya, WFP, FAO and other UN and non-governmental agencies, 395,000 metric tons of food aid will be required to feed 3.5 million Kenyans over six months. On 8 February 2006, the Government of Kenya, in collaboration with WFP, UNICEF, FAO and UNDP launched an urgent appeal for US \$ 11,817,565 for emergency food and non-food assistance.

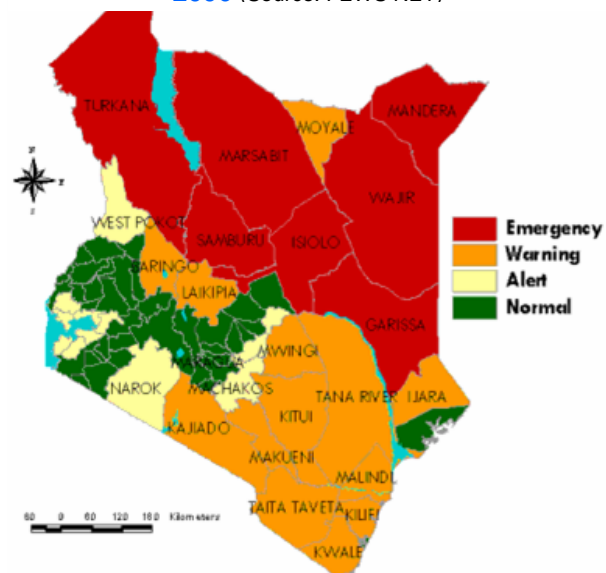
Following successive drought and poor rainfall seasons, the failure of the short-rains, especially for households already adversely impacted by successive poor seasons is severe. Pastoralists livelihoods across the country are severely threatened as the very nature of their food security system, livestock, are dying in unprecedented numbers do to lack of water, browse and pasture. Thousands of head of livestock have already died and many thousands more will succumb, as the effects of drought intensify. Rates of global acute malnutrition (GAM) have risen steeply in the northeast of the country to between 18 per cent and 30 per cent, significantly higher than the WHO threshold (15 per cent) indicating critical situation. Incidence of malaria, diarrhoeal diseases and acute respiratory infections are on the increase in some areas. Water is scarce and schools are closing down for lack of water too. Children are dropping out from schools as families migrate or they are expected to take up other chores.

Marginal farming households in eastern Kenya haven't fared any better than pastoralists. Despite its name, the short-rains season is considered the most reliable cultivation period for the eastern half of the country. Crops have wilted and died. In some locations, seeds never germinated because not one drop of rain fell. The food security situation for these households, following successive poor agricultural seasons, is abysmal and will most certainly worsen as they use whatever resources they have to feed their families.

The failure of the short rains in Kenya has a regional context as similar drought conditions prevail in neighbouring Somalia and southern Ethiopia. The vulnerability of mobile pastoralist communities has increased, as they are finding it increasingly difficult to find water and pasture in the region, including across international borders. As drought conditions persist, resource related conflicts among pastoral groups are likely to increase.

Further exacerbating the food security situation is the real likelihood that the coming long rains (late February to June) will be much below normal and may even fail in the eastern half of the country. Climate forecasts from international authorities and local/regional meteorological departments all indicate that the long rains will be poorly distributed. These forecasts suggest a worse case scenario: the failure of 2006 long rains in eastern Kenya.

Map 5: Food Security Status – February 2006 (Source: FEWS NET)



Priorities

In addition to food aid, the assessment found significant need for emergency intervention in health and nutrition, water and education.

Health and Nutrition

There are an estimated 73,000 children under five years old and 7,200 pregnant and lactating mothers suffering from moderate and severe malnutrition in the 10 most affected districts: Mandera, Wajir, Garissa, Ijara, Tana River, Isiolo, Marsabit, Moyale, Samburu and Turkana. In addition, there are some 460,386 children who require access to basic quality health care. An additional US \$2,379,740 is required between February and August for the following key interventions:

a) Targeted supplementary feeding: In order to treat the malnourished children, resources are required to institute and expand therapeutic feeding programmes in the most vulnerable districts. Funds are required for supporting additional trained Ministry of Health staff who will be deployed to the worst affected areas or for technical NGOs, for purchase of specialized nutritional products as well as technical support for monitoring adherence to proper protocols. For the moderately malnourished children regular supplementary food distribution is recommended through health facilities where possible. Communities and families need to be simultaneously sensitized on key care practices that will help in rehabilitating the children and assist to prevent recurring malnourishment. WFP and UNICEF will ensure close collaboration between supplementary feeding and general food distributions.

b) Improved Access to Basic Health Services: There is an immediate and urgent need for outreach mobile clinics and services in Wajir, Mandera, parts of Garissa, Tana River, Isiolo and Marsabit. To undertake these funds are required to purchase emergency medical supplies, de-worming tablets, insecticide treated nets and re-treatment kits. To boost immunization, accelerated outreach services must be undertaken in hard to reach areas and where routine coverage is low.

c) Nutrition and disease surveillance: In order to prioritize interventions and act on early warning information, the Ministry of Health will strengthen the collection of ongoing nutritional surveillance data which can be used with routine data collected through Arid Lands. The data will be used in conjunction with information from the routine Health Information Management System. Concerted efforts will be needed on disease surveillance and early detection of threats and outbreaks given the very vulnerable health and nutrition situation of affected population as the risk of cross-border transmission of disease.

UNICEF is assisting 17,000 children and women through supplementary and therapeutic feeding support and will be reaching an additional 19,000 by the end of March. However, an estimated 50,000 children and women in need are not being reached at present due to lack of funds. As part of reduction of vulnerability in emergencies, UNICEF has been building the capacity of communities in child caring practices known to have a bearing on nutritional status of children. Appropriate caring practices will continue to be promoted in affected districts as will be deemed necessary and it is hoped that the communities will have better resilience in times of food stress.

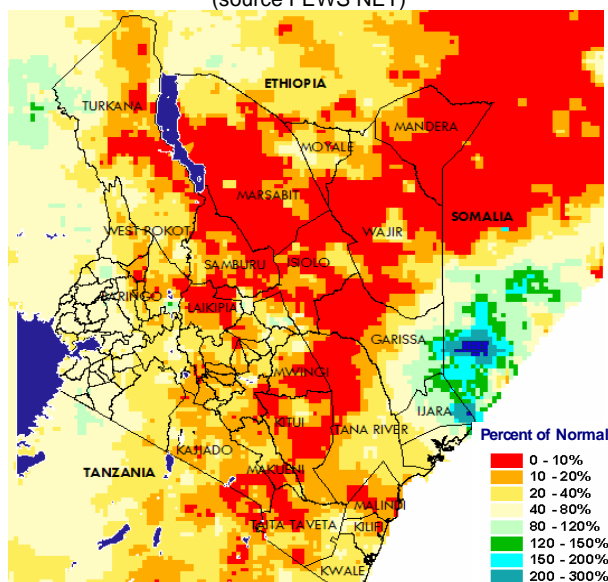
Water and Environmental Sanitation

It is estimated that about 4.5 million people are affected by unreliable and/or severe shortage of water. Of these 500,000 require the provision of emergency water services. In addition 915 schools require water storage tanks (566 of these have been delivered), 798 schools require water trucking to sustain more than 250,000 children in school and allow for preparation of school lunches. The collapse of livestock markets in the worst-affected districts areas has weakened the purchasing power of these families. Many families now cannot pay for basic necessities such as food and drugs, or pay water charges at boreholes.

Objectives of the emergency water interventions will be to: reduce the distance to water for both livestock and humans; ensure permanent water sources remain operational with breakdowns attended to within eight hours; and provide water to schools and strategic health facilities.

The Government has taken the lead, allocated additional resources and is actively working with partners to address the water crisis. However recent information from districts indicate that the needs are outstripping what is currently possible with available resources. About 300,000 people are currently served by trucked water. Twenty-five additional tankers are on their way to Kenya to support water deliveries (not UNICEF funded) as most of the Government tankers are old and leaking. Additional assistance is required to support emergency water trucking to feeding centres, schools and health facilities, purchase of fuel, spare parts and supplies for functioning of water sources, opening of 20 contingency boreholes and drilling of replacement boreholes, supply of water treatment equipment, chemicals, household filters, promotion of hygiene and sanitation as well as removal/incineration of carcasses around water points.

Map 6: Rainfall Anomalies October – December 2005
(source FEWS NET)



UNICEF has supplied 5 generating sets at US\$ 36,000; 5 submersible pumps and accessories at US\$ 25,000, electrical and mechanical spare parts at US\$ 17,000 and 41, 5000-litre water storage tanks at US\$ 14,400. A further 100 storage tanks for schools will be delivered shortly.

Education

All efforts must be harnessed to ensure that children do not miss out on educational opportunities in times of stress. Key interventions to address the problem include expansion of school feeding programme, provision of water to schools, increased bursaries for secondary school children, ensuring sufficient supplies in boarding schools as well as quality education and psychosocial support for children so that they are motivated to remain in schools. The Ministry of Education has already disbursed additional funds to start on key interventions – the current shortfall in the sector is US \$637,825 for purchase of boarding school supplies, training of education managers and teachers on psychosocial support as well as completing the water and sanitation sector through the purchase of water storage containers.

