Kenya

Consolidated Emergency & Utilization Thematic Report 2018

January – December 2018

Photo Caption: Children at a water point constructed with support from UNICEF to respond to safe water needs for flood-displaced communities in a camp for displaced persons in Tana River County
Photo Credit: UNICEF Kenya/2018/Serem

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March 2019

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Table of Contents

Map of Kenya – County Administrative Map

Abbreviations and Acronyms

ABE	Alternative Basic Education
ASALs	Arid and Semi-Arid Lands
BIA	Best Interest Assessments
CERF	Central Emergency Response Fund
CHWs	Community Health Workers
CPIMS	Child Protection Information Management Systems
CPWG	Child Protection Working Group
DFATD	Department For Foreign Affairs Trade & Development
ECHO	European Commission's Humanitarian aid and Civil Protection
EDE	Ending Drought Emergencies
FAO	Food and Agriculture Organisation
FGM	Female Genital Mutilation
FM	Frequency Monitor
GBV	Gender Based Violence
HAC	Humanitarian Action for Children
HACT	Harmonized Assistance to Cash Transfer
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IEC	Information Education and Communication
IFAS	Iron and Folic Acid Supplementation
IGAD	Intergovernmental Authority on Drought
IRC	International Rescue Committee
KEMSA	Kenya Medical Supplies Authority
KIRA	Kenya Inter Agency Rapid Assessment
LWF	Lutheran World Federation
MIYCN	Maternal Infant Young Children Nutrition
MNCH	Maternal and New-born Child Health
MoE	Ministry of Education
MoH	Ministry of Health
NCCK	National Council of Churches in Kenya
NDMA	National Disaster Management Authority
NGO	Non-Governmental Organization
NRC	Norwegian Relief Council
NSNP	National Safety Net Programme
ROAD	Rural Organization for Advocacy and Development
SGBV	Sexual and Gender-Based Violence
SIDA	Swedish International Development Cooperation
SMS	Short Message Service
SUN	Scaling Up Nutrition
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for Coordination of Humanitarian Affairs
USA	United States of America
WASH	Water, Sanitation and Hygiene
WESCOORD	Water & Environmental Sanitation Coordination

WFP	World Food Programme
WHO	World Health Organization

Executive Summary

In 2018, UNICEF and partners targeted 1.6 million people affected by drought, refugee response, inter-communal conflict, disease outbreaks and flash floods with humanitarian interventions for Nutrition, WASH, Health, Education, Child Protection, HIV/AIDS and Social Protection services, of which 1.1 Million were children. Between 1 January and 31 December 2018, UNICEF and partners responded to the survival and protection needs of close to three million children affected by emergencies. Up to 245,219 acutely malnourished children were admitted for treatment in therapeutic and supplementary feeding programs with UNICEF support. Over 189,883 people in drought, cholera and flood-affected counties benefitted from permanent access to safe water through repair of water points while 300,000 people benefitted from temporary access to safe water through distribution of UNICEF WASH emergency supplies. Over 363,489 people received critical WASH related-information for the prevention of illnesses and 31,000 children benefitted from hygiene education in their schools. UNICEF also strengthened disease prevention and response, providing an integrated package of health services to nearly 306,514 children under 5 years. In response to outbreaks, 193,521 were vaccinated against measles and over 2.9 million children were vaccinated against polio. Education-in-emergencies interventions reached over 156,406 children and adolescents (43 per cent girls), including 108,332 children refugee children. Child protection and risk mitigation services from violence, abuse and exploitation reached nearly 27,462 (15,104 boys, 12,358 girls) refugee children and children affected by natural disasters.

Humanitarian results were achieved through donor contributions against appeals, as well as resources from UNICEF's regular programmes and UNICEF global humanitarian thematic funds. In 2018, UNICEF required a total of US$ 34.2 million for its Humanitarian Action for Children (HAC) Appeal in Kenya to respond to the humanitarian needs of children in emergency situations. As of 31 December, 2018[1], UNICEF had US$14.3 million available against the US$34.2 million appeal (42 per cent funded), which included 8.8 million received in 2018 and 5.5 million carryforward funds from 2017, leaving a funding gap of 19.8 million (58 per cent). UNICEF is grateful to The Government of Japan, ECHO, CERF, US Fund for UNICEF, co-funded by Latter-Day Saint Charities Inc., and USA (USAID) OFDA who generously contributed to UNICEF Kenya humanitarian funding needs in 2018. Unlike the drought response in 2017, there was limited donor support for floods and disease outbreaks in 2018, which remained grossly underfunded at both Government and partner level, and to meet the immediate needs, UNICEF reallocated US$ 385,000 from its regular resources and received US$ 200,000 from the regional thematic emergency funds, as well as US$ 400,000 global humanitarian thematic funds to procure urgent emergency supplies. In addition, an internal loan of USD 900,000 from the UNICEF Emergency Programme Fund was released to enable initial timely response until further donor support was secured. CERF funding received in May 2018 was critical in supporting the critical floods response needs.

At the beginning of 2018, UNICEF humanitarian strategy focused on scaling up drought response interventions in response to the effects of severe drought that started at the end of 2016 and lasted through to the first quarter of 2018. This was achieved through implementation of an integrated, multi-sectoral Drought Response Plan focusing on mass screening and treatment for malnutrition; the provision of safe water through repair of strategic water points; strengthening disease prevention and response, supporting children to enroll and remain in school; and providing child protection and humanitarian cash transfer assistance services to improve food security for vulnerable households. Following massive flooding in the second quarter of 2018 which had not been anticipated during the planning period as the long rains season outlook indicated depressed rainfall, UNICEF revised its humanitarian strategy to support implementation of life-saving flood-response interventions, including provision of water treatment supplies, non-food items and response to water-borne diseases. To facilitate timely approval of partnership agreements and procurement of supplies, internal procedures were accelerated. UNICEF continued to support basic services delivery in areas that were affected by floods during the long rains season, including longer-term humanitarian interventions. Response to the basic needs of refugees and host communities including new arrivals in Kakuma, children affected by the voluntary repatriation of refugees to Somalia in Dadaab refugee camps and cross-border displacements in Moyale was supported throughout the year.

In the first quarter of 2018, UNICEF procured and prepositioned critical emergency supplies which enabled timely emergency response especially in the Northern and Eastern parts of the country which were inaccessible between March and June 2018 due to damaged road infrastructure caused by the massive floods. Continued partnership engagement with Kenya Red Cross Society (KRCS) who have a country-wide presence including in hard-to-reach areas which were affected by road infrastructure damage due to the floods was strategic in reaching the most vulnerable. To meet evolving

[1] *source: http://www.unicef.org/appeals/kenya_sitreps.html*

floods and disease outbreak needs, UNICEF used airlifts, boats and longer accessible routes by road, which ensured that despite initial delays and additional transportation costs, critical supplies reached the target beneficiaries in areas that were completely inaccessible by road. Instead of the more economical commercial trucks, UNICEF used smaller vehicles to deliver supplies after the collapse of the main bridge leading to Turkana County. With ECHO support, UNICEF airlifted nutrition therapeutic supplies to Mandera county and also hired boats to deliver critical supplies to inaccessible parts of Baringo and Tana River counties. With UNICEF support, KEMSA coordinated with counties affected by floods to identify alternative delivery points for Nutrition supplies.

To support service delivery, UNICEF developed and implemented various communication activities and targeted campaigns to support social mobilisation and advocacy in the emergency context, including strategic engagement with media. Communication for Development (C4D) strategies were used to mobilize, engage and provide information for community response and contribute to resilience building, and schools remained an ideal platform where multi-sectoral integrated basic services were provided to children; strengthening the overall shared goals for enhancing community resilience. The four UNICEF zonal offices (Lodwar, Kisumu, Garissa and Dadaab) continued to provide critical programme oversight, technical support to devolution and humanitarian response. In strengthening county capacity for emergency preparedness and response as well as direct programme implementation, UNICEF continued to strengthen engagement with the devolved system of governance in 2018. UNICEF continued to advocate for more disaster management allocations and child-friendly budgeting under the County Integrated Development Plans (CIDPs) through the zonal offices. To enhance preparedness and response planning at sector level, UNICEF through its sector lead role for WASH, Nutrition, Education and Child Protection strengthened sector coordination through technical guidance, joint resource mobilization, joint monitoring, facilitating best practice sharing and strengthening collaboration with implementing partners. Sectoral and multi-sectoral coordination both at national and sub-national levels and cross-border coordination was strengthened. UNICEF also supported information management, which remained a key sector coordination gap.

Humanitarian Context

Kenya continued to face the effects of the severe drought from the previous years and resulting high staple food prices, with approximately 2.55 million people being food insecure in Kenya by March 2018[2], down from 3.4 million in August 2017. Acute malnutrition remained at critical levels (Phase 4; GAM WHZ 15.0 - 29.9 percent) in Turkana Central, North, West and South, Tana River, Wajir North, North Horr and Laisamis sub-counties, while Isiolo and Kajiado reported a serious nutrition situation (Phase 3; GAM WHZ 10.0 -14.9 percent). Lack of access to sufficient and safe water continued to affect communities, schools and health facilities. Following record-high 'long' rains from March – May, the population requiring food assistance reduced significantly to 700,000[3] by August 2018, due to substantial crop production, low market prices and available supplies in the local markets. Access to water also improved as majority of the open water sources were filled with water, stabilizing average return distances to water points, with the National Drought Management Authority categorizing all 23 ASAL counties in the normal drought phase by August 2018. The nutrition situation improved due to the improvement in food security with the children in need of treatment for Severe Acute Malnutrition (SAM) reducing to 85,105 by August 2018, down from 104,614 children in January 2018. However, critical GAM levels (15-29.9 percent) were sustained in Mandera, Turkana, Samburu, and parts of Baringo (East Pokot), and Marsabit (North Horr) counties, primarily driven by poor childcare feeding practices and lack of suitable access to health facilities.

The above-average 'long' rains also resulted in massive flooding in 40 out of 47 counties, with 800,000 people affected, including 311,000 displaced (approximately 47% children), 186 killed and nearly 100 injured by mid-May 2018. Of the displaced children, about 18,725 (42 per cent girls) required child protection interventions and about 46,000 children could not access schooling by mid-May as 329 schools were hosting people that were displaced by the floods. As the floods affected non-traditional flood prone areas, government and partners were overstretched for response capacity as humanitarian needs were further exacerbated by the prolonged effects of the severe drought. With support from the UN Resident Coordinator and UNOCHA, UNICEF in collaboration with other agencies advocated for a CERF funding window, and jointly with WHO, IOM and UNFPA, UNICEF received critical CERF funding for WASH, Health, Child

[2] Short Rains Assessment, March 2nd, 2018
[3] Long Rains Assessment, 31 August 2018

Protection and NFIs support for joint project implementation. Through the Garissa Zonal Office, UNICEF supported a high-level joint UN monitoring mission to Tana River County that was the worst-affected by the floods, which highlighted the evolving humanitarian needs and advocated with the county government for urgent response. Timely emergency assistance to affected populations in the most hard-to-reach areas was compromised as major roads and school infrastructure was damaged. Strategic partnerships with county governments, KEMSA, UNHCR, IOM and KCRS also ensured that most supplies were distributed to beneficiaries despite the infrastructural challenges. With the cessation of the long rains in May, flood waters receded in most of the flood-affected areas which improved road access and displaced populations returned to their homes by end of June. However, parts of Tana River county remained flooded, with 10 IDP camps still hosting 400 households.

As resilience of the affected communities was weak and health systems were already weakened, recovery from the cumulative effects of the drought and the floods was slow. To support recovery and resilience building to future shocks, UNICEF continued to improve the linkages between humanitarian action and development programming. As part of the floods recovery and resilience-building strategy, UNICEF supported construction of 20 permanent latrines above flood-level, which are serving as models for the communities for replication, as part of the efforts to reduce impact of future floods. In the 2018-2022 UNICEF Kenya programme, risk-informed approaches to emergency preparedness, planning and response to humanitarian needs are mainstreamed across all outcome areas and emergency nutrition is included in programme planning to support system strengthening. Progress was made in the development of the Disaster Management Policy, with the President approving the Disaster Management Bill in May 2018. Disaster management is a devolved government function in Kenya, and in support to disaster policy development by county governments, UNICEF in collaboration with UNDP and UNWOMEN developed a "Deepening Devolution" concept note that will include county capacity building for cross-sectoral disaster management and resilience building, which will be implemented jointly in 2019 with technical oversight from the UN joint devolution working group. UNICEF continued to co-chair the Human Capital Pillar of the Ending Drought Emergencies (EDE) common programme framework for drought risk management with the government. A full-time Nutrition Specialist is seconded to the National Drought Management Authority to provide technical support.

Throughout the year, disease outbreaks continued to affect vulnerable populations in Kenya, with the massive flooding compounding ongoing disease outbreaks. Cumulatively, 20 counties reported cholera outbreaks (5,796 cases and 78 deaths), four counties reported Rift Valley Fever outbreaks (111 cases,14 deaths) and 1,465 Chikungunya cases reported. Chronic structural and socio-cultural challenges such as lack of access to safe water and lack of health-seeking behaviors have perpetuated three consecutive cholera outbreaks beginning in December 2014 up to 20 November 2018. To better understand the local dynamics of cholera, UNICEF supported the government to conduct a cholera study and through the Government-led Cholera Coordination Taskforce, UNICEF advocated for the development of a multi-sectoral cholera elimination plan. A circulating vaccine derived type 2 polio virus was found in a sewage sample in Nairobi county in May 2018, following which the Global Polio Eradication Initiative recommended two rounds of synchronized polio vaccination campaigns to be conducted in Somalia, Kenya, and Ethiopia through UNICEF and WHO collaboration. Additionally, 24 measles cases were reported in Wajir county in February and since the beginning of the year, six counties (Mandera, Garissa, Wajir, Nairobi, Kitui and Murang'a) reported measles outbreaks with a total of 744 cases with 66 confirmed and one death (CFR 0.1%) reported by end of the year. There was significant reduction in the number of measles cases reported in the last quarter of the year in Mandera and Nairobi following the vaccination campaign in collaboration with the Ministry of Health and WHO, with no new cases reported between August and December 2018. However, there was a spike in the cases reported in Wajir County towards end of the year, with 15 cases being reported between 7 and 21 December 2018. The non- foreseen Ebola Outbreak in the Democratic Republic of Congo remained a threat to Kenya, necessitating heightened surveillance and contingency planning by the health sector with UNICEF and WHO technical support.