Table 5: KFSSG Appeal for Emergency Food and Non-Food Assistance
(Summary table of Water, Sanitation, Health, Nutrition and Education requirements)

	Total Requirement (USD)	Government contribution (USD)	Support provided from all other partners including UNICEF (USD)	Current shortfall (USD)	Funding appealed for by UNICEF to fill the shortfall
Water and Sanitation	18,500,000	7,300,000	7,570,000*	3,630,000	2,000,000
Health and Nutrition	6,412,435	381,055	3,651,640**	2,379,740	2,379,740
Education	2,510,626	1,711,265	161,536	637,825	637,825

*Includes pledges from ECHO (\$3.3 m), DfID (\$1.2m), OFDA (\$2.0m), Norway (\$700,000) and UNICEF (\$320,000)

**Includes US \$ 1,197,064 from DfID through UNICEF.

Out of the approximately US \$ 5 million called for by UNICEF, around US \$ 1.5 million has been received or pledged. UNICEF Kenya also expects to receive US \$750,000 for emergency water and sanitation response from CERF funds and a possible US\$ 1.25 million for health and nutrition from the same source. If these funds come through then the funding gap will be US \$1.5 million overall, including US \$750,000 shortfall for health and nutrition, US \$1.63 million gap for water and sanitation and US \$638,000 needed for emergency education and child protection.

Acronyms

AMREF	African Medical and Research Foundation
ALRMP	Arid Lands Resource Management Programme
ART	Anti Retroviral Therapy
ASAL	Arid and Semi Arid Lands
CAP	Consolidated Appeal
CCM	Comitato Collaborazione Medica
CDC	Center for Disease Control (US)
CERF	Central Emergency Response Fund
CPAP	Country Plan of Action Programme
DANIDA.	Danish International Development Agency
DfID	Department for International Development (UK)
DHMT	District Health Management Team
DSG	District Steering Group
ECHO	Humanitarian Aid Department of the European Commission
EPI	Expanded Programme of Immunization
FAO	Food and Agriculture Organisation of the United Nations
FANC/MIP	Focused Ante-Natal Care/Malaria In Pregnancy
GAM	Global Acute Malnutrition
GAVI	Global Alliance for Vaccines and Immunisation
GIS	Geographical Information Systems
GOK	Government of Kenya
HBC	Home-Based Care / Outpatient
ICC	EPI Interagency Coordinating Committee
IEC	Information and Education
ITNs/LLITNs	Insecticide Treated Nets/Long-Lasting Insecticide Treated Nets
KDHS	Kenya Demographic and Health Survey
KEPI	Kenya Expanded Programme of Immunization
GOK	Government of Kenya
KFSSG	Kenya Food Security Steering Group
KFSM	Kenya Food Security Meeting
MDGs	Millennium Development Goals
MOE	Ministry of Education
MOH	Ministry of Health
MOW/I	Ministry of Water and Irrigation
MSF	Medicins Sans Frontieres
MTSP	Medium Term Strategic Priorities
NASCOP	National AIDS and STI Control Program
NEP	North Eastern Province
NER	Net Enrolment Ratio
NGO	Non Governmental Organization
OFDA	Office of Foreign Disaster Assistance (US)
OP	Office of the President (Government of Kenya)
PRASO	Practical Solutions
PHMT	Provincial Health Management Team
PMTCT	Prevention of Mother to Child Transmission (of HIV/AIDS)
PRSP	Poverty Reduction Strategy Paper
Racida	Rural Agency for Community Integrated Development and Assistance
RRT	Rapid Response Team
SIA	Supplementary Immunisation Activity
Sida	Swedish International Development Agency
SFC	Supplementary Feeding Centres
TFC	Therapeutic Feeding Centres
TWG	Technical Working Group
UN	United Nations

UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	United States Dollars
VCT	Voluntary Counselling and Testing
WES	Water and Environmental Sanitation
WES	Water and Environmental Sanitation
WESCOORD	Water and Environmental Sanitation Coordination (committee)
WFP	World Food Programme
WHO	World Health Organisation

Annex 1: Narrative and Financial Utilization Reports by Donor

DONOR: GOVERNMENT OF THE UNITED KINGDOM AND NORTHERN IRELAND / DFID

UNICEF REF. (PBA):	SM/04/0438
TOTAL CONTRIBUTION:	US\$ 905,795
PROGRAMMABLE AMOUNT:	US\$ 823,458
FUNDS UTILISED*:	US\$ 818,471 to December 31 2005
PERIOD COVERED BY THE REPORT:	01/01/2005 – 31/03/2005

PURPOSE OF THE CONTRIBUTION: To complement the Government's efforts to improve food security and support the much needed health and nutrition emergency interventions in response to the UNICEF Kenya Drought Appeal.

RESULTS:

Activities

- ***Procurement and transportation of supplementary food and therapeutic feeding products*** – Emergency supplies procured provided immediate relief and were critical in averting deaths that would have resulted had these supplies not been available. More than US \$280,000 from the United Kingdom went towards procuring Unimix, sugar, Plumpy Nut, cooking oil, skimmed milk and therapeutic milks.
- ***Implementation of selective feeding programmes targeting malnourished children and pregnant and lactating women*** - Funding from the United Kingdom helped support targeted feeding programmes for malnourished children. During 2005, some 1,500 acutely malnourished children, 21,300 moderately malnourished children and 3,500 pregnant women and breastfeeding women benefited from UNICEF feeding programmes.
- ***Procurement and transportation of drugs and supplies for Child Health Action Days in emergency districts*** – With funding from the Government of the United Kingdom, UNICEF organized and supported Child Health Action Days to reach the large proportion of vulnerable children living in the emergency districts who do not have access to facility based health services.

Constraints

- Inadequate capacity (technical, personnel, financial, logistic and supplies) needed to scale up the emergency response. Between 33 to 40 per cent of health facilities in North Eastern Province are not operational due to an acute shortage of health workers. Twenty-six per cent of operational health facilities are manned by community health workers. High staff turnover for implementing partners in the emergency areas have also been a constraint.
- Immigration of non-Kenyans to centres offering health and nutritional services close to the borders overstretched the capacity of the facilities to provide these services.
- Scarcity of water in health facilities in North Eastern Province affects service delivery
- Vaccine stock-outs of BCG occurred both at the national and district levels due to insufficient funds and delayed renewal of the Vaccine Independent Initiative agreement. Unforeseen turn out for the polio campaigns also resulted in shortage of polio vaccines.

* This figure is an interim amount. Official expenditure figures will be provided by the UNICEF Comptroller after the closure of 2005 accounts.

Monitoring and evaluation

Frequent programme monitoring visits were undertaken with national, provincial and district level counterparts.

FINANCIAL TABLE

PBA Reference	SM/2004/0438-01
HEALTH	
Drugs for Child Health Action Days	89,747.48
NUTRITION	
Emergency nutrition supplies (Plumpy nut, Unimix, sugar, oil, therapeutic milks, dry skimmed milk)	278,664.50
Length boards, scales and MUAC	15,345.61
Partner support – Merlin and AMREF	23,735.11
Transportation, security, inspection and other charges	32,500.00
Project support	56,676.91
Total expenditure in 2005* :	496,669.61
Balance	4,987.38

ACKNOWLEDGEMENT

UNICEF Kenya Country Office would like to express its appreciation to the United Kingdom National Committee for UNICEF for availing funds which went towards rehabilitating over 22,000 malnourished children and 3,500 malnourished pregnant and nursing women through its selective feeding programmes.

* This figure is an interim amount. Official expenditure figures will be provided by the UNICEF Comptroller after the closure of 2005 accounts.

DONOR: UNITED KINGDOM AND NORTHERN IRELAND NATIONAL COMMITTEE FOR UNICEF

UNICEF REF. (PBA):	SM/05/0528
TOTAL CONTRIBUTION:	US \$547,446.00
PROGRAMMABLE AMOUNT:	US \$477,634.78
FUNDS UTILISED*:	US\$ 346,456 to December 31 2005
PBA EXPIRY:	31/12/2005
PERIOD COVERED BY THE REPORT:	01/01/2005 – 31/12/2005

PURPOSE OF THE CONTRIBUTION

To complement the Government's efforts to improve food security and support the much needed health and nutrition emergency interventions in response to the UNICEF Kenya Flash Appeal.

RESULTS

Activities

- **Support polio eradication and measles control by 2005** - Vaccines were procured through UNICEF, using funds from both DfID and the Centre for Disease Control (CDC). The roll-out of the immunization-plus strategy in North Eastern Province included supply and support the maintenance and monitoring of cold chain equipment; training of health workers on cold chain and new initiatives that boosted routine coverage. About 180,270 Kenya children under the age of five were protected from the risk of contracting measles during 2005 as part of a first round of measles SIAs in 12 drought affected districts. Children receiving the vaccinations also received Vitamin A supplements to boost their immunity against disease.

The polio campaign targeting 1,961,600 children under 5 years of age in 23 districts achieved an average coverage of 114 per cent per round. More than 100 per cent coverage was achieved due to inflow of clients from neighbouring districts.

The measles and polio campaigns were carried out in both public and private facilities, using fixed permanent posts in health facilities, temporary fixed posts in market places and bus stops; and mobile teams utilizing schools, churches, mosques and other venues. Mothers in drought affected districts were encouraged to take their children for vaccinations through messages in the local media, posters and volunteers. Polio alert messages ran in the print, radio and TV media in both English and Swahili. Funds from the UK Natcom were also used to print IEC materials (posters, fact sheets, sun visors, T-shirts and caps).

- **Malaria control** – The health and nutrition surveys conducted in 2004 and 2005 revealed high rates of malaria. The funds received were therefore used to procure emergency health kits, support mobile clinics and provide malaria control measures. Specific activities assisted by funding from the UK Natcom included:
- Procurement of lasting insecticide treated nets for pregnant women and women-infant pairs and procurement of malaria drugs e.g. quinine, sulphadoxine pyrimethamine for intermittent preventive treatment of malaria during pregnancy, supportive drugs, treatment kits, rapid diagnostic kits etc.
 - Support to social mobilization and training of health workers from NEP on the new malaria treatment guidelines.

* This figure is an interim amount. Official expenditure figures will be provided by the UNICEF Comptroller after the closure of 2005 accounts.

- **Provision of technical, material and financial support to partners to mount emergency nutrition responses-** Training of women and other primary care givers on caring practices was an essential complement of supplementary feeding programmes and support to basic health services. With funding from the United Kingdom, 20 medical health practitioners from Turkana, Marsabit, Mandera, Wajir, Garissa, and Isiolo - the worst drought-affected districts in 2005- received training in the management of severe malnutrition. This number is still low compared to the demand for such skills.
- **Health and nutrition surveys-** To determine the level and types of interventions, survey data was deemed critical; nutritional surveillance data also indicated the evolution of nutritional status over the emergency period in relation to interventions. At the request of the Kenya Food Security Group, in 2005 UNICEF directly undertook or funded 11 nutrition and health surveys including an assessment of the health and nutrition situation in Turkana, which was supported by funding from the United Kingdom. The survey, conducted by World Vision in March/April, revealed critically high malnutrition rates in Turkana Central, Kerio, Kalokol, Loroki, Lokichar and Lomelo. As a result, UNICEF took a decision to support supplementary feeding interventions in the district.
- **Procurement and transportation of emergency health and nutrition supplies-** Emergency supplies procured provided immediate relief and were critical in averting deaths that may have resulted had these supplies not been available. Emergency supplies procured and transported with funding from the United Kingdom, included Unimix, sugar, skimmed milk, plumpy nut, cooking oil, polio and measles vaccines, mosquito nets and malaria treatment kits.

Constraints

- Inadequate capacity (technical, personnel, financial, logistic and supplies) needed to scale up the emergency response. Between 33 to 40 per cent of health facilities in North Eastern Province are not operational due to an acute shortage of health workers. Twenty-six per cent of operational health facilities are manned by community health workers. High staff turnover for implementing partners in the emergency areas have also been a constraint. As a result, UNICEF partnered with local and international NGOs.
- Immigration of non-Kenyans to centres offering health and nutritional services close to the borders overstretched the capacity of the facilities to provide these services.
- Scarcity of water in health facilities in North Eastern Province affects service delivery
- Vaccine stock-outs of BCG occurred both at the national and district levels due to insufficient funds and delayed renewal of the Vaccine Independent Initiative agreement. Unforeseen turn out for the polio campaigns also resulted in shortage of polio vaccines.

Lessons learnt

- Continued involvement of the district level stakeholders in advocacy and social mobilization activities is essential if children are to have their rights to survival including during emergencies fulfilled.
- Health workers and volunteers should be selected from within the communities to ensure that community members are served by familiar faces that they already have confidence in, therefore reducing suspicion and increasing the demand for the antigens.
- Early disbursement of funds of funds for district level activities, in order to ensure the timelines and good quality services
- Need to inform political leaders of the misunderstandings/negative perceptions of some communities about vaccinations and family planning and to mind this as we inform community members about health issues.
- Different GoK geographic priorities for some interventions e.g. malaria.

Monitoring and evaluation

Supervision of the polio and measles campaigns was undertaken members of the ICC (WHO, UNICEF, or MOH), national logisticians and KEPI staff, constituted into teams. Provincial and district supervisory teams were mostly in charge of supervision and monitoring at their levels. The

teams and their supervisors collected and summarized their data on each antigen on a daily basis which was used in the daily review meetings to revise strategies for the next day, and to prepare the divisional, and subsequent final district reports which were sent as hot reports within 48 hours of the end of the campaign.

Frequent programme monitoring visits were undertaken with national, provincial and district level counterparts. Rapid assessments were conducted into malaria transmission and in emergency affected districts.

FINANCIAL TABLE

PBA Reference	SM/2005/0528-01
HEALTH	
Malaria Supplies- 30,000 ITNs, drugs,	68,103.17
Monitoring activities including voucher scheme implementation	7,187.20
Post polio SIAs evaluation	126.34
IEC Materials- T-shirts, posters, banners, car stickers	45,310.82
Procurement of 120 megaphones	33,401.11
Project monitoring of polio SIAs	7,426.19
Polio/measles campaign implementation	37,023.51
NUTRITION	
Training on management of severe malnutrition	21,602.13
Procurement, transportation and storage of contingency emergency nutrition supplies (Unimix, sugar, milk, Plumpy Nut and oil)	105,663.66
Surveys and assessments	3,341.77
Project support	17,337.39
Total spent in 2005 :	346,455.92
Total requisitioned	473,575.05
Balance (unrequisitioned)	4,059.73

ACKNOWLEDGEMENT

UNICEF Kenya Country Office would like to express its appreciation to the United Kingdom National Committee for UNICEF for availing funds which enabled the measles vaccination and vitamin A supplementation exercise to take place. This mitigated a likely measles outbreak in these vulnerable districts with a high number of malnourished and unvaccinated children and will contribute towards helping the country achieve and sustain the Millennium Development Goal of decreasing measles by a third. The funds were also used to procure mosquito nets and treatment kits. This mitigated malaria transmission in these vulnerable districts and will contribute towards helping the country achieve the Millennium Development Goal of halting and reversing the incidence of malaria in Kenya. This contribution also boosted the access to primary health care across a large part of the country. The UK Natcom's timely contribution also assisted in saving the lives of over 22,000 children and 3,500 pregnant women and breastfeeding mothers through its selective feeding programs.

* This figure is an interim amount. Official expenditure figures will be provided by the UNICEF Comptroller after the closure of 2005 accounts.

DONOR: USAID/OFDA

UNICEF REF. (PBA): SM/04/0470
TOTAL CONTRIBUTION: US\$ 250,000
PROGRAMMABLE AMOUNT: US\$ 229,350
FUNDS UTILISED*: US\$ 228,187 to Dec 2005
PBA EXPIRY: 31/03/2005

UNICEF REF. (PBA): SM/05/0246
TOTAL CONTRIBUTION: US\$ 150,000
PROGRAMMABLE AMOUNT: US\$ 136,365
FUNDS UTILISED*: US\$ 112,778 to Dec 2005
PBA EXPIRY: 31/12/2005

PERIOD COVERED BY THE REPORT: 01/01/2005 – 31/12/2005

PURPOSE OF CONTRIBUTIONS: To complement the Government's efforts to improve food security and support the much needed health and nutrition emergency interventions in response to the UNICEF Kenya Flash Appeal.

RESULTS:

Activities

- **Procurement of emergency nutrition supplies** – Therapeutic milks procured over the year were critical in averting deaths of malnourished children that would have resulted if these supplies had not been available.
- **Support to polio eradication and measles control** – With UNICEF support, 180,270 Kenya children under the age of five were protected from the risk of contracting measles during 2005 as part of a first round of measles SIAs in 12 drought affected districts. Children receiving the vaccinations also received Vitamin A supplements to boost their immunity against disease.

The polio campaign targeting 1,961,600 children under 5 years of age in 23 districts achieved an average coverage of 114 per cent per round. More than 100 per cent coverage was achieved due to inflow of clients from neighbouring districts.

The measles and polio campaigns were carried out in both public and private facilities, using fixed permanent posts in health facilities, temporary fixed posts in market places and bus stops; and mobile teams utilizing schools, churches, mosques and other venues. Mothers in drought affected districts were encouraged to take their children for vaccinations through messages in the local media, posters and volunteers. Polio alert messages ran in the print, radio and TV media in both English and Swahili. Funds were also used to print IEC materials (posters, fact sheets, sun visors, T-shirts and caps).

- **Provision of technical, material and financial support to partners to mount emergency nutrition responses** - Training of women and other primary care givers on caring practices was an essential complement of supplementary feeding programmes and support to basic health services. With funding from USAID/OFDA, 20 medical health practitioners from Turkana, Marsabit, Mandera, Wajir, Garissa, and Isiolo - the worst drought-affected districts

* This figure is an interim amount. Official expenditure figures will be provided by the UNICEF Comptroller after the closure of 2005 accounts.

* This figure is an interim amount. Official expenditure figures will be provided by the UNICEF Comptroller after the closure of 2005 accounts.

in 2005- received training in the management of severe malnutrition. This number is still low compared to the demand for such skills.

- **Health and nutrition surveys-** To determine the level and types of interventions, survey data was deemed critical; nutritional surveillance data also indicated the evolution of nutritional status over the emergency period in relation to interventions. At the request of the Kenya Food Security Group, in 2005 UNICEF directly undertook or funded 11 nutrition and health surveys. Funding from USAID/OFDA was used in part to support World Vision's assessment of the health and nutrition situations in Turkana and Kajiado districts. The surveys conducted in March/April, revealed that situation had improved in Kajiado but that critically high malnutrition rates persisted in Turkana Central, Kerio, Kalokol, Loroki, Lokichar and Lomelo. As a result, UNICEF supported nutrition interventions in the district.
- **Procurement and transportation of emergency health and nutrition supplies -** Emergency supplies procured provided immediate relief and were critical in averting deaths that would have resulted had these supplies not been available. Emergency supplies procured and transported with funding from USAID/OFDA included polio and measles vaccines, injection, emergency health kits and other health and nutrition and related supplies.