By March 2018, the political environment which had remained tense following the contested presidential elections in 2017 calmed down and the security situation remained generally calm throughout the country, positively impacting humanitarian access with only parts of Mandera county remaining inaccessible to UN agencies due to security restrictions. Sporadic security incidents were reported, mostly affecting the education sector. Drought-related inter-ethnic conflicts and insecurity in Garissa, Mandera, Turkana, Samburu, Baringo, West Pokot, Wajir, Tana River intermittently affected access to learning and constrained emergency education assessments and interventions, with 20 schools in Baringo County being closed in February, affecting learning for approximately 30,000 learners. On 12 February, a terrorist-related attack by armed militants led to the death of two non-local teachers in Qarsa Primary School, Wajir County, and resulted in 900 non-local teachers leaving Wajir county, negatively impacting learning for approximately 45,000 children. Inter-ethnic

conflicts in Narok South, Baringo and Marsabit counties led to the temporary closure of over 30 schools, interrupting learning for more than 8,000 children (40 per cent girls) in September and October 2018.

New refugee arrivals continued in 2018, though in smaller numbers. By end of the year, 5,116 refugee children (3,170 boys and 1,946 girls) have arrived in Kakuma and Kalobeyei refugee camps. A sudden influx of asylum seekers from Ethiopia to Moyale in Marsabit county due to intercommunal conflict was reported in March 2018, with a total of 10,557 people (over 80 per cent women and children) registered at the peak of the crisis. The Dambala Fachana camp in Moyale that was hosting the asylum seekers was closed on 29 September, with 302 individuals transferred to Kakuma, while 700 individuals opted to return to Ethiopia. In December, conflict was reported in the border area, and Kenya Red Cross estimates that a total of 8,620 household crossed the border to Mandera county and are integrated in the host community of Banisa and Takaba. According to the UNHCR November 2018 update, Kenya hosts 470,088 refugees and asylum seekers (49.5 percent are female and 56 per cent children). Almost 55 per cent of refugees and asylum seekers in Kenya originate from Somalia. Other major nationalities are South Sudanese (24.4 per cent), Congolese (8.7 per cent) and Ethiopians (5.9 per cent). The non-registration of asylum seekers from Somalia resulted in increased number of undocumented children, estimated at over 10,000.

As part of the Comprehensive Refugee Response Framework, UNICEF collaborated with UNHCR to support the Government in coordination of the refugee response and develop policies that facilitate the inclusion of refugee children in national systems, and constructed 32 classrooms with water, sanitation and hygiene (WASH) facilities in Kalobeyei, benefiting both refugee and host community children. UNICEF actively participated in cross-border coordination efforts between governments, UN agencies and partners, which enabled monitoring of refugee influxes into Kakuma refugee camps and Moyale and facilitated timely assistance to refugees, including the voluntary repatriation of refugees from Dadaab refugee camps to Somalia. In the Moyale refugee response, UNICEF chaired the Health, Food and Nutrition technical working group to coordinate the response in these sectors.

Humanitarian Results

1.1. Results Table:

		Sector Response		UNICEF and Implementing Partners	
	Overall needs	2018 Target	Total Results	2018 Target	Total Results
NUTRITION					
Children under 5 treated for SAM	99,998	77,232	84,123	77,232	84,123
Children under 5 treated for MAM	455,990	240,196	161,096	240,196	161,096
HEALTH					
Children under 5 accessing integrated package of health interventions including diarrhoea, malaria and pneumonia				814,500	306,514
Children under 5 vaccinated against measles				641,817	225,867
Water, Sanitation and Hygiene					
Persons affected by crises are reached with [permanent] safe water interventions	3,500,000	250,000	189,883	250,000	189,883
People reached with hygiene education essential for disease prevention and response	3,500,000	400,000	363,489	400,000	363,489
Children accessing appropriate hygiene education in schools, temporary learning spaces and other child friendly spaces	1,150,000	100,000	31,293	100,000	31,293
CHILD PROTECTION					
Most affected boys and girls have access to protective case management services	325,000	95,000	27,462	20,000	27,462
School-aged children (including adolescents) affected by crises accessing quality education	1,150,000	635,000	156,406	205,000	156,406
Children, adolescents and pregnant women have access to HIV testing services				120,000	77,033
Adolescents receive age appropriate SRH/HIV messaging incorporated with life skills education in humanitarian settings				15,000	-
Vulnerable households reached with cash transfer top up during crises				30,000	5,800

1.2. Narrative Reporting

Between 1 January and 31 December 2018, UNICEF and partners responded to the survival and protection needs of close to three million children affected by emergencies, reaching nearly 84,123 severely malnourished children children under 5 years and and 161,096 moderately malnourished children with nutrition treatment; 306,514 children were reached with life-saving health interventions, including treatment for diarrhoea, malaria and pneumonia; as part of disease outbreak response, 225,867 children were vaccinated against measles and 2.9 million children were vaccinated against polio; 189,883 people in nine flood, disease outbreak, and drought-affected counties benefitted from permanent access safe water through repair of water points; more than 300,000 people benefitted from temporary access to safe water through distribution of UNICEF WASH emergency supplies; 363,489 people with critical WASH related-information for the prevention of illnesses; more than 79,545 people affected by floods and conflict benefited from the distribution of NFIs (UNICEF Family Relief Kits consisting of basic shelter, hygiene, mosquito nets and cooking kits); 31,293 children received hygiene education in their schools; 27,462 (15,104 boys; 12,358 girls) children were protected from violence, abuse and exploitation, of which 2,835 (1,767 boys; 1,068 girls) were unaccompanied, separated and vulnerable children

in Dadaab, Kakuma and Kalobeyei refugee camps/settlement; 156,406 children and adolescents (43 per cent girls), including 108,332 children from Dadaab and Kakuma/Kalobeyei refugee settlements, were directly supported to access quality education; 77,033 children, adolescents and pregnant and breastfeeding women received an HIV test in Turkana County of which 367 were linked with care and started on anti-retroviral therapy; and over 11,000 children benefitted from a three-month cash top-up transfer to 5,800 beneficiary households affected by the drought through the National Safety Net Programme (NSNP).

Communication for development and advocacy strategies including engagement with media were used to mobilize, engage and provide information for community response and resilience building. UNICEF continued to strengthen engagement with the devolved system of governance in Kenya, including by strengthening county capacities for emergency preparedness and response and supporting direct implementation. UNICEF also strengthened sector coordination for Nutrition, WASH, Education and Child Protection through technical guidance, information management and joint resource mobilization, thereby enhancing preparedness and response planning, improving monitoring, facilitating best practice sharing and strengthening collaboration with implementing partners.

NUTRITION:

A total of 82,998 severely malnourished children 6 to 59 months (108 per cent of the annual target and 83 percent of the total caseloads[4]) and 162,778 moderately malnourished children 6 to 59 months (68 per cent of the annual target) were admitted for treatment from January to December 2018 indicating that annual target for children requiring treatment of SAM has been met. This is mainly attributed to continued outreach as part of emergency response in the first half of 2018, improved reporting through the government's District Health Information System (DHIS) and improved supply chain management following scale up of Logistic Management Information System trainings. A total of 92,787 cartons of RUTF were distributed in 2018 through the Kenya Medical Supplies Authority (KEMSA) as part of the integrated nutrition supply chain initiative. UNICEF continued to support shock responsive programming through the rollout of IMAM Surge Approach, a threshold setting model for action that anchors on the analysis of monthly caseload and the capacity to handle the increased load both at facility and sub-county levels. The model has been rolled out in 220 health facilities in 10 counties[5] (40% of the health facilities in the ten counties).

UNICEF supported implementation of 11 nutrition SMART surveys in seven nutritionally vulnerable counties in January 2018 as part of the short rains assessment and 15 integrated nutrition SMART surveys across eight counties in June and July 2018, as part of the 2018 long rains assessment, results of which informed revision of the nutrition sector response planning. UNICEF supported data quality improvement processes such as nutrition data clinic, review and validation of assessment methodologies and results in the Nutrition Information Technical Working Group and development of DQA guidance for the Early Warning System. In 2018 UNICEF supported development and updating of standards and guidelines for effective emergency nutrition assessment, response and monitoring. These included the updating of Feeding Guidelines for Maternal, Infant and Young Child Nutrition in Emergencies (MIYCN-E). The guidance is expected to improve the timeliness and quality of MIYCN-E assessment and response during rapid onset emergencies. UNICEF supported finalization of the Nutrition Coverage Assessment Guideline for nutrition program to standardize approaches and methodologies when conducting coverage assessments. UNICEF continued to take a lead role in supporting the sector preparedness and response plan which guided subsequent action throughout the year. Sub-county level coordination was enhanced in eight counties to allow strong coordination closest to where the action at facility level is. Quarterly review of emergency response actions was mainstreamed within the regular nutrition program review meetings organized by the two zonal offices that cover UNICEF support in all the ASAL counties.

HEALTH:

Through technical and financial support to Ministry of Health and selected counties in Kenya and in partnership with Kenya Red Cross Society, UNICEF reached a total of 306,514 children with life-saving health interventions (response to cholera outbreaks, Rift Valley Fever, treatment for diarrhoea, malaria and pneumonia) through integrated health outreaches. Thematic funding facilitated procurement and pre-positioning life-saving commodities- ORS+ZINC, assorted antibiotics for children and women in counties to support response to drought and floods-related disease outbreaks and programmatic monitoring. In response to the cholera outbreak, UNICEF supported the Ministry of Health (MoH) and Kenya Red Cross Society (KRCS) to establish four Cholera Treatment Centres in Mombasa and Turkana and Isiolo

[4] Total caseloads 99,998, target caseloads 77,232
[5] Turkana, Marsabit, Tana River, Samburu, Isiolo, Wajir, Baringo, Garissa, West Pokot and Mandera

Counties and managed 688 cases. A cholera epidemiological study was conducted expected to be completed in early 2019 to better understand the local dynamics of cholera at a national and sub-regional level through an approach combining field research, epidemiology and biomolecular analysis of clinical isolates of Vibrio cholerae. The study will provide evidence for short, medium and long-term control interventions such as advocacy for the targeted use of Oral Cholera Vaccine (OCV) in the country. Additionally, technically supported national MoH to develop a tool for cholera risk assessment to generate WASH and risk communication data sets to complement the epidemiological study findings and recommendations.

The MoH and partners were technically and financially supported to implement measles campaigns for children under five, reaching 193,521 out of 205,000 (94 per cent coverage) in Mandera and 32,346 out of 40,059 (71% coverage) in Kamukunji sub-county of Nairobi. Emergency malaria outbreak control interventions were implemented in Turkana and Marsabit counties, reaching 15,321 children under five with treatment, messaging, Indoor Residual Spraying and provision of Long lasting insecticidal nets (LLINs) through the MENTOR Initiative partnership-the interventions also complemented Kala Azar control initiatives. In response to the vaccine-derived polio virus type 2 (VDPV2) reported in Nairobi County, the MoH and partners were supported to conduct four rounds synchronized polio vaccination campaign as part of the Horn of Africa in 12 high-risk counties-the nomads, internally displaced persons and those living in densely-populated urban settings (Nairobi, Kajiado, Machakos, Kiambu, Meru, Isiolo, Tana River, Lamu, Garissa including Dadaab refugee camps, Mandera, Wajir and Kitui), reaching approximately 2.9 million children under five in each of the four rounds and 800,000 children in the 'zero' round of Nairobi County. 204 multi-sectoral technical teams, 96 community health assistants, 1,501 community health volunteers from four counties (Tana River, Turkana, Marsabit and Baringo), seven KRCS staff and three UNICEF core teams were trained on hazard, vulnerability and capacity assessment, mapped specific hazards (drought, floods, conflict, disease epidemics); the maps will support updating the existing county-specific emergency preparedness and response plans in early 2019.

WASH:

UNICEF response focused on eight of the counties that were most affected by the floods, with the highest numbers of displaced women and children. The decision or focus on most affected counties was based on resources available, areas of greatest impact and vulnerability of the affected populations. Working in collaboration with the National and County governments and NGO partners in the affected counties, the water sector completed a quick assessment of the immediate and longer term needs of the affected populations, identifying two critical needs: Response to the needs of the displaced populations through water trucking and repairs to damaged water facilities, and managing cholera outbreak in selected displacement camps through hygiene education promotion including provision of temporary latrines for safe excreta disposal. The response was tailored to meet the needs of the displaced women, girls, boys and men, through distribution and installation of adequate water storage tanks in strategic locations in the IDP camps to reduce distance to water, time taken to collect water or queuing time for women and girls. The quantity and quality of water was also sufficient to meet the needs of all IDPs. For example, in the Madogo IDP camp with 7,450 IDPs, 10 tanks of 10m3 capacity were installed to meet the demand. Adequate temporary latrines and bathrooms including hand washing stations were also provided at the ration of 20 person /latrine to ensure safe excreta disposal and safe personal hygiene practices. Other arrangements for the management of solid and liquid waste in addition to ongoing hygiene education were supported through NGO partners. More than 11,000 IDPs were supported to resettle in their respective villages through repairs to the water facilities, installation of water storage tanks and construction of shared permanent latrines. The support at the IDP return places proved critical for safe resettlement of the affected populations.