Constraints

- Vaccine stock-outs of BCG occurred both at the national and district levels due to insufficient funds and delayed renewal of the Vaccine Independent Initiative agreement. Unforeseen turn out for the polio campaigns also resulted in shortage of polio vaccines.
- Inadequate capacity (technical, personnel, financial, logistic and supplies) needed to scale up the emergency response. Between 33 to 40 per cent of health facilities in North Eastern Province are not operational due to an acute shortage of health workers. 26 per cent of operational health facilities are manned by community health workers.
- Immigration of non-Kenyans to centres offering health and nutritional services close to the borders overstretched the capacity of the facilities to provide these services.
- Scarcity of water in health facilities in North Eastern Province affects service delivery

Lessons learnt

- Continued involvement of the district level stakeholders in advocacy and social mobilization activities is essential if children are to have their rights to survival including during emergencies fulfilled.
- Health workers and volunteers should be selected from within the communities to ensure that community members are served by familiar faces that they already have confidence in, therefore reducing suspicion and increasing the demand for the antigens.
- Early disbursement of funds of funds for district level activities, in order to ensure the timelines and good quality services
- Need to inform political leaders of the misunderstandings/negative perceptions of some communities about vaccinations and family planning and to mind this as we inform community members about health issues.

Monitoring and evaluation

Supervision of the polio and measles campaigns was undertaken members of the ICC (WHO, UNICEF, or MOH), national logisticians and KEPI staff, constituted into teams. Provincial and district supervisory teams were mostly in charge of supervision and monitoring at their levels. The teams and their supervisors collected and summarized their data on each antigen on a daily basis which was used in the daily review meetings to revise strategies for the next day, and to prepare the divisional, and subsequent final district reports which were sent as hot reports within 48 hours of the end of the campaign.

Frequent programme monitoring visits were undertaken with national, provincial and district level counterparts.

FINANCIAL TABLES

PBA Reference	SM/2004/0470-01
NUTRITION	
Emergency nutrition supplies (Therapeutic milks)	8,497.68
Total spent in 2005 :	8,497.68
Total requisitioned	233,854.17
Balance (unrequisitioned)	-4504.17

PBA Reference	SM/2005/0246-01
HEALTH	
Implementation of polio and measles campaigns	25,474.57
Production of IEC materials- posters, T-shirts	19,447.58
Campaigns monitoring and support to report writing	1,214.17
NUTRITION	
Technical, material and financial support for Vitamin A supplements and IITNs	19,668.76
Transportation, procurement and handling of emergency nutrition supplies	28,788.62
Partner support (World Vision)	5,892.13
Child Health Action Days in Wajir	11,457.43
Project support	834.69
Total spent in 2005 :	112,777.95
Total requisitioned	136,020.82
Balance (unrequisitioned)	344.18

ACKNOWLEDGMENT:

UNICEF Kenya Country Office would like to express its appreciation to USAID/OFDA for availing funds which enabled the measles vaccination and Vitamin A supplementation exercise to take place. This mitigated a likely measles outbreak in these vulnerable districts with a high number of malnourished and unvaccinated children and will contribute towards helping the country achieve and sustain the Millennium Development Goal of decreasing measles by a third. USAID/OFDA 's timely contribution also contributed to the rehabilitation of over 22,000 malnourished children and 3,500 malnourished pregnant and nursing women through its selective feeding programs.

* This figure is an interim amount. Official expenditure figures will be provided by the UNICEF Comptroller after the closure of 2005 accounts.

DONOR: GOVERNMENT OF SPAIN

UNICEF REF. (PBA):	SM/2004/0702
TOTAL CONTRIBUTION:	US\$ 740,107.40
PROGRAMMABLE AMOUNT:	US\$ 723, 421.78
FUNDS UTILISED*:	US\$ 713,192.69
PERIOD COVERED BY THE REPORT:	01/01/2005 – 31/12-2005
PBA EXPIRY:	31/12/2005

PURPOSE OF THE CONTRIBUTION: Support to the Drought Appeal of 2004.

RESULTS:

Activities

- ***Surge capacity of strategic boarding schools boosted*** – Funding from the Government of Spain helped ensure that primary schools in Garissa, Turkana, Marsabit, Ijara, Moyale and flood-affected Merti received boarding supplies enabling more than 1,300 children being able to continue education.
- **Sensitization on protection of children and women in emergencies:** A total of 74 education managers and teachers from 15 districts in the drought and flood prone areas received training in disaster preparedness and management, contingency planning, conflict management and psycho-social care. The aim of the training was to strengthen the role of schools in emergency response.
- ***Expanded programme on immunisation-*** Almost US \$150,000 from the Spanish government went towards ensuring that 180,270 Kenya children under the age of five were protected from the risk of contracting measles during 2005 as part of a first round of measles SIAs in 12 drought affected districts. Children receiving the vaccinations also received Vitamin A supplements to boost their immunity against disease.

The polio campaign targeting 1,961,600 children under 5 years of age in 23 districts achieved an average coverage of 114 per cent per round. More than 100 per cent coverage was achieved due to inflow of clients from neighbouring districts.

The measles and polio campaigns were carried out in both public and private facilities, using fixed permanent posts in health facilities, temporary fixed posts in market places and bus stops; and mobile teams utilizing schools, churches, mosques and other venues. Mothers in drought affected districts were encouraged to take their children for vaccinations through messages in the local media, posters and volunteers. Polio alert messages ran in the print, radio and TV media in both English and Swahili. Funds were also used to print IEC materials (posters, fact sheets, sun visors, T-shirts and caps).

- ***Malaria control-*** The health and nutrition surveys conducted in 2004 and 2005 revealed high rates of malaria. The funds received were therefore used to procure emergency health kits, support mobile clinics and provide malaria control measures. In total, close to US \$135,000 from the Spanish Government was used to fund malaria control activities that included:
 - Procurement of lasting insecticide treated nets for pregnant women and women-infant pairs and procurement of malaria drugs e.g. quinine, sulphadoxine pyrimethamine for intermittent preventive treatment of malaria during pregnancy, supportive drugs, treatment kits, rapid diagnostic kits etc.

* This figure is an interim amount. Official expenditure figures will be provided by the UNICEF Comptroller after the closure of 2005 accounts.

- Support to social mobilization and training of 75 health workers from NEP on the new malaria treatment guidelines, use of Rapid Diagnostic Test kits and laboratory diagnosis. In addition, 26 health workers from NEP were trained as trainers in Focused Ante Natal Care and Malaria in pregnancy (FANC/MIP). Funds were also used to re-print orientation packages for health workers and community resource persons.
- **Assessment of the nutrition situation in six priority districts** – In collaboration with the Government, nutritional surveys were conducted in Taita Taveta, Kitui, Isiolo, Turkana and Kwale. Based on the survey results, which revealed crisis situations with up to 25-30 per cent global acute malnutrition in certain districts, emergency nutrition interventions were supported in Turkana.
- **Nutritional status of children ensured through provision of supplementary and therapeutic food** - Therapeutic milks and other emergency supplies procured provided immediate relief and were critical in averting deaths that might have resulted had these supplies not been available.
- **Ensure that community hygiene and sanitation standards are improved in communities at risk of a cholera outbreak** – Funding from the Spanish Government went towards mobilizing partners at the district level to develop and establish a water and environmental sanitation reporting systems in Wajir, Mandera and Garissa. Twenty partners participated in the exercise, including the Ministry of Water and Public Health Department.
- **Capability to maintain and predict failure of critical water points strengthened-** With support from the Spanish Government, the capacity of the Ministry of Water and Irrigation to effectively programme and monitor water activities was enhanced through GIS software installation and training for District Steering Group (DSG) members in Garissa district and HQ staff in the Ministry of Water and Irrigation. GIS mapping is currently underway in Turkana District where it will help district and central authorities to respond more effectively and sustainably to repeated drought emergencies. The programme also supported computerization of the Ministry of Water and Irrigation library to improve data management and accessibility.

Other activities in the same vein included:

- Leveraging of additional funding to accelerate long term water sector development in drought prone areas. In this regard, 5 Log Frame Analysis workshops were organised with participation from NGOs, CBOs, the government and donor community. They resulted in the completion and submission of participatory proposals for an EU/ACP water facility at US\$ 5 million.
- Borehole operation training was organised in Garissa and Mandera to enhance sustainability and community ownership of the newly developed boreholes. As a result management of each of the 12 boreholes targeted improved.
- Twenty-five solar pumps were installed in West Pokot to support school gardening and local food production. 10 of these pumps were installed by community members themselves. The project helped boost school attendance by girls and benefited from community contribution and commitment.
- Nine Community Based Organisations in Mandera, Wajir, Kwale, Isiolo and Garissa were trained in financial and project management.
- Community-led disaster mitigation and emergency response planning was conducted. Activities carried out by district are summarised in the table below:

District	Activity	Results
Mandera Kalicha, Ashabito	Construction of pump house and installation of boreholes	Improved water supply to 10,000 people and their livestock preventing loss of livelihood and minimising migration 400 girls were able to remain in school despite the drought
Kutulo	Extension of pipelines to girls' boarding school	
Kwale Chengoni	Extension of pipe line to schools in arid areas and improvement of mains	Reliable access to water for 10,000 people, including school children. 5 women's groups able to supplement incomes selling water
Maledi, Saba Saba, Mwangoni	Installation of motorized pumping equipment	Improved water access for 9,000 people. 3 women's groups able to supplement incomes selling water
Marsabit Turbi, Bubisa	Provision of emergency relief following a massacre triggered by competition over grazing lands.	5000 people assisted
Busia Budanlangi	Emergency response to threat of cholera outbreak arising from flooding.	20,000 people assisted

Constraints

- Inadequate capacity (technical, personnel, financial, logistic and supplies) needed to scale up the emergency response. Between 33 to 40 per cent of health facilities in North Eastern Province are not operational due to an acute shortage of health workers. About 26 per cent of operational health facilities are manned by community health workers. As a result, UNICEF partnered with local and international NGOs.
- Vaccine stock-outs of BCG occurred both at the national and district levels due to insufficient funds and delayed renewal of the Vaccine Independent Initiative agreement. Unforeseen turn out for the polio campaigns also resulted in shortage of polio vaccines.
- Immigration of non-Kenyans to centres offering health and nutritional services close to the borders overstretched the capacity of the facilities to provide these services.
- Scarcity of water in health facilities in North Eastern Province affects service delivery.
- Suppliers delayed delivery of the construction materials, delaying the construction of the water pipeline in Chengoni, Kwale. As a result, community groups did not complete the installations within the planning period. Close follow up ensured deliveries were carried out.
- Inadequate water in many boarding schools.
- Communication due to poor infrastructure and difficult terrain.