UNICEF further supported repairs to flood-damaged water facilities to restore services to various communities impacted by the floods in partnerships with County Water departments and NGO partners reaching nearly 190,000 people. These systems further serve over 31,000 school children. Further support was given to communities using surface water sources through promotion of household water treatment and safe storage (HHWTS) reaching over 300,000 people to use safe water at the household. Distribution of emergency of WASH supplies (Jeri cans, buckets, soap, Aqua tabs, PUR, tarpaulins etc.) helps cope better with the effects of the shocks providing not only important psycho-social support to household members but also reduce costs for the households. Hygiene education is critical to maintaining safe hygiene practices at the personal and household level. More than 363,000 women, girls, boys and men received critical WASH related information for the prevention of diseases. Using various approaches, UNICEF and partners developed key messages for delivery using various media including print and electronic media, posters and community meetings through opinion leaders and experts. These results were made possible by various funding sources including CERF, Thematic funds, EPF loans and UNICEF national committee funding including Belgian Natcom.

CHILD PROTECTION:

Child protection in emergencies priorities in 2018 primarily focused on mitigating life threatening effects of drought, floods, inter-communal violence and provision of services to unaccompanied and separated children in refugee camps. Through technical and financial support, UNICEF, facilitated outreach, identification, psychosocial, material and advocacy for the prevention and protection of 27,462 (15,104 boys; 12,358 girls) displaced by floods and in the refugee camps in Garissa and Turkana Counties. This included resource mobilization and provision of supplies (dignity kits, play materials and non-food items) to over 5000 children across the country. UNICEF EPF allocation contributed to fast-tracking prevention of abuse and exploitation of 17,124 (8,138 boys; 8,986 girls) children displaced from their homes and moved to the camps for Internally Displaced Persons (IDP) across seven Counties. Additional funding from CERF complemented UNICEF emergency resources and enhanced capacity to upscale activities to prevent violence, abuse and exploitation. Prioritized interventions included mainstreaming of violence prevention and response actions in management of IDP camps, advocacy and training of community members on child protection in emergencies, facilitating partner outreach activities for identification, assessment and monitoring and family reunification for children separated from their families. UNICEF supported government capacity for coordination and emergency preparedness and response. Additionally, 4,820 (2,477 boys; 2,343 girls) received psychosocial support and 386 (27 boys; 359 girls) survivors of SGBV accessed medical and counselling services. Further, UNICEF facilitated interest to better understand the risks that children faced. Based on this information, 10,338 (6,966 boys; 3,372 girls) unaccompanied, separated, undocumented and other at-risk children in Dadaab and Kakuma refugee camps and Kalobeyei Settlement received assistance such as family-based care, counselling, provision of learning materials and continued follow-up through home visits by social workers.

EDUCATION:

UNICEF reached 76.3% of its planned Education in Emergencies (EiE) target (i.e. 205,000) i.e. 156,406 children with 23% of the expected funding from 2018 emergency education appeal. The main reason for not reaching its target was the 73% underfunding, and with UNICEF other thematic/other resources it was possible to complement in a big way, the overall access to quality education for the 58,452 children (26,303 girls) from Kakuma Refugee camp and Kalobeyei Settlement, 49,880 children (19,952 girls) from Dadaab Refugee camp and 48,074 (20,672 girls) children from host communities whose education was interrupted mainly by floods, diseases outbreaks and conflicts. UNICEF has been instrumental in providing leadership of the education cluster at national and county levels; providing 97,300 children (39,893 girls) learners with emergency supplies that included 973 ECDE kits, 597 Recreational Kits, 801 Education Bag Kits, 58 classrooms tents, 60 sets building blocks, 100 boxes of modelling clay, 250 skipping ropes, 200 school uniforms, 300 solar lamps and an assortment of secondary school laboratory equipment; enhancing quality education through capacity enhancement for 565 (100 female) teachers and MoE officials; increasing education access opportunities by supporting enabling policy environment through the technical and financial assistance towards development of the Education Sector Disaster Management, Pre-school Education and the Refugee Education policies among other guidelines; supporting psychosocial and Life skills education for 209 girls in crisis; provision of 88 new gender sensitive/disaggregated WASH facilities with accompanying basic hygiene awareness; construction of 46 temporary and 40 permanent additional learning spaces/classrooms and provision of critical behavior change communication (BCC) messaging.

Through USAID and ECHO funding, the new classrooms and WASH facilities have improved the overall learning environment and enhanced overall school participation. For example, it reduced the pupil classroom ratio from 1:208 to 1:167 in Kalobeyei and pupil toilet ratio from 1:350 to 1:259; 1:450 to 1:208 and 1:70 to 1:57 for the ECD, Primary and Secondary school levels respectively. In Dadaab, the latrines have improved the ratio from 1:45 to 1:37 across all the camps. Also, 627 (366 girls) children in Nairobi informal settlement and those displaced by conflicts in Marsabit benefited from psychosocial support, life skills training, basic Hygiene and Menstrual Hygiene Management for girls, business entrepreneurship and employability training. 455 refugee adolescents (270 girls) between the ages of 14-18 in Nairobi and the Kakuma refugee camp have undergone a 42 hour on the intercultural and computational skills for improved chances in employability. The Sports for Peace initiative involving 8 secondary schools in Dadaab with 10,003 (2,934F) learners, has promoted peaceful coexistence among teachers, students, parents and members of the community. It also enhanced self–esteem and talents discovery for learners and provided a break to the monotony of curricular activities and increased school attendance by 80% in Dadaab from previous 76%. UNICEF together with the Communication Section and MoE, disseminated alerts via SMS to over 36,000 head teachers reaching indirectly over 11

million children aiming to prevent disease outbreaks such as cholera, rift valley fever and malaria. Additionally, SMS was used to conduct surveys on SRGCV & VAC and for drought and enrollment/attendance monitoring.

HIV/AIDS:

In 2018, UNICEF provided technical support to the Turkana county health management team (CHMT) to disseminate new guidelines and improve data reporting and quality. Through collaborative efforts with the county governments and partners in the HIV response, 77,033 children, adolescents and pregnant and breastfeeding women received an HIV test in. Out of those tested, 399 were identified as HIV positive and 367 were linked to care and initiated on ART. Of this population, 27,376 received these service in Kakuma ward where a total of 5 health facilities served the host and refugee community. UNICEF focused attention on evidence generation and advocacy for greater HIV funding and improved programmes. In collaboration with World Food Programme collaborated on an assessment of the impact of drought on the HIV response and clinical outcomes of children and adolescents. The data generated by the assessment in the counties of Turkana, Kilifi and Kitui helped clarify how drought affects HIV prevalence, care and treatment; food consumption and coping strategies, the nutritional status of people, particularly children, adolescents and mothers living with HIV and a series of recommendation. These recommendations included leveraging and integration HIV interventions in Reproductive, Maternal, Neonatal, Child and Adolescent health (RMNCAH) and child protection responses , multisectoral coordination, innovative programming and/or use of innovative technology such as point-of-care-technology among others, that would be applicable to all humanitarian affected counties. on how best to respond. This work in addition to continuous advocacy for the strengthening and scale up of HIV programming in humanitarian affected counties has contributed to improving the overall response. Mentorship and quality improvements activities for HIV testing, counselling and treatment for children and adolescents, as well as prevention of mother-to-child transmission interventions are planned for 2019.

SOCIAL PROTECTION:

In 2018, UNICEF supported the Government to provide a three-month cash top-up of 2,250 Kenya shillings to 5,800 National Safety Net Programme (NSNP) beneficiary households that were severely affected by the drought, benefitting about 11,000 children. The additional cash to these vulnerable households helped them avert negative coping mechanisms such as reducing food intake amongst children. By the end of the year, the payments to the beneficiaries were being monitored and documented. The lessons learned from this experience will be used as recommendations to the Government to help improve the shock responsiveness of the NSNP.

Reporting on Innovations/approaches

NUTRITION:

UNICEF has partnered with FAO to test innovative approaches for emergency nutrition preparedness and response whereby a joint research is initiated to test efficiency and effectiveness of providing livestock feed during the lean seasons with the objective of avoiding the spike in acute malnutrition among children 6 to 59 months during these seasons because of improved milk availability, and hence reduce the need for expensive therapeutic feeding response.

HEALTH:

Cholera heatmaps were generated using google maps through latitude and longitude positions which led to clustering of locations for better targeting with integrated interventions. Hotspots mapping was also undertaken to guide in categorizing counties into risks status for targeted interventions including development of cholera elimination plan and developing concept to GAVI for targeted oral cholera vaccine in 2019.

WASH:

To build on environmental sustainability, several diesel-powered facilities were converted to solar systems to reduce future breakdowns and cut on the cost of operation and maintenance to the communities. Solar powered systems are less vulnerable to shocks and are likely to be sustainable in the long term. Furthermore, modelling alternative management systems to improve on current management systems will also enhance sustainability of these facilities. Promotion of household water treatment in addition to safe hygiene practices can enhance access to safe water and reduce disease

burden in the communities. Permanent shared latrines above the flood plain provided in returnee areas will serve as models for replication at the household in affected communities. These facilities also provide early recovery for returnees.

CHILD PROTECTION:

Integrated approaches to prevention and response to risks that displaced faced contributed to effective mitigation of violence and abuse. The IDP camps, the protection and well-being of children, ensuring non-separation of children from their families, the set-up of IDP camps close to social amenities like schools and health facilities and mainstreaming of child protection messages in health and WASH campaigns ensured families and community leaders were well informed of preventive and response actions relating to children.

EDUCATION:

In partnership with Echomobile, a private communication company, UNICEF has successfully scaled up use of mobile based SMS platform for the behavior change communication, to disseminate critical lifesaving messages and alerts and for rapid assessments to gather data from schools in all 47 counties and refugee settlement areas. Over 27,000 primary schools and 8,000 secondary schools have regularly received messages on basic health, hygiene and WASH including hand washing, disease outbreak prevention (e.g. cholera, rift valley fever, chikungunya), alerts to head teachers to ensure that children in their schools have been vaccinated against polio and measles and alerts to children on potential hazards like flooding and drought and what to do in order to avoid potential impact on their schooling. This has enormously reduced the impact caused by emergency disruptions to learning and minimized children absenteeism during crisis and via a cheap approach. Also, UNICEF has piloted the digital attendance of children in school in 9 counties under the OOSC programme and facilitated rapid SRGBV assessments on SRGBV & VAC and other surveys using SMS technology.

HIV/AIDS:

In collaboration with Child Protection section sub-sector, 32 stakeholders (government and partners) were trained on interpersonal communication and communication strategy development for child protection and HIV in emergencies. Through this engagement the it was clear that leveraging on resources, multisectoral engagement and integration are key considerations in the coordination and implementation of HIV and Child Protection responses in emergency settings. UNICEF supported the Government of Wajir setting up support for early infant diagnosis for HIV using Point-of-Care Technology. This meant that an infant born to a mother living with HIV was able to get an HIV diagnostic test within a day of testing. Prior to this, it would take several days to transport a sample to one of the eight HIV reference laboratories in the country and several weeks to receive results, which resulted in missed opportunities for prevention or timely linkage to life-saving anti-retroviral therapy.

Reporting on Factors for Success or Constraints

NUTRITION:

Strong coordination at national and county levels which is progressively extending to the sub-county level. Improved government leadership and financial contribution towards nutrition information system. For example, Marsabit and Wajir county governments allocated funding to SMART surveys with Wajir county allocating over 40% of the total survey budget. Competing activities at national and county level, the prolonged election period in 2017 and the resulting transitioning of government officials following the general election affected timely implementation of activities in the early months of 2018. Change of nutrition champions, senior government officials following the 2017 elections affected gains in advocacy efforts.

HEALTH:

Joint programmatic monitoring (government and UN agencies) was the key factor for success. Based on comparative advantages, UN agencies developed joint funding proposals, conducted joint programmatic monitoring which led to joint identification of key bottlenecks, key best practices and together with government made corrective measures on key areas of interventions, which contributed to achievement of quality results. Due to funding constraints for a massive campaign, measles campaign was only conducted in two counties, thus the low result against the target.

WASH

A strong partnership with County governments and civil society partners including International NGOs helped to create synergy in the response reducing both response time and challenges. County governments mobilized the leadership of the affected communities to organize, made county staff available to the response and helped to coordinate response. Another essential element is counties identified critical needs in their counties including conducting field assessments. Further partnerships with County Governments to implement some of the response activities helped to create ownership of the response stretching every dollar leading to cut on overheads. Good forecasting of our emergency supplies needs coupled with pre-positioning in both Counties and Zonal Hubs shortened our lead time increasing our efficiency and effectiveness. This helped to reduce the impact of the emergency on the population allowing also quick recovery. Nonetheless, in hard to reach areas including areas of security restriction to UN personnel, challenges remain. In insecure counties such as Mandera County, even third -party monitoring is at time not feasible in some regions of the county. This may delay or deny support to a limited number of emergency affected people. There were sector coordination challenges due to lack of dedicated sector leadership and insufficient resources, which affected information management at national level.

CHILD PROTECTION:

Coordinated preparedness and response and utilization of floods assessment information generated by the Government and partners enabled need-based planning and activity implementation. Stakeholders in the Child Protection Sector prioritized floods response interventions in seven most affected counties that had also been adversely affected by drought in the previous year. This ensured that children whose families coping capacity had been eroded by recurrent humanitarian needs were targeted.

EDUCATION:

The key constraint was inadequate emergency education funding to allow for effective quality emergency preparedness and response planning including prepositioning of supplies and relevant policy implementation in not optimal due to lack of sufficient resources. Also, there is a huge gap on the real time information management, as it often takes time before assessments are conducted and relevant reliable data is obtained to inform decisions on relevant interventions to be implemented. The floods delayed programmes and resulted to temporary closure of some schools and displacement of about 100,000 children and disrupting learning. Also, the repatriation of families to Somalia, or relocation to Kakuma and closure of 15 educational institutions (formal and non-formal) in IFO 2 camp overstretched existing facilities in the other 3 refugee camps of Dadaab and this poses greater risks in 2019. The influx of new refugees from South Sudan and dwindling donor funding creates new burden and challenges to deliver inclusive quality education for children. Children in refugee settlements have inadequate teachers most of whom are either untrained or lack the basic minimum qualifications, and this has constrained the provision of quality education to children. The regular changes and transfers of key personnel in MoE has often slowed down implementation of activities involving both MoE and UNICEF. Attacks on teachers in North Eastern Kenya led to massive exit of non-local teachers from Wajir County, negatively affecting learning. UNICEF's robust risk management guidelines inbuilt within its global Harmonized Approach to Cash Transfer (HACT) Framework has successfully mitigated most of the programmatic, financial and other related implementation risks. UNICEF's emergency education cluster leadership role, technical oversight and participatory partnership engagements largely contributed to the achievements of results.

HIV/AIDS:

HIV humanitarian interventions were constrained in 2018 due to limited funding. UNICEF is also in the process of identifying partners who can deliver services to children, adolescents and pregnant women at risk or living with HIV in emergency settings. Funding for the general HIV response is continuing to reduce, further, there has been paucity of resources for HIV in emergency situations, which in turn leads to challenges in delivery of targeted HIV prevention, treatment and care interventions. Use of data demand and use has been a strength that identifying gaps and bottlenecks early enough in order to optimally and strategically address key issues.

The National Health Management Information Systems unit rolled out new tools for HIV data collection and reporting. The slow transition from the old to the new tools led to gross underreporting of critical data and resultant data gaps. UNICEF is working with county governments and the national programme in data quality audits to rectify these gaps. HIV data is now validated. SRH/HIV is now a cross-sectoral intervention in Education, Health, Nutrition and Child Protection.

SOCIAL PROTECTION:

The major reason why the 2018 targets was the limited funding for this type of intervention. In addition, the National Safety Net Programme (NSNP) is not yet systematically used to support emergency response and can in that sense not yet been considered as shock responsive. Even though the Hunger Safety Net Programme is recognized as a successful model to address responses to major shocks, its coverage is limited to four counties which restricts the options of scaling up other social protection schemes in the event of an emergency. At present, all the other cash transfer programmes have limited capacity to rapidly scale-up its coverage or increase the support provided in response to shocks.

Reporting on Lessons learned:

NUTRITION:

The partnerships with Ministry of health and KEMSA ensured accelerated scale up of integrated Nutrition Supply chain across the 21 ASAL counties thereby significantly contributing to increased reporting of beneficiaries and improved supply chain management following scale up of Logistic Management Information System trainings. This ultimately contributed to reaching 108 percent of children less than 5 years' target for severe acute malnutrition and 68 percent target for moderate acute malnutrition from January to December 2018.

HEALTH:

Ownership of key interventions by county Governments and communities contributed to accelerating implementation and sustainability of interventions. Leadership of county governments is key to control of outbreaks. Prepositioning of supplies before outbreaks leads to immediate approach. Multisectoral approach to coordination, technical support and implementation is key to cholera control, and a long-term cholera elimination plan is essential in addressing the recurrent nature of the cholera outbreaks in Kenya.

WASH:

Linking household water treatment to hygiene promotion including hand washing with soap increased household water treatment practice. Targeted distribution of household water collection and storage containers to flood affected households using unsafe water sources not only increase household water treatment practice but also increased household storage reducing burden on women and girls, who consequently make less trips to collect water.

CHILD PROTECTION:

UNICEF sustained technical support and capacity building has resulted in improved coordination among child protection stakeholders. This was demonstrated through government role in coordinating child protection in emergencies prevention and response activities at the County level, inter-agency resource mobilization and allocation, thereby enabling wider outreach to children in need.

EDUCATION:

There is need for allocation of more resources for emergency education preparedness and response at both national and county level to allow timely interventions at the onset of emergencies. Therefore, UNICEF will focus on influencing counties to budget more resources to education sector by county governments and explore joint resource mobilization efforts. Whatever other resources are available among the partners will be harnessed strategically to leverage on interventions for greater impact on children.

HIV/AIDS:

Given that HIV requires a cross-sectoral response with regards to biomedical, behavioral and structural issues, the proposed solutions to address this are in integrating HIV interventions with populations targeted for nutrition, health and child protection emergency responses. However, an analysis of Kenya's HIV estimates reveals the increase in new HIV infections among young people in these areas. Mother-to-child-transmission rates remain extremely high in ASAL regions as well. This presents a need to invest in combination prevention of HIV and elimination of mother-to-child-transmission interventions. There is also opportunity in investing in behavior change interventions that would require strategic engagements with C4D.

SOCIAL PROTECTION:

From the Isiolo cash transfer emergency response this experience we learned that cash transfer top ups are an efferent tool to be used in the time of a drought as it permitted the most affected households to avoid negative coping strategies and help them to restock after a drought. The households visited had used the transfers for school fees, food, transport for medical reasons and livestock and had found the additional money useful in a difficult time. The main challenges identified have been the delay in the disbursement of the money to the beneficiaries. For NSNP to better respond to emergencies in the future the it should consider providing cash top ups to households that are not registered under NSNP with the same or greater needs and improve the timeliness and clarity of Communication campaign and consider all local languages required for the affected area.

Reporting on UN Coherence

NUTRITION:

UNICEF continued to work closely with WFP on management of acute malnutrition, where WFP provides the food items and UNICEF provides anthropometric equipment. Close collaboration with WFP and FAO continue in data collection, analysis and reporting during the short and long rains assessments. In addition, UNICEF collaborated with UNHCR on the refugee Health and Nutrition programme through provision of supplies, funding and technical support to implementing partners in 2018.

HEALTH:

The joint efforts of WHO, UNFPA, IOM and UNICEF in joint fund raising for CERF funds for floods response, joint implementation of key life-saving interventions based on comparative advantage and joint programmatic monitoring led to improved advocacy to government at national and sub-national levels and partners on importance of complementarity and efficiency in use of resources.

WASH:

UNICEF has worked with UNOCHA to develop the CERF proposal and joint monitoring of flood response results with other UN agencies. Complimenting UNHCR refugee programme efforts UNICEF has coordinated refugee response with UNHCR in the refugee camps as well as WASH interventions in the host communities.

CHILD PROTECTION:

Child Protection in Emergencies priorities are included in the joint UNDAF work plan where UNICEF jointly with UNFPA provide technical lead on prevention and response to sexual and gender-based violence in emergencies. In the 2018 floods response, UNICEF technical lead on SGBV was on community-based advocacy and awareness creation, identify of children survivors and referral for medical services while UNFPA provided PEP kits supplies and support to healthcare providers, working closely with County health personnel in ensuring timely care and support to survivors.

EDUCATION:

UNICEF has provided technical leadership in close collaboration with UNHCR, WFP and FAO. As the co-chair of the EDPCG and the EiE WG, it has convened stakeholders that include UN agencies for joint programme planning, implementation and review of progress e.g. in Kalobeyei. In the refugee settlements where a considerable number of beneficiaries have been reached through emergency education interventions, UNICEF has collaborated with UNHCR in providing technical guidance to IPs and by coordinating the review joint education strategies e.g. Refugee Education Policy, Education Sector Disaster Management Policy, Dadaab education strategy and EMIS as well as fundraising through joint appeals.

HIV/AIDS:

UNICEF works collaboratively with sister UN agencies in the UN Joint Programme for HIV and AIDS, that further provides technical guidance to the government at national and county levels on the HIV response. Through collaborative efforts with WFP and UNAIDS the assessment on the impact of drought on the HIV response has generated evidence that is intended to strengthen the HIV response in emergency situations.

SOCIAL PROTECTION:

The support provided by UNICEF is fully in line with the UNDAF framework and in close collaboration with other UN agencies and WFP and ILO.

1.3. Cluster/Sector Leadership

NUTRITION:

UNICEF provided dedicated coordination support to both National and County level. Monthly Emergency Nutrition Advisory Committee Meetings, Nutrition supply chain/ pipeline meetings and Information meetings were convened and were critical in enhancing coherence in programme scale up approaches as well as guiding the broader partnership engagement for preparedness and response management. The sector preparedness and response plan was updated

following the seasonal assessments with a flood preparedness and response plan also being developed and disseminated in response to flood alerts issued in the latter part of 2018.

WASH:

UNICEF has played the leadership role to strengthen WASH sector coordination, providing capacity development support to both national and County governments and NGO partners. UNICEF has organized coordination meetings for information sharing, analysis and reporting, and has helped counties to develop preparedness and response plans, has advocated with policy and decision makers including Cabinet Secretaries, County Governors and County Executive members for Water. Progressively, awareness and profiling of emergencies are becoming a priority. Counties are more conscious of emergencies, initiate alerts and actions to trigger a response.

CHILD PROTECTION:

UNICEF co-chaired the Child Protection in Emergencies Working Group and provided technical support to child protection working groups in eleven Counties. UNICEF leadership role entailed capacity building, technical support in resource mobilization, programming and monitoring of service provision to target children and their families.

EDUCATION:

UNICEF and Save the Children as the global and national education in emergencies (EiE) sector co-leads, have provided technical support and guidance to the Ministry of Education in coordinating the Education in Emergency Working Group and emergency interventions carried out across the country in 2018. UNICEF has provided technical, financial and capacity enhancement support for the EiE working group on the several EiE assessments and data analysis. At the sub-national levels, UNICEF through various active implementing partners e.g. Save the Children, NRC, LWF, AVSI, LISP, CSW, Windle International Kenya and Finn Church Aid have provided technical and funding support to ensure quality and coordinated implementation of activities responding of emergency needs of children affected. In 2018 UNICEF supported financially the recruitment and deployment of the EiE WG coordinator and coordination associated costs of monthly meetings for EiE partners. The stakeholders have developed a joint national Emergency Preparedness and Response Plan (EPRP) and implemented it to guide the joint 2019 EiE WG activities. However, it is important to note that the line ministries whose technical staff are over-stretched have also had numerous changes of its personnel and this made it difficult to deal with cluster leadership efficiently.

Resilience

NUTRITION:

UNICEF continued to support implementation of risk-informed and integrated nutrition resilience programme to address undernutrition in the ASAL. The nutrition sector ensured focus on health system strengthening to ensure that implementation of the core activities is done within the health system (including the community health system). Implementation of integrated management of acute malnutrition (IMAM), Nutrition supply chain integration within the national supply chain system, the IMAM Surge Approach are key strategies that UNICEF has continued to scale up within the existing health system.

HEALTH:

Community teams in four counties were trained on hazard, vulnerability and capacity, conducted assessment, generated key vulnerability and capacity parameters and indicators for each hazard. Each county is to update their emergency, disaster preparedness and response plans using the maps and implement key resilience building interventions including strengthening community- based surveillance for prompt detection of rumors and report to health facilities for investigation and response.

WASH:

Restoration of services and provision of alternative facilities such as shared permanent toilets at villages of origin helped to attract IDPs back to their places of origin hastening recovery, while allowing early closure of displacement centres. Shared permanent sanitary facilities will further serve as models for replication by households. Furthermore, restoration of services (water supply), installation of new water storage capacity and connections to existing safe water services not only improved quality of services but also reduces future vulnerabilities. In selected counties, flood affected villages were encouraged not to return to their former villages in the flood plain, but rather settle on higher ground. County

Governments allocated affected communities with new land on which to settle to reduce future flooding and displacement risks.

CHILD PROTECTION:

UNICEF continued support to the Department of Children Services, specifically on strengthening coordinated inter-agency emergency prepared and response capacity has resulted in better programming planning. Most child protection in emergencies activities are implemented at the community level and often entail building the capacity of community members, children and community-based organizations.

EDUCATION:

Capacity enhancement of the Ministry of Education officers, teachers/learners and target communities is UNICEF's key strategy of ensuring the resilience building in the target communities through humanitarian assistance. In 2018, UNICEF built strong linkages of its humanitarian interventions with the long-term development initiatives in Kalobeyei refugee settlement where integrated programmes are aligned to the government plans benefitting both host and refugee communities within the Comprehensive Refugee Response Framework (CRRF). To facilitate durable solutions amid the impending voluntary repatriation (VolRep) of refugees from Dadaab camps to their countries of origin such as Somalia, relevant transferable skills have been offered to teachers and learners trained in Dadaab for improving their self-reliance for an eventual re-settlement in Somalia. This has been achieved with close collaboration with the Somalia education cluster through joint visits to the Dadaab refugee camp to gauge opportunities for improving on sustainable resilience building.

HIV/AIDS:

UNICEF worked with the Ministry of Health at subnational levels and partners to enhance the monitoring and evaluation systems. A key achievement was in capacity enhancement in the use of new monitoring and evaluation tools that disaggregated data to include adolescent age bands. This will help improve data availability and utilization that would inform targeted long-term response in building the HIV preventative life skills of adolescents.

SOCIAL PROTECTION:

There is increasing evidence that social protection contributes to building the resilience of the communities that most are most affected by adverse effects of climate change. In that sense the National Safety Net Programme plays a positive and crucial role in smoothing consumption, promoting livelihoods and enhancing risk management. NSNP's objective is to assure food consumption for poor and food insecure households. This is achieved through the provision of appropriate, timely and predictable social transfers and the strengthening of institutional capacity to deliver the programme.

1.4. Monitoring and Evaluation

NUTRITION:

Nutrition humanitarian interventions were jointly planned with government through the Annual Work Plan and the Nutrition sector response plan. Monitoring is ensured through use of regular administrative data (the District Health Information System - DHIS), quarterly progress reports from partners, field visits by staff members, and nutrition surveys and assessments. The information is vetted by Nutrition information technical working group to ensure quality information.