Lessons learnt

- Continued involvement of the district level stakeholders in advocacy and social mobilization activities is essential if children are to have their rights to survival including during emergencies fulfilled.
- Health workers and volunteers should be selected from within the communities to ensure that community members are served by familiar faces that they already have confidence in, therefore reducing suspicion and increasing the demand for the antigens.
- Early disbursement of funds of funds for district level activities, in order to ensure the timelines and good quality services
- Need to inform political leaders of the misunderstandings/negative perceptions of some communities about vaccinations and family planning and to mind this as we inform community members about health issues.

- Different GoK geographic priorities for some interventions e.g. malaria.

Monitoring and evaluation

Supervision of the polio and measles campaigns was undertaken members of the ICC (WHO, UNICEF, or MOH), national logisticians and KEPI staff, constituted into teams. Provincial and district supervisory teams were mostly in charge of supervision and monitoring at their levels. The teams and their supervisors collected and summarized their data on each antigen on a daily basis which was used in the daily review meetings to revise strategies for the next day, and to prepare the divisional, and subsequent final district reports which were sent as hot reports within 48 hours of the end of the campaign.

Frequent programme monitoring visits were undertaken with national, provincial and district level counterparts. Rapid assessments were conducted into malaria transmission and in emergency affected districts.

FINANCIAL TABLE

PBA Reference	SM/2004/0702-01
EDUCATION	
Boarding supplies for Garissa, Turkana, Marsabit, Ijara, Moyale	43,369.62
Disaster preparedness and management training	26,154.47
Delivery of emergency supplies following Merti floods	314.35
Assessment of learning situation in Narok	181.26
HEALTH	
Malaria Supplies – re-treatment kits, drugs and 15 microscopes	81,328.18
Malaria Campaign: FANC/MIP, social mobilization and emergency response, 75 health workers trained on new malaria treatment guidelines, voucher scheme, fundraising and participation in the Multilateral Initiative	43,961.16
Rapid assessment of malaria transmission	9,000.00
Emergency polio and measles campaigns	149,499.86
NUTRITION	
Six nutrition surveys	37,116.14
Partner support	10,588.37
Project monitoring	3,634.95
Emergency nutrition supplies (Unimix and Plumpy Nut)	55,871.36
WATER AND SANITATION	
Water trucking in Mandera, Garissa and Ijara	43,750.63
Community training	12,632.35
Service lines for Kotulo Primary	4,253.05
Kalicha and Ashabito boreholes	9,253.99
Training on GIS and resource management	19,200.00
Training of CBOs/NGOs	2,319.30
Construction materials for Maledi borehole, Mwagoni pumphouse/tower, Saba Saba pumphouse/tower, Samburu-Silatoni water pipeline	19,731.77
Emergency supplies for cholera outbreak in Busia	3,499.99
Grunfoss assessment mission to West Pokot	2,279.43
Development of proposals to EU/ACP water facility	2,974.50
Project monitoring	8,642.29
Project support	123,635.67
Total spent in 2005 :	713,192.69

* This figure is an interim amount. Official expenditure figures will be provided by the UNICEF Comptroller after the closure of 2005 accounts.

Total requisitioned	814,718.51
Balance (unrequisitioned)	-74,611.11

ACKNOWLEDGEMENT

UNICEF would like to thank the Spanish Government for providing this funding, which helped to provide clean water to thousands of vulnerable Kenyans during the drought emergency of 2004/2005. Funding from the Government of Spain also enabled the measles immunisation and Vitamin A supplementation exercise. This mitigated a likely measles outbreak in these vulnerable districts with a high number of malnourished and unvaccinated children and will contribute towards helping the country achieve and sustain the Millennium Development Goal of decreasing measles by a third. The funds were also used to procure mosquito nets and treatment kits. This mitigated malaria transmission in these vulnerable districts and will contribute towards helping the country achieve the Millennium Development Goal of halting and reversing the incidence of malaria in Kenya. This contribution also boosted the access to primary health care across a large part of the country.

The Spanish Government's timely contribution also contributed to saving the lives of over 22,000 children and 3,500 pregnant women and breastfeeding mothers through its selective feeding programs.

DONOR: GOVERNMENT OF FINLAND

UNICEF REF. (PBA):	SM/2004/0758
TOTAL CONTRIBUTION:	US\$ 331,565.00
PROGRAMMABLE AMOUNT:	US\$ 298,706.91
FUNDS UTILISED:	US\$ 235,176 to Dec 2005
PERIOD COVERED:	01/01/2005 – 31/12/2005

PURPOSE OF THE CONTRIBUTION: To support activities under the UNICEF Kenya Drought Appeal of 2004.

RESULTS:

Activities

- **Malaria control-** The health and nutrition surveys conducted in 2004 and 2005 revealed high rates of malaria. The funds received were therefore used to procure emergency health kits, support mobile clinics and provide malaria control measures. Specific activities assisted in part by funding from the Government of Finland included the procurement of long lasting insecticide treated nets for pregnant women and women-infant pairs, malaria drugs e.g. quinine, sulphadoxine pyrimethamine for intermittent preventive treatment of malaria during pregnancy, supportive drugs, treatment kits, rapid diagnostic kits and laboratory supplies etc. Funds were also used to support training of health workers on Focused Ante Natal Care and Malaria in pregnancy (FANC/MIP).
- **Emergency health kits** – Close to US \$19,500 was used to procure health kits for use in Moyale and Marsabit districts following the tribal clashes. Due to interethnic tensions many of the local people migrated back to their villages and were unable to access basic healthcare. With these supplies and through the Government of Kenya and the Diocese of Marsabit, UNICEF was able to assist about 130,000 displaced persons in need of healthcare.
- **Procurement and transportation of emergency nutrition supplies** - Therapeutic milks and other emergency supplies such as Plumpy Nut and Unimix provided immediate relief and were critical in averting deaths that may have resulted had these supplies not been available.
- **Procurement and installation of gensets, pumps, spares & repairs; storage tanks and distribution systems, rehabilitation of other water supply systems, including pipelines, installation of hand-pumps for shallow wells-** Funds from the Government of Finland were used to support the extension of service lines from the borehole at Kotulo Primary in Wajir, which serves more than 12,000 people. Funds were also used to install handpumps in Namunyak, Samburu and procure a 27 KVA generator for Mandera.

During periods of severe drought when water pans (open depressions in the ground for collecting rainwater) have dried-up, communities concentrate near the few permanent water points, especially boreholes. These critical water points are over-utilized and prone to frequent breakdowns. To ensure the sustainability of these heavily relied upon water points, a study on community managed boreholes was undertaken. Based on the results of the study, community borehole operation training was organised in Garissa and Mandera to enhance sustainability and community ownership of the newly developed boreholes. As a result management of each of the 12 boreholes targeted improved.

- **Capability to maintain and predict failure of critical water points strengthened-** Funding from the Finnish Government also partially supported the development of a management information system in Turkana to improve the capacity of the Ministry of Water and Irrigation to effectively programme and monitor water activities in the district through GIS mapping. It is

expected that the initiative will enable help district and central authorities to respond more effectively and sustainably to repeated drought emergencies.

Constraints

- Different GOK geographic priorities for some interventions e.g. malaria resulted in some confusion.

Lessons learnt

- Continued involvement of the district level stakeholders in advocacy and social mobilization activities is essential if children are to have their rights to survival including during emergencies fulfilled.
- Early disbursement of funds of funds for district level activities, in order to ensure the timelines and good quality services

Monitoring and evaluation

Frequent programme monitoring visits were undertaken with national, provincial and district level counterparts. Rapid assessments were conducted into malaria transmission and in emergency affected districts.

FINANCIAL TABLE

PBA Reference	SM/2004/0758-01
HEALTH	
Malaria control: Malaria transmission study, FANC activities, malaria supplies (LLITNs and lab supplies)	48,133.46
Procurement of 12 emergency health kits	23,706.07
NUTRITION	
Transportation of emergency supplies	16,685.01
Plumpy Nut	41,180.65
Unimix	30,741.08
WATER AND SANITATION	
Service lines for Kotulo Primary	4,025.22
Installation of handpumps	6,510.42
27KVA generator for Mandera	9,345.27
Study of community managed boreholes	9,847.66
Development of management info system in Turkana	36,762.12
Project support in 2005	8,239.18
Total spent in 2005 :	235,176.14
Total requisitioned	299,379.22
Balance (unrequisitioned)	-672.31

ACKNOWLEDGEMENT

UNICEF Kenya Country Office would like to express its appreciation to the Government of Finland for availing funds which were used to procure mosquito nets and treatment kits. This mitigated malaria transmission in these vulnerable districts and will contribute towards helping the country achieve the Millennium Development Goal of halting and reversing the incidence of malaria in Kenya. This contribution also boosted the access to primary health care across a large part of the country.

* This figure is an interim amount. Official expenditure figures will be provided by the UNICEF Comptroller after the closure of 2005 accounts.

DONOR: ECHO

UNICEF REF. (PBA):	SM/2004/0706
TOTAL CONTRIBUTION:	US\$ 598,820
PROGRAMMABLE AMOUNT:	US\$ 548,633.66
FUNDS UTILISED:	US\$ 586,949
PERIOD COVERED:	01/11/2004 – 31/12/2005
PBA EXPIRY:	20/08/2005

PURPOSE OF THE CONTRIBUTION: To support activities under the UNICEF Kenya Drought Appeal of 2004.