HEALTH:

Kenya has adapted the District Health Information Systems2 (DHIS2), and tools for generating data during implementation and uploaded onto DHIS2 monthly. Joint programmatic monitoring sessions were conducted to oversee implementation and redirect key areas of gap. Performance review meetings were conducted as part of quality assurance.

WASH:

Joint monitoring and evaluation of the response has been a key strategy to the 2018 flood emergency response. Conducted jointly with government, UN agencies and NGO partners, joint reviews provided opportunities to assess the effectiveness of the response while highlighting gaps. UNICEF further carried out field monitoring activities reviewing individual partner progress and constraints. Further collective joint progress reviews were conducted with partners examining if

current approaches were appropriate. UNICEF has developed online e-Tools programme where all trip reports are filed for viewing by larger audience. Using Zonal offices and County governments, UNICEF was able to oversight all response activities in Counties to ensure timeliness of the response. In all instances, Focus Group Discussions (FGD) were used to get feedback from beneficiaries on relevance and timeliness of the response.

CHILD PROTECTION:

UNICEF facilitated field monitoring of prevention and response activities, including post distribution end-user monitoring and reporting. Joint UNICEF and Government monitoring missions to the Counties and inter-agency review meetings were facilitated.

EDUCATION:

The implementation of education in emergencies programmes was overseen by UNICEF technical experts based in Nairobi as well as in the field. Technical guidance from UNICEF team on the field monitoring and reporting were provided to MoE officials, implementing partners/stakeholders and beneficiaries in a participatory manner. As per UNICEF HACT guidelines6, the quality assurance activities have been undertaken in the form of regular programme monitoring reviews, Spot Checks and Supply End User Monitoring besides joint field monitoring with Government and implementation partners. For every project intervention with partners, UNICEF agreed on key indicators (as part of the Programme Agreements) used to track the progress of activity implementation for quarterly reporting including key achievements and identify challenges and solutions to remove bottlenecks toward the full achievement of the end-results of each project.

HIV/AIDS:

UNICEF provided technical support in revising the National HIV data reporting tools. In Turkana County, support was provided to improve on the rate and quality of reporting. Following support provided in revising data reporting tools to include age-disaggregated data, all the facilities in Kakuma ward, (these facilities provided services to host communities and refugees during the reporting period), which is in Turkana West were using the new and revised tools by the fourth quarter of 2018.

SOCIAL PROTECTION:

UNICEF worked closely with WFP and the Ministry of Labour and Social Protection (MLSP) to improve monitoring in the social protection sector, through the establishment of a Single registry which provides comprehensive real-time data on the programme's performance and its coverage. UNICEF will continue to work with WFP and other development partners to expand the scope of MIS towards an integrated M&E system for the social protection sector but that is flexible enough to include other interventions, such as those under emergency and humanitarian interventions.

Financial Analysis

Table 1: 2018 Funding Status against the HAC by Sector (in USD):

Appeal Sector	HAC 2018 Requirements	Funds Available		Funding Gap***	
		Funds Received**	Carry-Forward Funds from 2017*	$	%
Nutrition	10,000,000	3,412,999	2,409,124	4,177,877	42%
Health	6,300,000	1,748,695	497,651	4,053,654	64%
Water, sanitation and hygiene	4,000,000	1,582,064	311,705	2,106,231	53%
Child protection	1,000,000	1,571,197	232,991	0	0%
Education	5,935,000	0	1,617,881	4,317,119	73%
HIV/AIDS	500,000	0	0	500,000	100%
Social Protection	2,000,000	0	0	2,000,000	100%
Cluster/sector coordination	4,500,000	550,069	500,081	3,449,850	77%

[6] Harmonized Approach to Cash Transfer (HACT) FRAMEWORK

Total	34,235,000	8,865,024	5,569,433	19,800,543	58%

**Funds received is funding received against current appeal*
*** Carry-forward from the previous year (US$ 5.5 million, which includes US$ 1.7 million for the refugee response). The carry-forward figure is provisional and subject to change.*
****Funding gap excludes the surplus for Child Protection*

Table 2: Funding Received and Available in 2018 by Donor and Funding type (in USD)

Donor Name/Type of funding	Grant Number	Total Contribution Amount
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds		
Humanitarian Response Thematic Fund	SM189910	400,000
Total Thematic Humanitarian Funds		**400,000**
b) Non-Thematic Humanitarian Funds		
Japan	SM180061	1,000,000
USA (USAID) OFDA	SM180272	1,500,000
USAID/Food for Peace	SM180338	1,912,999
European Commission / ECHO	SM180098	736,196
United States Fund for UNICEF; co-funded by Latter-Day Saint Charities Inc	SM180569	490,000
Total Non-Thematic Humanitarian Funds		**5,639,195**
Pooled Funding (CERF Grants)		
UNOCHA	SM180260	1,332,064
UNOCHA	SM180261	550,069
UNOCHA	SM180262	345,001
UNOCHA	SM180271	598,695
Total Pooled Funding		**2,825,829**
(ii) Other Pooled Funds		
N/A	NA	0
c) Other types of humanitarian funds		
N/A	NA	0
Total humanitarian funds received in 2018 (a+b+c+d)		**8,865,024**
II. Carry-over of humanitarian funds available in 2018		
e) Carry-over Thematic Humanitarian Funds		
Humanitarian Response Thematic Fund	SM149910	**259,133**
f) Carry-over of non-thematic humanitarian funds		
The United Kingdom	SM160280	64,269
European Commission / ECHO	SM170186	56,515
Australia	SM170317	852,513
USAID/Food for Peace	KM160062	172,816
USAID/Food for Peace	KM160064	31,450
USAID/Food for Peace	SM160517	74,797
USAID/Food for Peace	SM170434	1,035,306

USA (USAID) OFDA	SM160444	329,329
Netherlands Committee for UNICEF	SM170163	33,486
The United Kingdom	SM170197	887,762
Belgian Committee for UNICEF	SM170340	57,041
USA USAID	SM170154	741,398
United States Fund for UNICEF	SM170635	907,407
Total carry-over non-thematic humanitarian funds (e+f)		**5,569,433**
III. Other sources (regular Resources set aside, diversion of RR)		
UNICEF set-aside funds	N/A	N/A
Diversion of RR	RR	385,000
Total other sources		**385,000**

Table 3: Thematic Humanitarian Contributions Received in 2018 (in USD):

Donor	Programme Budget Allotment reference	Total Contribution Amount
Regional thematic emergency funds	SM189910	200,000
EPF Loan	GE180014	900,000

Future Work Plan

2019 Humanitarian Strategy:

In 2019, UNICEF will continue to accelerate response in meeting the urgent needs of the affected populations affected by disease outbreaks. Key humanitarian interventions will include enhancing health outreach services in hard-to-reach areas, supporting vaccination campaigns, delivery and distribution of critical emergency health and WASH supplies, repairing strategic water points and conducting behavior change communication for response to disease outbreaks. UNICEF will focus on critical lifesaving and preventative interventions for disease outbreaks such as further Cholera outbreaks through support to the Ministry of Health and partners in disease outbreaks preparedness and response and technical support to the Cholera Task Force. Through partnership with Kenya Red Cross Society, UNICEF will support to building resilience of health and community systems through implementation of life-saving interventions (immunization, management of pneumonia, malaria and diarrhoea) using the nomadic strategy.

The emergency nutrition response will be included in programme planning supporting system strengthening to improve the linkages between humanitarian action and development programming. UNICEF will also continue to strengthen sector and multisector coordination, and delivery of life-saving services in support of government-led efforts, through partnerships with government and NGO counterparts. UNICEF will increase engagement with the devolved government system to strengthen counties capacity for emergency preparedness and response. The four zonal offices (Lodwar, Kisumu, Garissa, and Dadaab) continue to provide oversight and technical support to the humanitarian response.

UNICEF will also support the provision of basic social services to refugees and host communities through provision of nutrition supplies for refugee response, as well as basic supplies for primary education to uphold refugee children's right to education. In line with the Comprehensive Refugee Response Framework, UNICEF will collaborate with the United Nations High Commissioner for Refugees (UNHCR) to support the Government to strengthen coordination in the refugee response and develop policies that facilitate the inclusion of refugee children in national systems. Cross-border coordination will also be strengthened to enable the voluntary repatriation of refugees from the Dadaab refugee camp to Somalia and to monitor refugee influxes into Kakuma refugee camps and Moyale to facilitate timely assistance, particularly for women and children.

The following are the 2019 HAC targets:

Area	Targets
Nutrition	13,404 children aged 6 to 59 months with severe acute malnutrition (SAM) admitted for treatment
WASH	250,000 people accessing the agreed quantity of water for drinking, cooking and personal hygiene
Health	325,000 children affected by acute watery diarrhoea, malaria or measles accessing life-saving preventative and curative interventions
Education	59,000 school-aged children, including adolescents (50 per cent girls), accessing formal or non-formal early learning, pre-primary, primary or secondary education
Child Protection	5,575 children (52 per cent girls) provided with psychosocial support, including access to child-friendly spaces with inter-sectoral programming interventions

Expression of Thanks

UNICEF Kenya expresses sincere gratitude to all donors who have provided support to greatly improve the lives of children and women in Kenya through the implementation of evidence-based and high impact interventions for reaching the difficult to reach and vulnerable populations discussed in this report. Together with the Government, local Non-Governmental Organizations, Community Based Organizations, Faith Based Organizations and other key stakeholders, UNICEF was able to provide life-saving services for children and women while building the capacities of Government, partners and communities to better respond to recurrent emergencies. UNICEF will continue to seek additional resource partner support to build the achievements made.

Annexe 1: One Pagers and Funds Utilization reports

The format One-pager narrative reports for the below listed grants are attached separately as Annex 1. Funds Utilization Reports are attached to this report as Annex 2. Please refer to attached document.

Donor	Grant	Programme Funded
USAID/Food for Peace	SM180338	Nutrition
USAID/Food for Peace	KM160064	Nutrition
USAID/Food for Peace	SM160517	Nutrition
USAID/Food for Peace	SM170434	Nutrition
USA (USAID) OFDA	SM180272	Nutrition
USA (USAID) OFDA	SM160444	Nutrition
Netherlands Committee for UNICEF	SM170163	Nutrition
The United Kingdom	SM170197	Nutrition
Belgian Committee for UNICEF	SM170340	WASH
Australia	SM170317	Nutrition, WASH, Health, Child Protection, Social Protection, Field Operations

Annex 2: Human Interest Stories and Case Studies

The following Human-Interest Stories and Case Studies are attached to this report as **Annex 2**

Programme	Human Interest Stories and Case Studies
Nutrition:	• IMAM Case Study • Life- saving integration of health services

Health	• Cholera Outbreak Management in Turkana County • Case study on Turkana and West Pokot Cholera Response
WASH	• Bringing safe water closer to communities in Marsabit County • Thank God, we now have privacy in our new latrines • Glad to be back to a working well • This year we have seen change
Education	• Teacher Jessica Deng • Monica and Josephine, Bhar El Namm Girls School • Female AEP learner in Dadaab refugee camp
Child Protection	• A Trained Community Making A Difference • Sham's Story as a Girl Mother • Father dedicates life to fight FGM in community
Cross-Sectoral	• Hope of Humanitarian Aid: Hilary and Maria

Annex 3: Visibility report

A mother and her daughter at a camp for families that have been displaced by floods in Tana River County. ©UNICEF Kenya/2018/Serem

1. Photography Collection

Eastern and Southern Africa Regional Director, Leila Pakkala, at a Health and Nutrition outreach site in Turkana County.

UNICEF Kenya/2018/Oloo

Eastern and Southern Africa Regional Director, Leila Pakkala, at a Health and Nutrition outreach site in Turkana County.

UNICEF Kenya/2018/Oloo

Health Specialist, Josephine Odanga, visiting a camp set up to cater for displaced families following flooding in Tana River County.

UNICEF Kenya/2018/Serem

Immunization Ambassador, Sen. Harold Kipchumba during a polio vaccination campaign in Nairobi County.

UNICEF Kenya/2018/Serem

Polio vaccination campaign in Nairobi County.

UNICEF Kenya/2018/Serem

A camp for families displaced by floods in Tana River County.

UNICEF Kenya/2018/Serem

A water point constructed within the camp for families displaced by floods in Tana River County.

UNICEF Kenya/2018/Serem

A woman and her baby outside their temporary shelter at a camp for families displaced by severe flooding in Tana River County.

UNICEF Kenya/2018/Serem

Multi-sector mission to Tana River County, by different humanitarian partners in response to the flooding emergency.

UNICEF Kenya/2018/Serem

Pupils in class at Bar El Naam Primary School in Kakuma Refugee Camp.

©UNICEFKenya/2018/Oloo

A teacher in class at Bar El Naam Primary School in Kakuma.

©UNICEFKenya/2018/Oloo

Students going through a lesson with their teacher at Bar El Naam Girls Primary School.

©UNICEFKenya/2018/Oloo

Trainee teachers sit through a Teachers for Teachers training session at the Kakuma Teachers Resource Centre

©UNICEFKenya/2018/Oloo

An ECD teacher with her learners in class at an ECD Centre in Kalobeyei Settlement

©UNICEFKenya/2018/Oloo

An ECD Centre at a school in Kalobeyei Settlement.

©UNICEFKenya/2018/Oloo

A teacher uses ECD kits to engage leaners at an ECD Centre at a school in Kalobeyei.

`©UNICEFKenya/2018/Oloo

A temporary learning space in the form of a tent pitched in Kalobeyei settlement to ease congestion in schools.

©UNICEFKenya/2018/Oloo

UNICEF Child Protection Specialist Bernard Kiura gives Irene Kwamboka from the European Union a tour of Furaha Centre 1 in Kakuma Refugee Camp

©UNICEFKenya/2018/Oloo

Children playing at the Furaha Centre in Kakuma. ©UNICEFKenya/2018/Oloo

UNICEF and LWF Staff at the Kakuma 1 Furaha Centre offices.