RESULTS:

Activities

- ***Provide accurate and timely data for determining the nutrition and health situation and monitoring trends-*** Data was collected from Kwale, Isiolo, Kajiado and Mandera districts, and surveys were undertaken in Turkana, Mandera, Kajiado, Wajir, Makueni, Kwale and Isiolo Districts. The long rains assessment was also conducted in part with ECHO funding.

- ***Increase measles immunisation coverage through an immunisation campaign amongst the under fives in the affected districts*** -149,730 doses of measles vaccine were procured. These were used in implementing a Measles Supplementary Immunisation Campaign in four districts, namely Ijara, Mandera, Garissa and Wajir for 202,601 children aged 9 months to 48 months. The program also purchased 200,000 auto destruct syringes, 165,000 reconstitution syringes, and 5,000 safety boxes for the disposal of needles and syringes of 100 syringe capacity.

A total of 180,270 Kenyan children under the age of five were protected from the risk of contracting measles during 2005 as part of a first round of measles SIAs in 12 drought affected districts.

- ***Reduce Vitamin A deficiency through a Vitamin A supplementation campaign for lactating mothers and under fives*** – Children receiving the measles vaccinations also received Vitamin A supplements to boost their immunity against disease.
- ***Minimise malaria transmission through the distribution of Insecticide Treated Mosquito nets especially to pregnant mothers and children under 5*** – In 2005, donors, through UNICEF, provided 6,500 long lasting insecticide treated nets for pregnant women and women-infant pairs in 3 districts. Of these, 1,500 insecticide treated nets were purchased with ECHO funds for an equivalent number of mother-infant pairs in Wajir and Garissa Districts.
- ***Ensure access by women and children to a basic free health care package-*** Fifty basic kits for the management of 1,000 persons each for three months were procured with ECHO funds, as were 42 supplementary drug kits for the management of 10,000 persons each for three months. As a result, 470,000 people in the North-East Province and Marsabit and Moyale districts received primary health care interventions free of charge over a period of three months.
- ***Sensitize community members on HIV/AIDS prevention during immunization sessions and at food distribution centres-*** Approximately 160,000 people in the North Eastern Province were targeted for HIV/AIDS sensitisation during the free health clinics. HIV/AIDS talks were given by the health staff to women and men separately due to cultural sensitivities. Beneficiaries received awareness materials through the National STI and AIDS Control

Program that includes information on where to go for VCT (Voluntary Counselling and Testing) and ART / PMTCT (Antiretroviral Therapy and Prevention of Mother to Child Transmission of HIV services).

- **Water tankering where critical (and not covered by ALRMP)** - US\$ 6,000 initially set aside to support water tankering was reprogrammed following failure of Moyale district to mobilize sufficient water tankers as some of the GOK trucks were in poor mechanical state. These funds were reprogrammed for rehabilitation of overstressed facilities, which doubled as sources for water-tankering operations. CCM, the NGO partner in Moyale district, was thus authorized to reprogram funds towards purchase of fast moving spare parts for overhauling equipment at six affected boreholes. This has improved efficiency of operation of these facilities and thus cut operational costs to communities already taxed by the drought. More than 20,000 people and their livestock benefited from this intervention.

This funding contribution expanded initial UNICEF interventions through reprogrammed funds from the regular programmes and the emergency facility provided by UNICEF HQ. Timely needs assessments and early response helped to quickly identify point specific needs which helped to direct response and minimize effects of the drought on affected populations. It has also prevented large population movements for up to 60,000 people and their livestock and provided continuity in at least 15 schools and 15 health facilities in affected locations making them remain open and functional.

- **Rehabilitation of boreholes (gensets, pumps, spares & repairs; storage tanks and distribution systems), rehabilitation of other water supply systems, including pipelines, installation of hand-pumps for shallow wells-** More than 75,000 people benefited from the programme in the most affected districts. Per capita water use rose from a baseline of 2 litres per person per day to 10 litres. Management capacity was also improved through the provision of matching funds to the ECHO support to carry out training of community members in the management, operation and maintenance of WES facilities.

In addition to the above, family water kits were distributed to particularly needy families, and water testing kits (portable laboratories) were delivered to district public health officials to enable them to monitor (principally bacteriological) water quality. This proved particularly useful in Wajir South late in 2004, when high diarrhoea incidence was leading to unacceptably high infant mortality and morbidity rates, and problem areas needed to be defined.

Constraints

- Inadequate capacity (technical, personnel, financial, logistic and supplies) needed to scale up the emergency response. Between 33 to 40 per cent of health facilities in North Eastern Province are not operational due to an acute shortage of health workers. 26 per cent of operational health facilities are manned by community health workers.
- Immigration of non-Kenyans to centres offering health and nutritional services close to the borders overstretched the capacity of the facilities to provide these services.
- Scarcity of water in health facilities in North Eastern Province affects service delivery.
- Communication due to poor infrastructure and difficult terrain.

Monitoring and evaluation

UNICEF organised an assessment of the ECHO-funded Emergency programme, which evaluated extent to which the funding has alleviated the effects of the drought, helped to prevent deaths and reduced future vulnerabilities. A detailed report on the activities supported by ECHO under this project, and the use of funds, was submitted in November 2005.

PBA Reference	SM/04/0706
HEALTH	
Mobile clinic services	21,247.21

Emergency and supplementary health kits	54,447.79
Long Lasting Insecticide Treated Nets	8,685.00
Measles vaccines (vials of 10 doses)	20,209.50
Syringes	31,081.02
Airfreight for EPI vaccine and related health supplies	10,524.00
NUTRITION	
Survey materials and field work	79,634.40
WATER AND SANITATION	
Water tinkering	50,697.03
DSA for Rapid Response Teams in 4 districts	10,905.68
Rehabilitation of Mandera boreholes, Kalicha water supply, Ashabito Morothile water scheme and Yakbarsadi borehole	76,638.12
Generator sets	11,231.00
Submersible pumps with motors and cables	31,259.82
Water testing kits	25,568.67
Installation and purchase of handpumps for Turkana, Wajir and Isiolo	9,667.97
Lister spares and accessories for emergency	11,611.60
Airfreight for WES supplies	50,041.67
Contract for Emergency WES Coordinator	55,000.00
Visibility: ECHO logos	162.91
Project support	21,101.29
Total:	548,633.66

ACKNOWLEDGEMENT

UNICEF Kenya Country Office would like to express its appreciation to ECHO for availing funds which were used to procure mosquito nets and treatment kits. This mitigated malaria transmission in these vulnerable districts and will contribute towards helping the country achieve the Millennium Development Goal of halting and reversing the incidence of malaria in Kenya. This contribution also boosted the access to primary health care across a large part of the country.

Annex 2: Emergency Flash Appeal and Donor Update – 22 April 2005

Annex 3: Emergency Flash Appeal and Donor Update – 6 October 2005

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION

KENYA

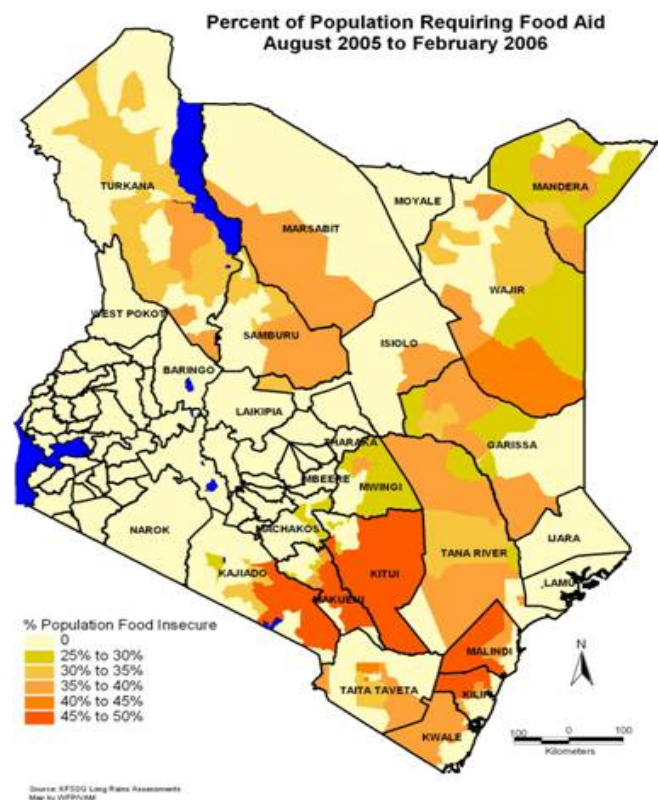
DONOR UPDATE 6 OCTOBER 2005

UNICEF URGENTLY REQUIRES US\$ 4 MILLION TO EASE THE IMPACT OF DROUGHT ON CHILDREN AND CARE-GIVERS

- Drought continues to afflict thousands of Kenyan children, leaving more than 20,000 malnourished or at serious risk of malnutrition.
- The risk of polio has risen sharply in drought-affected districts bordering Sudan, Ethiopia and Somalia where the disease has already re-emerged.
- Rising inter-tribal/inter-clan violence in 2005 has resulted in child deaths, injuries and displacement.

1. EMERGENCY OVERVIEW AND ISSUES FOR CHILDREN

Parts of Kenya remain critically food insecure and in need of relief assistance until at least February 2006, when the next harvest should become available. The Government of Kenya and the World Food Programme have extended the Emergency Operations to cater for 1.2 million people including 200,000 school children through the expanded school feeding programme.



Nutrition

Data from July 2005 assessments undertaken by Government together with partners, including UNICEF¹, show that although the general situation seems to have improved, the health and nutrition situation of children remain of concern in some districts.

In March/April 2005, nine integrated health and nutrition surveys were conducted by UNICEF in partnership with Ministry of Health, Office of the President, and by World Vision, Christian Children's Fund, Oxfam GB and Action Against Hunger in Isiolo, Kwale, Kajiado, Turkana and Mandera districts. Results showed global acute malnutrition (GAM) rates were highest in parts of Mandera and Turkana, affecting over 25% of children under five.

A different scenario was found in the coastal district of Kwale, where GAM was 5.9 % but chronic malnutrition rates were very high, affecting a third (33.7%) of all children under-five and indicating long-term nutritional deprivation. A similar situation was present in Makueni, where the district survey conducted in July 2005 revealed a stunting rate of 34%.

The effects of food insecurity in all districts are compounded by poor infant/young child feeding practices, morbidity, and high levels of poverty. District health systems in all these areas lack the capacity to detect and manage malnutrition according to international standards.

Health

Surveys in March/April 2005 and July 2005 showed that 62% of deaths among under-five children in northwest Turkana resulted from fever and malaria, 28% from cough and difficult breathing and 10% from diarrhoea. Bilharzia is common in the coast region with more than 25% children testing positive in some of the districts. There is also a high prevalence of intestinal worms among children. Frequent outbreaks of diarrhoea and cholera are linked to low latrine coverage (50% in Kwale) and reliance on unprotected water sources.

Water and Sanitation

The 2005 long rains assessment reports indicate a general improvement of the water situation in some of the drought-affected areas. However, the pastoral households of the North Eastern, the marginal agricultural households of Eastern Province and the pastoral households of Coastal Province, especially Tana River and Kwale remain of immediate concern.

In parts of Marsabit and Mandera and Wajir along the Kenya- Somalia border a significant population could not access areas with water and pasture due to armed conflict or were forced to flee their homes and close schools.

Hygiene and sanitation remain causes of concern in all regions. While in many of the surveyed areas no water and sanitation-related disease outbreaks were reported, the incidence of diarrhoea was very high. Particular areas of concern are the marginal agricultural areas and Kwale with over 28 % diarrhoeal disease incidences.

Education and Protection

Given the low enrolment rates of children in schools and the extreme gender disparities in some areas, the need for psychosocial support and life skills support for children affected by drought and violence cannot be overemphasized.

In 2005, a large number of tribal and clan clashes have occurred between various groups, and increasingly children have been among the victims. In Marsabit, a massacre in July 2005 left about 100 people dead – including more than 20 children killed at their primary boarding school – and hundreds more injured and displaced. In the vast majority of clashes, the perpetrators act with impunity.

Since December 2004 an estimated 20,000 people have been displaced by violence in Mandera district. According to a UNICEF investigation, many displaced and injured people are traumatized and have lost confidence in the institutions that should have protected them. In several locations, even before the clashes, children were exposed to numerous rights abuses including sexual assault while they were out searching for water and fuel wood.

¹ Kenya Food Security Steering Group. Long Rains Assessment Report, August 2005.

The traumatized survivors of these events are uprooted from their schools, forced to flee their homes and abandon their family livelihoods. In Isiolo district some children resorted to survival sex – selling sex to get money or other material support for themselves and their families. Many of the children exposed to these circumstances have left their homes and now live on the streets where the risks of contracting HIV/AIDS are particularly high. The national HIV/AIDS prevalence is officially estimated at 6.8% but there are wide regional variations.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

Coordination

In the health, nutrition, education and water and sanitation sectors UNICEF Kenya has helped the Government to coordinate response between partners through a system of sector coordination committees that report to the Kenya Food Security Group, the overall structure in the Office of the President which is responsible for emergency preparedness and response. UNICEF co-chairs monthly sector meetings with the Government to agree on situation assessments and analysis, programme strategies, coordination of interventions between implementing partners, identification of resource gaps and the organization of joint monitoring visits to drought or conflict-affected areas.

Nutrition

In 2005, UNICEF partnered with Action Against Hunger (Mandera), Merlin (Wajir and Turkana), World Vision (Turkana and Kajiado), Christian Children's Fund (Turkana), Salvation Army East Africa (Turkana), Diocese of Lodwar (Turkana), Amref (Turkana), MOH and Office of the President/Arid Lands to assess the situation as well as implement specific programmes. Technical, material and financial support was provided to these partners to undertake surveys, mount therapeutic and supplementary feeding programs, distribute Vitamin A capsules, iron/folate and de-worming tablets.

A total of 21,968 children and 3,422 pregnant and lactating mothers have been admitted in targeted supplementary feeding programmes. In addition, 770 children have been treated in therapeutic feeding programmes. UNICEF has supported these programmes with UNIMIX, dried skimmed milk, vegetable oil, sugar, de-worming tablets and vitamin A capsules, as well as necessary basic equipment for the needed medical care. Therapeutic milks (F-75 and F-100) and Plumpynut are used to rehabilitate severely malnourished children. The targeted programmes and regular contacts with caregivers have provided opportunities for passing key messages on care for children.

Health

Approximately 310,000 persons in Wajir, Mandera and Garissa are benefiting from primary health care interventions through use of the basic and supplementary kits at mobile clinics and static health facilities. (The intervention in Mandera started late due to the insecurity in the area.) Mobile clinics offer a vital service in areas where distance to health facilities are very long and quality of services inadequate. In addition, 1,500 pregnant women and women-infant pairs in the 3 districts have received Long Lasting Insecticide-Treated Nets (LLITN). UNICEF provided International Rescue Committee with 450 LLITN and 1,000 treatment kits for vulnerable populations in Kakuma refugee camp to offset a malaria upsurge, and provided Action Against Hunger and the Ministry of Health with 1,000 nets, treatment kits and nutrition supplies for vulnerable populations in Mandera.

Due to the outbreak of polio in neighbouring countries, there is a real risk of polio spreading to Kenya. Accordingly, the Government of Kenya has decided to target 20 districts with polio and measles vaccination campaigns. UNICEF has been requested to delay previously planned campaigns while the government looks for funds to cover the expanded number of districts. Only 65% of the funds required have been raised so far – an additional \$560,000 is needed for this. The polio vaccination campaign is currently expected to take place in early October 2005.



UNICEF support enables distribution of treated mosquito nets in Wajir through a mobile clinic operated by the NGO Merlin. The clinic also supplies supplementary food (UNIMIX) for families with malnourished children, provides immunization, Vitamin A and other basic services.

Photo: UNICEF Kenya/Wendy Stone

Water and Sanitation

Water and sanitation emergency assistance reached 215,000 people, mostly in Mandera, Wajir, Turkana, Moyale, Isiolo, Tana River, Garissa, Kwale, and Samburu districts, of which some 92,000 have benefited from long-term measures. Key implementing partners were communities, government partners (ALRMP, MOEST, MOH, MoWI), numerous international and local NGOs (including AMA, Catholic Dioceses, CIDRI, CCF, CCM, Merlin, Nomad Life, Merlin, Oxfam GB, PRASO, RACIDA, and World Vision), and local contractors.

Short-term measures deployed during the early stages of the drought emergency included tanking of water to schools and health centres in 4 districts, the supply of spare parts and support to rapid response maintenance teams. UNICEF distributed 200 family water kits to the most needy and an additional 450 family water filtration kits were distributed in Wajir District. In central and northern Turkana, UNICEF reached more than 50,000 people through a large scale hygiene and sanitation promotion effort based on distribution of 5,000 water filters and training of 5,000 households in the use of the kits and hygiene.

Longer-term interventions included the rehabilitation and the installation of equipment on 39 stressed strategic boreholes in Mandera, Wajir, Tana River, Kwale, Moyale, Isiolo. 195 hand pumps were installed in Turkana Samburu and Wajir districts.

A Geographical Information Database on water resources, schools and health facilities has been developed for Garissa district – this was done through the provision of equipment and training for district and National level Ministries of Health and Water Officers. These facilities will provide data for planning, monitoring and reporting on water supply and risk mapping of disease outbreaks.

Education and Protection

Following the eviction of more than 9,000 families in the Mau Forest, UNICEF undertook a rapid assessment which found that education was interrupted for 3,500 children. UNICEF also continued monitoring the effects of recent ethnic conflicts on education and schools in Marsabit and Mandera. While peace negotiations in Mandera are making progress, children continue to suffer trauma as a result of the clashes.

UNICEF worked in 8 drought-prone districts (Wajir, Mandera, Garissa, Tana River, Ijara, Turkana, W. Pokot, and Kwale) to improve education through the provision of supplies and capacity building of Government personnel as well as communities. Over 470 boys and girls in 10 boarding schools were able to continue education due to the availability of key boarding supplies.

UNICEF also assisted 15,909 children in primary school in the conflict-affected districts of Mandera and Marsabit and the flood-affected Isiolo district through provision of 115 education kits. UNICEF supported training for 50 Trainers of Trainers on Disaster Preparedness and Management, psycho-social skills and conflict resolution in order to build the capacity of both national and district/community levels in disaster preparedness and management.