©UNICEFKenya/2018/Oloo

LWF Staff outside the Furaha Centre building in Kalobeyei, ready to attend to clients as they arrive.

©UNICEFKenya/2018/Oloo

European Union and UNICEF Joint-missions

European Union, UNICEF and LWF staff outside a newly constructed temporary classrooms in Kalobeyei Settlement.

©UNICEFKenya/2018/Oloo

EU and UNICEF delegation having discussions at Bar El Naam Primary School during a joint visit to education programmes.

©UNICEFKenya/2018/Oloo

EU and UNICEF staff attend a teachers learning circle as part of the Teachers for Teachers Training Programme at the Teachers Resource Centre in Kakuma.

©UNICEFKenya/2018/Oloo

Mission participants witness CPMIS+ in action in the field as an LWF Child Protection Officer conducts a household visit in Kakuma.

©UNICEFKenya/2018/Oloo

An LWF officer demonstrates the power that the CPMIS+ platform provides to Child Protection Officers when out in the field.

©UNICEFKenya/2018/Oloo

The delegation visits a foster mother who takes care of 6 children who came to the Kakuma Refugee Camp unaccompanied.

©UNICEFKenya/2018/Oloo

European Union staff tour households at the Kakuma Refugee Camp.

©UNICEFKenya/2018/Oloo

Delegation meets parents and teachers at a newly constructed temporary learning space in Kalobeyei.

©UNICEFKenya/2018/Oloo

Health education session during the integrated outreaches at Lomadang village, Ileret in North Horr Sub County, Marsabit. (Photo taken by Sabdio Galgalo-Programme Officer, KRCS 2018)

Nutritional assessment for children under-fives at Aibete village in Ileret ward, Marsabit County during the integrated outreaches conducted by KRCS Flexi Project supported by UNICEF (Photo taken by Sabdio Galgalo-Programme Officer, KRCS 2018).

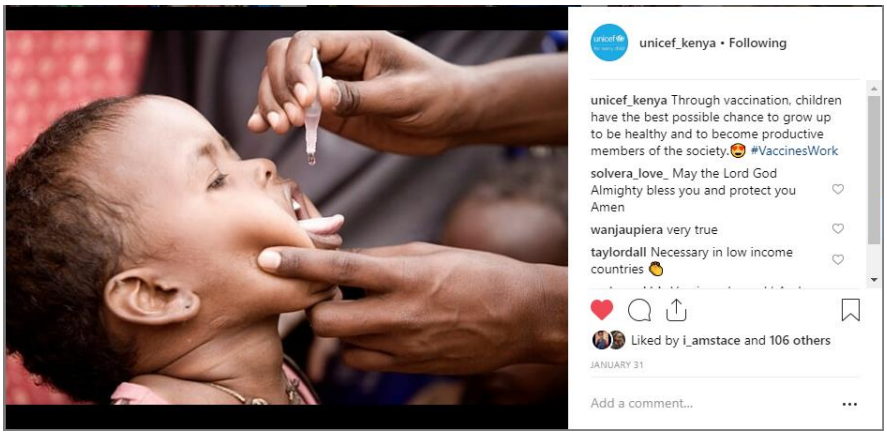
Nutritional screening for PLW during integrated outreaches conducted by KRCS through UNICEF supported Flexi PCA. (Photo taken by Sabdio Galgalo-Programme Officer, KRCS 2018)

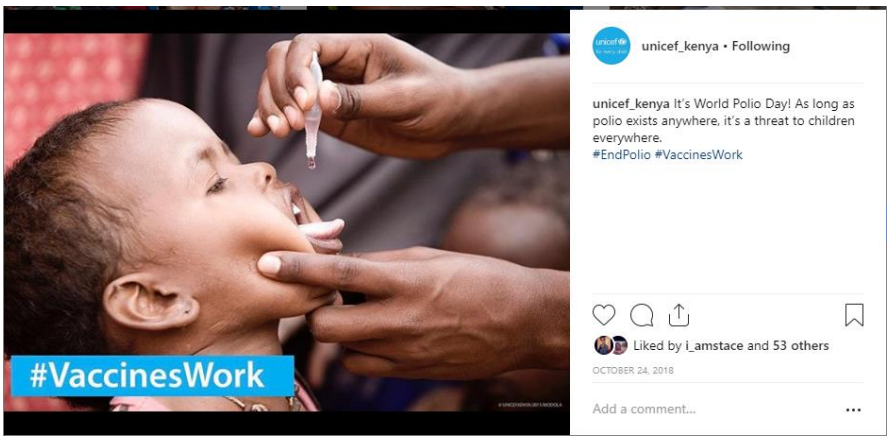
Health Officer, Bibi Mbete, facilitating a session during a review of Community Health Indicators with North Horr Community Health Extension Workers in Kalacha, Marsabit County.
©UNICEFKenya/2018/Ibrahim

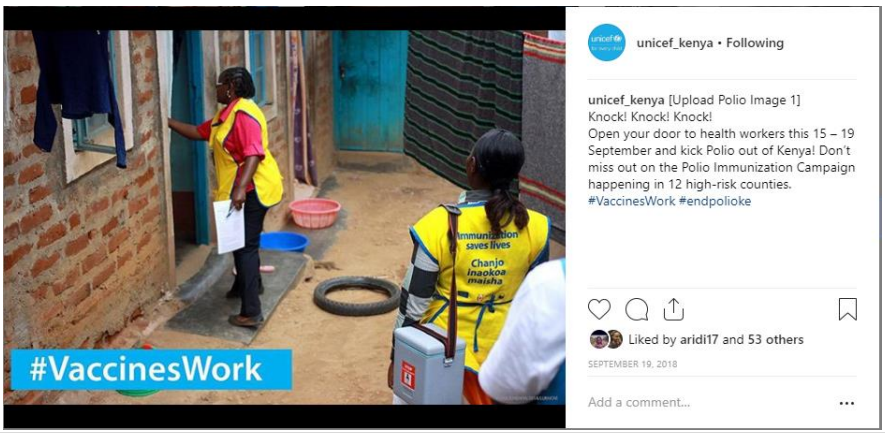
2. Social Media Coverage

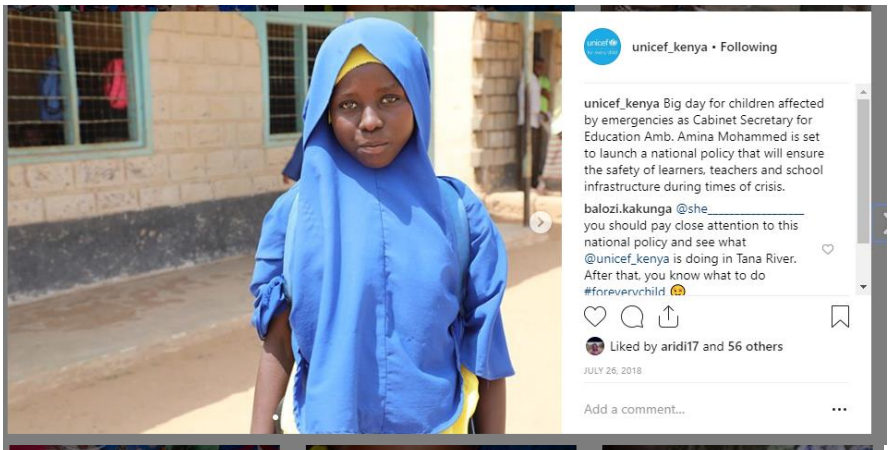
Instagram

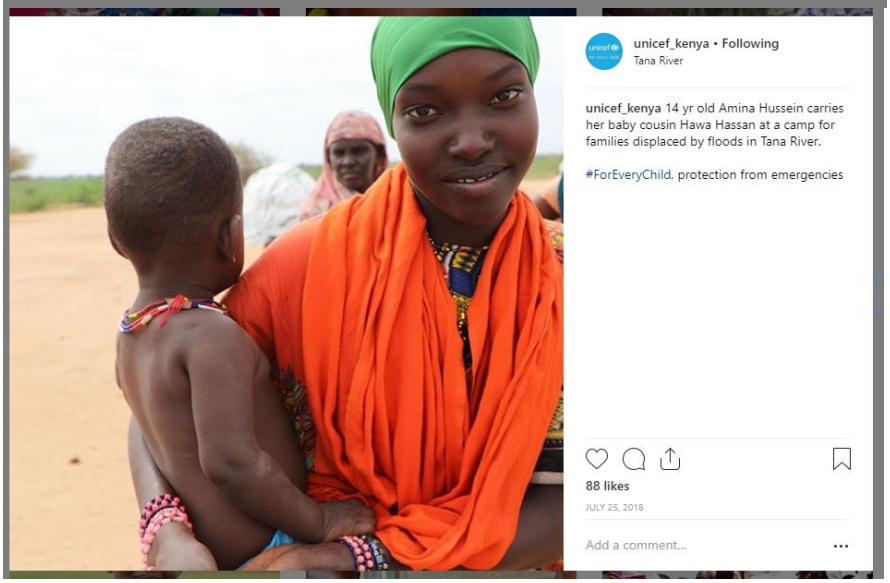

Protect a child
Protect a community
unicef_kenya • Following
Nairobi
unicef_kenya Vaccines keep children alive and healthy by protecting them against disease.
#EveryChild has a right to be protected from diseases, no matter who they are and where they live.
#EveryChildALIVE #VaccinesWork #ImmunizationForumKE
solvera_love_ May the Lord God
Liked by i_amstace and 82 others
FEBRUARY 15
Add a comment...


unicef_kenya • Following
unicef_kenya Through vaccination, children have the best possible chance to grow up to be healthy and to become productive members of the society. #VaccinesWork
solvera_love_ May the Lord God Almighty bless you and protect you Amen
wanjaupiera very true
taylordall Necessary in low income countries
Liked by i_amstace and 106 others
JANUARY 31
Add a comment...

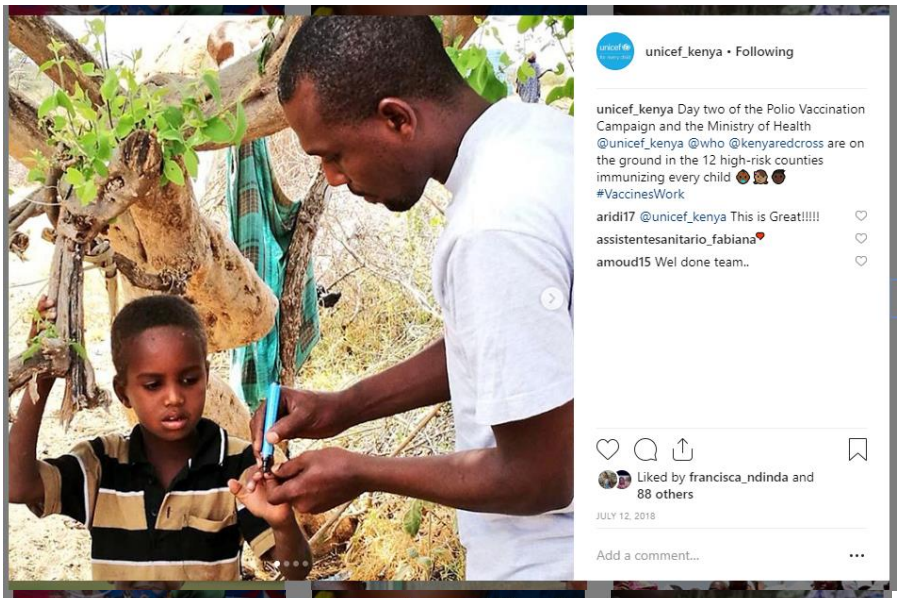

#VaccinesWork
unicef_kenya • Following
unicef_kenya It's World Polio Day! As long as polio exists anywhere, it's a threat to children everywhere.
#EndPolio #VaccinesWork
Liked by i_amstace and 53 others
OCTOBER 24, 2018
Add a comment...

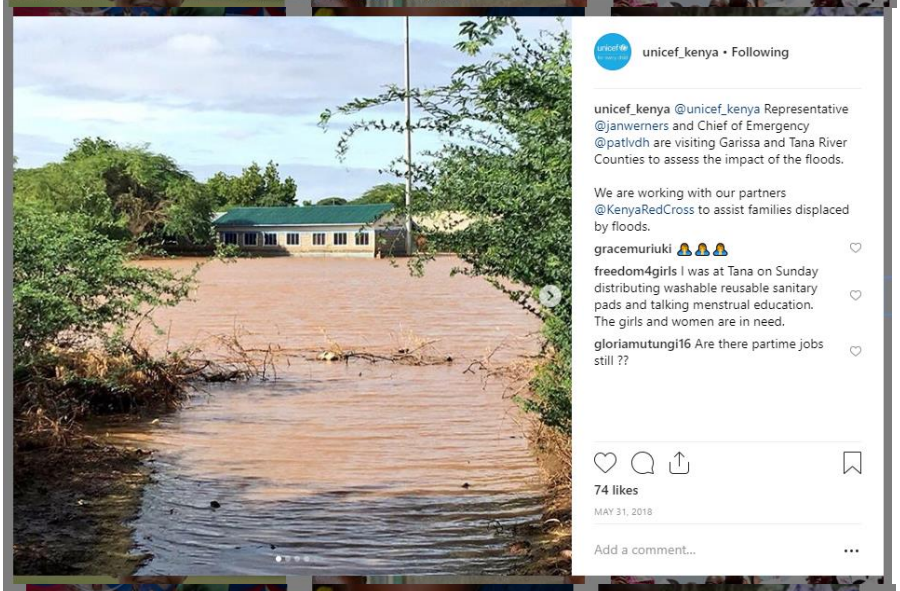

#VaccinesWork
Immunization saves lives
Chanjo inaokoa maisha
unicef_kenya • Following
unicef_kenya [Upload Polio Image 1]
Knock! Knock! Knock!
Open your door to health workers this 15 – 19 September and kick Polio out of Kenya! Don't miss out on the Polio Immunization Campaign happening in 12 high-risk counties.
#VaccinesWork #endpolioke
Liked by aridi17 and 53 others
SEPTEMBER 19, 2018
Add a comment...


unicef_kenya • Following
unicef_kenya Big day for children affected by emergencies as Cabinet Secretary for Education Amb. Amina Mohammed is set to launch a national policy that will ensure the safety of learners, teachers and school infrastructure during times of crisis.
balozi.kakunga @she_____ you should pay close attention to this national policy and see what @unicef_kenya is doing in Tana River. After that, you know what to do #foreverychild
Liked by aridi17 and 56 others
JULY 26, 2018
Add a comment...

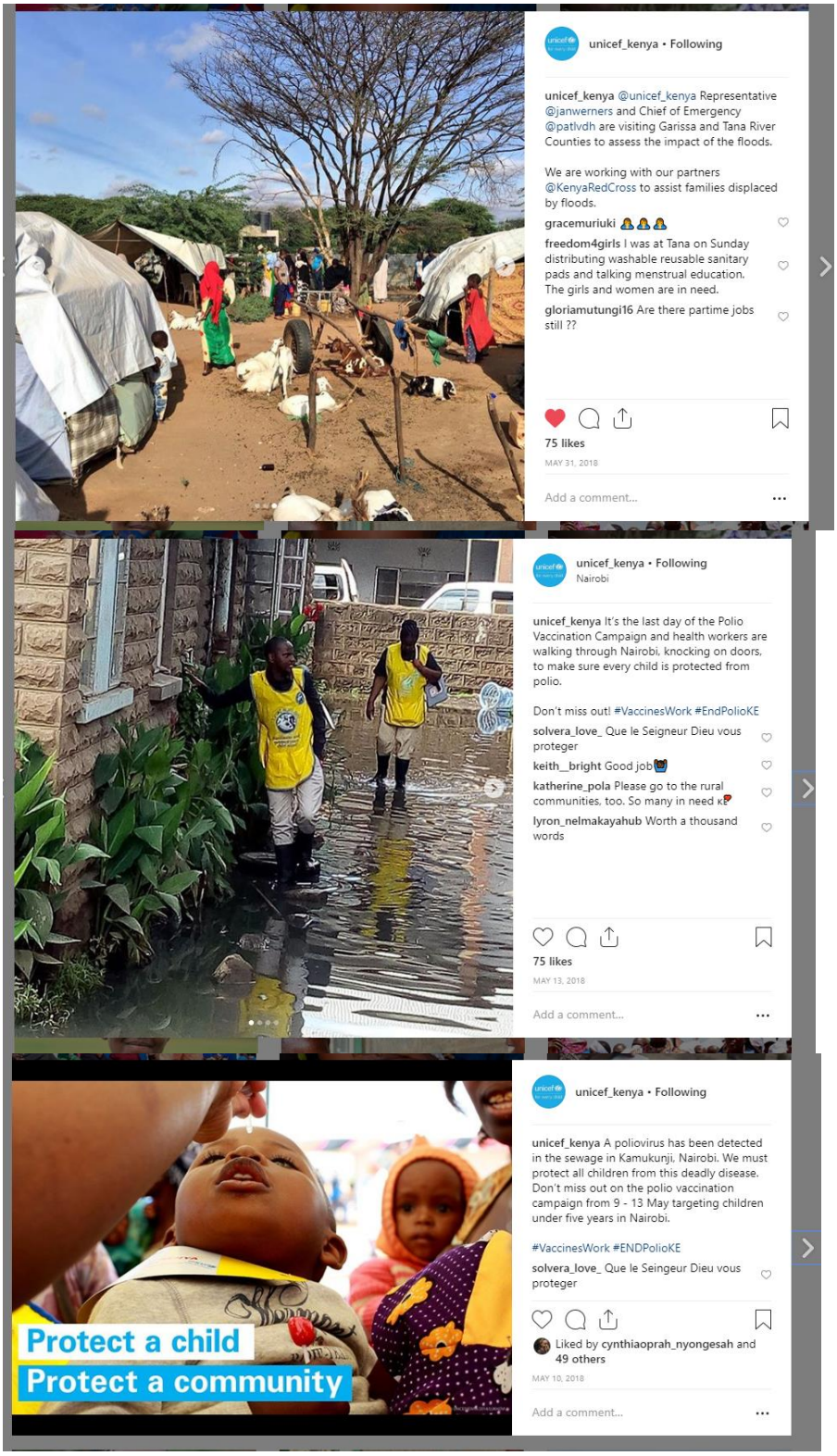

unicef_kenya • Following
Tana River
unicef_kenya 14 yr old Amina Hussein carries her baby cousin Hawa Hassan at a camp for families displaced by floods in Tana River.
#ForEveryChild, protection from emergencies
88 likes
JULY 25, 2018
Add a comment...

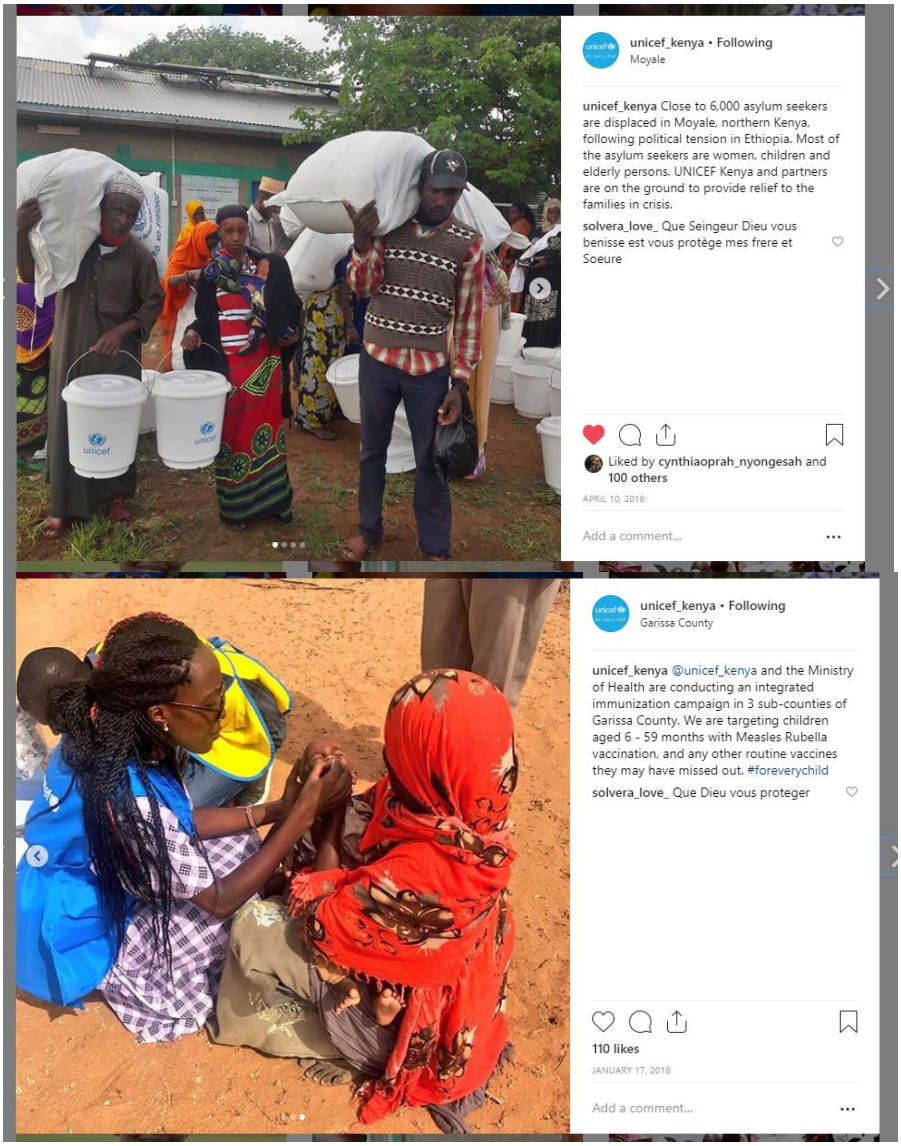

unicef_kenya • Following
Garissa
unicef_kenya Joint mission in Garissa and Tana River Counties to assess impact of the floods on the communities and our joint emergency response in health, WASH, education, child protection
@unicef_kenya @unfpakenya @kenyaredcross @unmigration @worldfoodprogramme_official @who working together #foreverychild
sarah.haytham94
Liked by blessednjugush and 65 others
JULY 18, 2018
Add a comment...


unicef_kenya • Following
unicef_kenya Day two of the Polio Vaccination Campaign and the Ministry of Health @unicef_kenya @who @kenyaredcross are on the ground in the 12 high-risk counties immunizing every child #VaccinesWork
aridi17 @unicef_kenya This is Great!!!!!
assistentesanitario_fabiana
amoud15 Wel done team..
Liked by francisca_ndinda and 88 others
JULY 12, 2018
Add a comment...


unicef_kenya • Following
unicef_kenya @unicef_kenya Representative @janwerners and Chief of Emergency @patlvdh are visiting Garissa and Tana River Counties to assess the impact of the floods.
We are working with our partners @KenyaRedCross to assist families displaced by floods.
gracemuriuki
freedom4girls I was at Tana on Sunday distributing washable reusable sanitary pads and talking menstrual education. The girls and women are in need.
gloriamutungi16 Are there partime jobs still ??
74 likes
MAY 31, 2018
Add a comment...


unicef_kenya • Following
unicef_kenya @unicef_kenya Representative @janwerners and Chief of Emergency @patlvdh are visiting Garissa and Tana River Counties to assess the impact of the floods.
We are working with our partners @KenyaRedCross to assist families displaced by floods.
gracemuriuki
freedom4girls I was at Tana on Sunday distributing washable reusable sanitary pads and talking menstrual education. The girls and women are in need.
gloriamutungi16 Are there partime jobs still ??
74 likes
MAY 31, 2018
Add a comment...


unicef_kenya • Following
unicef_kenya @unicef_kenya Representative @janwerners and Chief of Emergency @patlvdh are visiting Garissa and Tana River Counties to assess the impact of the floods.
We are working with our partners @KenyaRedCross to assist families displaced by floods.
gracemuriuki
freedom4girls I was at Tana on Sunday distributing washable reusable sanitary pads and talking menstrual education. The girls and women are in need.
gloriamutungi16 Are there partime jobs still ??
75 likes
MAY 31, 2018
Add a comment...
unicef_kenya • Following
Nairobi
unicef_kenya It's the last day of the Polio Vaccination Campaign and health workers are walking through Nairobi, knocking on doors, to make sure every child is protected from polio.
Don't miss out! #VaccinesWork #EndPolioKE
solvera_love_ Que le Seigneur Dieu vous proteger
keith__bright Good job
katherine_pola Please go to the rural communities, too. So many in need ke
lyron_nelmakayahub Worth a thousand words
75 likes
MAY 13, 2018
Add a comment...
Protect a child
Protect a community
unicef_kenya • Following
unicef_kenya A poliovirus has been detected in the sewage in Kamukunji, Nairobi. We must protect all children from this deadly disease. Don't miss out on the polio vaccination campaign from 9 - 13 May targeting children under five years in Nairobi.
#VaccinesWork #ENDPolioKE
solvera_love_ Que le Seingeur Dieu vous proteger
Liked by cynthiaoprah_nyongesah and 49 others
MAY 10, 2018
Add a comment...


unicef_kenya • Following
Moyale
unicef_kenya Close to 6,000 asylum seekers are displaced in Moyale, northern Kenya, following political tension in Ethiopia. Most of the asylum seekers are women, children and elderly persons. UNICEF Kenya and partners are on the ground to provide relief to the families in crisis.
solvera_love_ Que Seingeur Dieu vous benisse est vous protége mes frere et Soeure
Liked by cynthiaoprah_nyongesah and 100 others
APRIL 10, 2018
Add a comment...
unicef_kenya • Following
Garissa County
unicef_kenya @unicef_kenya and the Ministry of Health are conducting an integrated immunization campaign in 3 sub-counties of Garissa County. We are targeting children aged 6 - 59 months with Measles Rubella vaccination, and any other routine vaccines they may have missed out. #foreverychild
solvera_love_ Que Dieu vous proteger
110 likes
JANUARY 17, 2018
Add a comment...

Facebook


Hello
Children in a Digital World: Child Protection in Kakuma Refuge...
UNICEF Kenya
Like
Comment
Share
Hootlet
Comments
Up next
Polio Vaccination Campaign, 9 - 13 May 2018
UNICEF Kenya


I just tell her to come home
Teacher Learning Circles in Kakuma Refuge Camp
UNICEF Kenya
Like
Comment
Hootlet
Share
Hootlet
Comments
Up next
Polio Vaccination Campaign, 9 - 13 May 2018
UNICEF Kenya


#ChildrenUnderAttack
UNICEF Kenya
Like
Comment
Share
Hootlet
Comments
Up next
Polio Vaccination Campaign, 9 - 13 May 2018
UNICEF Kenya
Kick Polio Out of Kenya
UNICEF Kenya


UNICEF Kenya @UNICEFKenya · Feb 6
A big thank you to all partners who are working with us to enable children from both the host and refugee communities in Kalobeyei access education. This has been made possible with EU's humanitarian assistance.
Construction of Temporary Pre-Primary & Primary Classroom In Kalobeyei Settlement
FUNDED BY ECHO THROUGH UNICEF IMPLEMENTED BY FCA
FCA
ECHO

Twitter


UNICEF Kenya @UNICEFKenya · Feb 5
Today @UNICEFKenya is joining colleagues from EU Humanitarian Aid for a field trip in Kakuma to visit Education and Child Protection programmes #ForEveryChild in the refugee context. Stay tuned for highlights! @LWF_Ke
unicef
4
8
UNICEF Kenya @UNICEFKenya · Feb 6
Follow the mission #HappeningToday by @UNICEFKenya and colleagues from EU Civil Protection & Humanitarian Aid as they visit children in the Kalobeyei Settlement in Turkana County.