3. APPEAL REQUIREMENTS AND RECEIPTS

Table 1: Appeals and Funding Received (USD)			
Appeal Date	Appeal Amount	Funds Received	Gaps
Kenya Flash Appeal – August 2004 (Sep 04 – Feb 05)	8,635,200	3,051,501 (or 35%)	5,583,699
Donor Update April 2005 (Apr – Sep 05)	2,935,630	697,446 (or 23%)	2,238,184

Table 2: Funds Received (USD) for above appeals		
Donor	Purpose	Contribution (US\$)
DFID	Health and Nutrition	Health 459,550
		Nutrition 993,691
ECHO	Health and Nutrition Water and Sanitation	678,425
OFDA	Health and Nutrition	Health 146,609
	Water and Sanitation	Nutrition 147,380 WES 106,011
Spanish Government	Health and Nutrition	Health 330,000
	Water and Sanitation	Nutrition 168,460
	Education	WES 202,333 Education 113,317
Government of Finland	Health and Nutrition	Health 98,464
	Water and Sanitation	Nutrition 122,100 WES 111,001
Canadian National Committee for UNICEF	Health and Nutrition	Nutrition 21,981
US Fund for UNICEF	Water and Sanitation	WES 49,625
TOTAL²		3,748,947

Planned Humanitarian Actions for 2005-2006

A total of US\$ 4 million is needed to provide targeted feeding for malnourished and vulnerable children, to support vitamin A supplementation, integrated immunization campaigns, provision of a basic health package as well as repair and rehabilitation of critical water sources to provide the minimum quantities of water needed for human consumption. Recommendations from the 2005 long-rains assessment stated the urgent need to monitor the nutritional status of vulnerable population residing in districts where recovery has been minimal. Efforts are required to ensure that educational facilities are well resourced and authorities able to retain children who may otherwise drop out due to migration of families or involvement in other chores. Emergency

² The total includes a maximum recovery rate of 12%. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

assistance is also needed to establish child friendly drop-in centres and counselling for children and families who have suffered deaths, injuries and displacement. As long as the clashes persist, women and children will continue to be the long-term victims.

Table 3: Critical Gap in Funding to February 2006	
Sector	US\$
Health and Nutrition	2,548,481
Water and Sanitation	1,006,500
Education and Protection	450,000
TOTAL	4,004,981

Details of the UNICEF Kenya Emergency Programme can be obtained from:

Heimo Laakkonen
UNICEF Representative
Kenya

Tel: 254621234

Fax: 254622746

E-mail: hlaakkonnen@unicef.org

Olivier Degreef
UNICEF EMOPS
Geneva

Tel: + 41 22 909 5655

Fax: + 41 22 909 5902

E-mail: odegreef@unicef.org

Gary Stahl
UNICEF PFO
New York

Tel: + 1 212 326 7009

Fax: + 1 212 326 7165

Email : gstahl@unicef.org

Stop Press

\$603,772 contributed by United States Government Centre for Disease Control for support to the Measles and Polio Campaign on 15 October 2005

Annex 4: Health and Nutritional Surveys Conducted and/or Supported by UNICEF between 2002 and 2005

This table below provides a quick summary of the surveys coordinated through the Health and Nutrition Group of the Kenya Food Security Group during 2005. Partners include Office of the President, Ministry of Health, Oxfam GB, World Vision, Christian Children's Fund, World Vision, Action Against Hunger and UNICEF. Full survey reports as provided by partners are available at UNICEF Kenya. Organizations are responsible for the accuracy of their data and reporting. UNICEF gratefully acknowledges the support of DfID, OFDA, Spanish Government, ECHO, Government of Finland, Government of Norway and the organization's own thematic funds that have contributed to the overall health and nutrition emergency response.

UNICEF Kenya Country Office - Summary Table 2002-2005 Nutrition Surveys

Area/ Divisions	Global Acute Malnutrition (GAM) (<-2Z SCORES)					Sever Acute Malnutrition (SAM) (<-3Z SCORES)					Trend
	2005 (June/ July)/O ct	2005 (Mar/ Apr)	2004 (Feb/ Mar)	2003 (Feb/ Mar)	2002 (Feb/ Mar)	2005 June/ July/ Oct	2005 Mar/Apr	2004 (Feb/Mar)	2003 (Feb/Mar)	2002 (Feb/Mar)	
Turkana Kaleng, Kibish, Lapper, Locating (Oxfam GB)		22.1% (18.5- 26.2)	34.4% (31.3 – 37.4)	26.7% (23.8 – 29.8)	11% (9.0 – 13.3)		1.5% (0.7-3.2)	5.4% (4.0 – 7.0)	5.5% (3.5 – 6.5)	2.3% (1.4 – 3.5)	Worsened (Emergency situation)
Kakuma, Oropoi, Lokichoggio (Oxfam GB)		19.2% (15.8- 23.1)	16.8% (14.5 – 19.4)	18.2% (15.8-21.0)	11.4% (9.4 -13.7)		1.5% (0.7-3.2)	1.8% (1.1 – 2.9)	2.6% (0.6 – 2.7)	1.7% (0.7 – 2.3)	Significant increase between 2002 and 2003. The last three years indicate crisis levels of malnutrition.
Kainuk & Katilu (CCF)		21.3% (18.8- 24.1)	21.8% (18.0 – 26.1)	24% (21.2 – 27.1)	12.7% (10.6 – 15.1)		4.4% (3.2-5.9)	1.6% (0.9 – 2.7)	1.7% (1.0 – 2.9)	1.1% (0.6 – 2.2)	Significant increase between 2002 and 2003. Steady 2003 to 2005. Significance increase in SAM rates in 2005 (Serious nutrition situation)

Loima & Turkwell (CCF)		21.4% (18.9-24.2)	22.6% (18.1 – 27.8)	22.4% ((19.7 -25.3)	11.9% (9.8 – 14.4)		4.2% (3.1-5.7)	2.3% (1.3 – 3.9)	2.0% (1.2 – 3.2)	1.8% (0.6 – 2.3)	Significant increase between 2002 and 2003. Steady 2003 to 2005. Significance increase in SAM rates in 2005 (Serious nutrition situation)
Central, Kerio, Kalokol (World Vision)		25.5% (22.3-27.8)	30.0%	37.3% (34.3 – 40.3)	21.3% (18.7 – 24.2)		3.3% (2.3-4.6)	3.9% (2.7 -5.5)	6% (4.6 – 7.6)	2.5% (1.6 – 3.9)	Significant increase between 2002 and 2003. slight improvement from 2003 to 2005 though confidence intervals needed (Serious/emergency situation)
Lokichar, Lomello, Lokori (World Vision)		25.5% (22.9-28.3)	23.1%	35% (32.9 – 37)	19.4% (16.9 – 22.2)		3.3% (2.3-4.6)	3.7% (2.6 – 5.3)	5.2% (4.3 – 6.3)	1.7% (1.0 – 2.8)	Significant increase between 2002 and 2003. Slight improvement between 2003 & 2004 though confidence intervals needed. (Serious nutrition situation)
Marsabit Loiyangalani/ Maikona (UNICEF/ MoH/ ALRMP)			26.6% (21.0 - 26.4)	No comparative surveys undertaken	17.4% (15.1 – 20.1) (pastoral zone in October 2002)			1.6% (1.0 – 2.7)	N/A	0.8% (0.3 – 1.6)	Worse compared to the pastoral zone in 2002.
Kwale Kinango/ Samburu (UNICEF/ MoH)		5.9% (4.6-7.4)	5.8% (4.48 – 7.28)	No comparative surveys undertaken	No comparative surveys undertaken		1.6% (1.0-2.5)	1.0% (0.54-1.82)	N/A	N/A	Satisfactory; however very high stunting rates (44.7%) and underweight (30%) seen – overall poor nutrition situation
Kajiado District-wide (World Vision)		12.4% (10.4-14.4)		No comparative surveys undertaken	No comparative surveys undertaken		2.4% (1.4-3.4)			19.6 % (17.1 – 22.3) AMREF/ UNICEF	

Isiolo Merti, Sericho Oldonyiro			15.1% (13.0 – 17.6)		No comparative surveys undertaken						Poor nutritional situation across the three divisions.
UNICEF/ Arid Lands											
Mandera Central and Khalalio (Action Against hunger)	No official report from AAH survey	26.6% (22.6- 31.0)					3.5% (2.0-5.7)				Critical situation, above WHO 15%.
Garissa UNICEF/ Arid lands	Oct 20.0% (17.4- 22.8)		Sept/Oct 16.5% (14.3- 18.8)			Oct 3. 5% (2.4-5.0)		Sept/Oct 3. 5% (2.6-4.8)			Notable increase in the malnutrition rates. Depict emergency situation
Wajir UNICEF/ Arid lands	July 14% (12-16.3) Oct 29.8% (26.8- 33.0)		Oct 31.5% (27.3- 36.0)			July 1.7% (1.0-2.7) Oct 4.3% (3.1-6.0)		October 3.5% (2.6-4.8)			October results are high and Depict emergency situation
Makueni UNICEF/ Arid lands	July 4.0% (2.8-5.4)	No comparat ive surveys undertak en				July 1.0 (0.5-1.9)					Rates acceptable but reported high stunting rates (34%) above the national (31%)
Kwale UNICEF/ MOH		5.9% (4.6-7.4)	5.8% (4.5-7.3)				1.3% (0.8-2.2)	0.9% (0.4-1.6)			Rates acceptable but reported high stunting rates (33.7 %) above the national levels
Tana River UNICEF/ Arid lands	Oct 18.5% (16.1- 21.0)	No comparat ive surveys undertak en				Oct 3.3 (CI to be inserted)	No comparative surveys undertaken	No comparative surveys undertaken			High rates of malnutrition above 15% , denoting critical situation

West Pokot UNICEF/ MOH				9.7% (9.0-12.9)					0.9% (0.42-1.7)		
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* Global Acute Malnutrition (GAM): prevalence of GAM <5% termed as acceptable, 5-9% poor, 10-14% serious and >15% critical.

**Crude Mortality Rate (CMR): emergency threshold for Sub-Saharan Africa is 0.9/10,000/day

Under Five Mortality Rate (U5MR): emergency threshold is 2.3/10,000/day

NB: 2005 Surveys to be analyzed in the context of other indicators e.g. food security indicators, morbidity data etc