UNICEF Kenya @UNICEFKenya · Feb 5
Training underway! Teachers from primary schools in the Kakuma Refugee Camp are being trained by Teachers College - Columbia University through the 'Teachers for Teachers Programme' with EU's Humanitarian Assistance.
EU Humanitarian Aid, Daniel Baheta, LWF Kenya - Djibouti and Trisha DiGiovanni


UNICEF Kenya @UNICEFKenya · Feb 5
With EU Humanitarian funding, @UNICEFKenya and @LWF_Ke have supported the supply of books and other education supplies to learners in primary schools in Kakuma- impacting positively on education outcomes.
UNICEF Office for Relation...
@UNICEF_EU
Follow
Sarah was rescued from child marriage and her family provided with a safe place to live - thanks to the Child Protection Information Management System (CPIMS+) & partners @eu_echo @UNICEFKenya @lutheranworld @EUinKenya
Using technology for child protection in Kenya
UNICEF, in partnership with Lutheran World Federation (LWF), uses a Child Protection Information Management System – CPIMS+, to capture and manage cases of c...
youtube.com
6:51 AM - 8 Feb 2019
9 Retweets 13 Likes


UNICEF Kenya @UNICEFKenya · Feb 5
Furaha Centre 1 in Kakuma provides a child friendly space for kids to play, interact. Children who have faced trauma due to displacement and separation also get Child Protection services thanks to the EU's Humanitarian assistance.
Daniel Baheta, Trisha DiGiovanni, LWF Kenya - Djibouti and 5 others

You Retweeted

LWF Kenya - Djibouti @LWF_Ke · Feb 5

Sarah Esam a 15 year old refugee student at Bharl_el_Naam Primary school is met with applause from classmates. She is witty and eloquent in speech as she explains to @UNICEFKenya, @EU Humanitarian Aid delegation on the experience in the accelerated learning program she is in.

5 9

UNICEF Kenya @UNICEFKenya · Feb 5

Meet Teacher Jessica Deng of Bhar-el Naam Primary. She was born in Kakuma Refugee Camp and when she finished her education, she decided to come back and teach at her former school. She is passionate about empowering girls.

Lisa Kurbiel, EU Humanitarian Aid, Daniel Baheta and 7 others

3. Videography

Temporary Learning Spaces: https://www.youtube.com/watch?v=eBXIJHqZyXM
The construction of temporary learning spaces has begun in the Kalobeyei Settlement to alleviate congestion in classrooms and improve the learning experience for children.

Furaha Centre 2
https://www.youtube.com/watch?v=K-A4nmJhTcM
With support from European Union Humanitarian aid, UNICEF and other partners are working at the Furaha Centre in Kakuma Refugee Camp which offers a safe space for children to interact and play. While there, children who have faced trauma due to displacement and separation also get child protection services, play therapy and medical assessments.

Learning Circle: https://www.facebook.com/UNICEFKenya/videos/1614382965309855/
"As a teacher you have to have the care of a parent. You have both jobs." Teachers in Kakuma Refugee Camp, northern Kenya, are taking part in Teacher Learning Circles - a peer mentoring and support group for teachers to improve how they interact with students, especially those with child protection issues. This UNICEF project is funded European Union Humanitarian Aid to improve the lives of children in emergencies.

4. External Publications

Video Published on European Union Website

http://ec.europa.eu/echo/field-blogs/videos/using-technology-child-protection-kenya_en

Videos Published on the EU-UNICEF Portal

https://www.unicef.org/eu/humaid_education.html#pid6162

5. Human Interest Stories

Teacher Jessica Deng

Teacher Jessica helping a pupil solve a math problem.
©UNICEFKenya/2018/Oloo

At 21 years of age, Jessica Deng is not much older than many of her Class 8 learners. She also has more in common with them. Prior to teaching at Bhar El Naam Girls' School, she was also a pupil at the primary school.

Jessica is South Sudanese, though she has never been to the country as she was born in Kakuma in 1997. Her family fled South Sudan seeking refuge in Kenya in June 1992. Since graduating from secondary school in 2015, Jessica has been teaching at Bhar El Naam in Kakuma I.

Jessica was motivated to join Teachers for Teachers when she saw the changes her colleagues experienced after participating in the programme. She explains, "Seeing the last cohort that went before me, they have grown so much in their teaching experience. They have improved so much that I thought that I could also join and learn from Teachers for Teachers." After participating in the 4-day training and becoming a peer coach in January 2018, Jessica began seeing changes in herself. She started making an effort to know each learner by name and using active teaching strategies that she had learned in the training, like group work - to engage her class of 160 learners.

Changing her teaching approach ultimately led to changes in her learners' behavior and performance. "My learners are now able to engage in class and the class is less. The girls are more active because of the new teaching approaches I apply and it also motivates me as a teacher. This will make them do better in examinations because they are able to attend all the classes with fewer absenteeism," explains Jessica.

Providing individualized attention and ensuring active participation from learners is challenging for teachers in any context. In Kakuma, where class sizes usually exceed 150 learners, it is near impossible. For Jessica, meeting with her fellow teachers in Teacher Learning Circles (TLCs) in the peer coaching component of the programme motivated her to make these changes despite the challenging environment in which she and her colleagues work in. She explains, "During the TLC we talked about a lot of things. The problems I thought I faced alone were common to my other colleagues, and I was able to learn from them and how to go about getting solutions. I see positive results and benefits for the children I handle in school."

On a more personal level, Jessica's participation in Teachers for Teachers has helped her to recognize, address and manage her stress. She reflected on the difficult year she had in 2017 and how stress affected her teaching. Jessica says, "I never wanted to wake up to go to work, and every time I went to work, I was late. I didn't care about anything - neither the students nor what I taught." During the Teachers for Teachers training, Jessica had time to reflect on her own well-being and stress management techniques. Furthermore, she learned that her own stress may have negatively affected her learners. She said, "When we were talking about child well-being with all those present in the training, I knew that when you're stressed you tend to let it affect other people around you." Recognizing how her stress affected herself and those around her motivated Jessica to try some of the stress management strategies she learned in the training, such as talking with close friends and listening to music. Applying these strategies has had a profound impact on Jessica in her role as a teacher.

With 541 teachers trained between 2016 and 2018, Teachers for Teachers has reached more than two-thirds of the primary school teachers in Kakuma and Kalobeyei. Those who have not yet participated in the programme have the support of their

trained peers, who, share their knowledge and skills with the ultimate goal of improving learning for the children in Kakuma and Kalobeyei.

Story # 2 Students: Monica and Josephine, Bhar El Naam Girls School

Ear-to-ear smiles spread across the faces of Monica and Josephine when asked about their teacher, Jessica. "She is a very good teacher. She is social to people, really friendly. If you need anything or her help, she would be the first person to help you," Monica says. Josephine adds, "She just talks to us like we're sisters. Jessica likes to encourage people, she helps when you're in need."

Monica and Josephine, both 16-year-old are class 8 learners. They have been in Jessica's Mathematics class since 2016 when they joined Bhar El Naam Girls' School. Monica had just arrived in the camp from South Sudan, while Josephine, also South Sudanese, was born in Kakuma and had transferred to the school for upper primary. While both girls always loved having Jessica as their teacher, they noticed a change in Jessica this January after Jessica had started Teachers for Teachers training.

Teacher Jessica with her pupils in class at Bhar-El Naam Girls Primary School in Kakuma.
©UNICEFKenya/2018/Oloo

Monica explains, "This year, she doesn't miss class. Last year she would sometimes miss school or leave right after teaching. Now she comes every time, even early in the morning. If she gets some free time. Even if it's not her lesson, she comes if there is no teacher in class." Josephine adds that in addition to being more present and available to her learners, Jessica has started teaching make-up and remedial classes on Saturdays. She says, "On Saturdays, Jessica can come to school to teach. If she has missed a lesson on the weekdays, she will come and assist us on Saturdays."

Beyond providing this additional support outside of class, Jessica's creative teaching strategies have made subjects like Mathematics engaging and complicated topics easy to understand. Monica and Josephine especially enjoy the songs and acronyms Jessica uses to remember formulas. "Jessica can really explain very well. She even uses songs sometimes to remember formulas. We just say words like King Herod Died of A Mysterious Disease, and I can remember measurements and units - Kilometers, Hectometer, Decimeter, Meter, Deciliter," Josephine explains. For Monica, these creative strategies have made Mathematics her favourite subject in school. She says, "Math is my favorite subject because of how Jessica teaches it. It is very is interesting, I love it."

Jessica's commitment, availability and approachability motivated Monica and Josephine to come to class every day ready to learn and try their best.

Female AEP learner in Dadaab refugee camp

Story by Dakane Ahmed Bare, Education Programme Officer, NRC

Sulekho Abdirahaman Horow is now 20 years old. She was born in Somalia and due to civil war, she fled with her family to Kenya to seek refuge in 2006 and was settled by UNHCR in Dadaab refugee camp. During her early childhood, she was never able to stay in school and eventually dropped out in class six due to the pressure from family to stay home and to get married. In 2014, Sulekho found an opportunity and enrolled in the Accelerated Education Programme (AEP), that is run by NRC with the support of UNICEF. She was among the first beneficiaries in Dagahaley and sat and passed the Kenya Certificate of Primary Education (KPCE) in 2015. Sulekho is now attending Tawakal secondary school, and she is optimistic that she will go through her secondary education and wants to advocate for the rights of other girls and women in the society.

@Bare/NRC/2018: Sulekho on her way to class at the Dahagale AEP Center

Sulekho says: "I went to school but later dropped out as a result of many challenges facing several girls of my age in the camps, boys are preferred to go to school than girls. My mother used to tell me to remain at home and take care of my younger siblings, cook, wash utensils and fetch water while she went to the market where she ran a small grocery as she was the family breadwinner. Because of missing lots of school, I performed poorly. I was really discouraged and felt ashamed because those who were younger than me used to performed better. I felt traumatized and decided to drop out of school. The AEP in Dagahaley camp came at the right time. I met a mobiliser in the blocks who informed me about the program. I was very excited and felt like a heavy burden has been taken off my shoulders, I had lost hope of ever going back to school but with this program I got a chance of going back to school and fulfill my dream of becoming a lawyer and a powerful woman in the society. EP has made a very big difference in my life. I was able to complete my primary education in a shorter period. This therefore enables school age going youth who have lost hope in education to have another chance to excel. I want to go to university and pursue information and communication technology. My words to young girls who have dropped out of school is, do not think dropping out of school is the end of the life, try you best and go back to school. Thanks to NRC for introducing AEP program since it has helped me to speed up education and make up for the lost years the Somali civil war took away. I am now in secondary school and I really thank God for that. Thanks to UNICEF for providing us with items; such as exercise books, solar, lamps, uniforms and many more."

LIFE-SAVING INTEGRATION OF HEALTH SERVICES

Story by Francis Kidake, Nutrition Specialist, UNICEF Kenya

Jelinga Nyangale holding Max and her other 2 children when they visited the integrated health and nutrition outreach site in Kaakali Village, Turkana County.
©UNICEFKenya/2018/Kidake

Kaakali is located within Turkana South sub-county in Turkana County. It is one of the hardest hit sub-counties in the country having the highest GAM rate of 37.0% as per the June 2017 SMART survey. Several interventions have been put in place by the government with support from humanitarian agencies through several implementing partners to respond to the high GAM levels such as supporting the Ministry of health to conduct bi-weekly integrated health and nutrition outreaches in hard to reach areas through UNICEF support and blanket supplementary feeding program (BSFP) through WFP support. The two programs have been integrated for maximum benefits to the beneficiaries. It is through these two interventions that we met the family of Jelinga Nyangale.

Jelinga Nyangale is a mother of three and is a housewife married to John Nyangale. They lost all their livestock from the devastating drought early this year. They now have no other source of livelihood making them resort to petty trade as means of survival. They both have no formal education and none of their children is in school as well. Two of her children are under five years and both of them are in a therapeutic feeding program. This is just one of the many food insecure households that currently depend on the ongoing nutrition interventions for survival.

First identified through the ongoing nutrition outreaches was a 12-month-old Max Nyangale on 26th September 2017 through World Vision's supported outreach in Kaakali site. The first nutrition assessment found her severely malnourished with a MUAC of 11.3 cm, Weight- 6.9 kgs., Ht-74.5cm thus Z-score of -3 . She was immediately put on RUTF and other medical care.

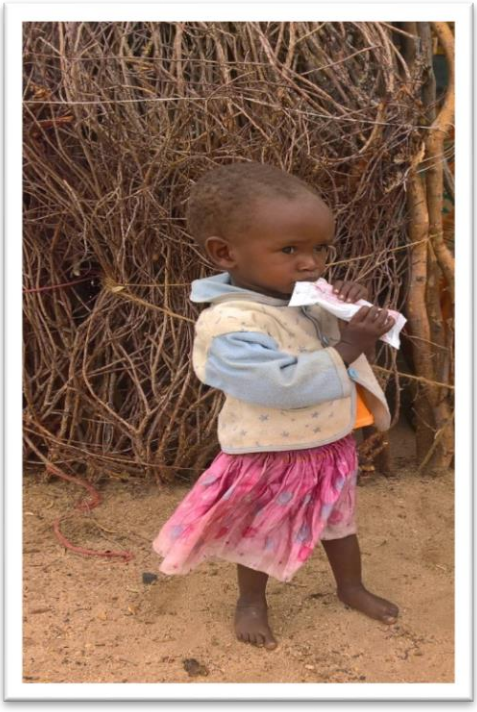
Two weeks later on 12/10/2017 upon follow-up, her MUAC had improved to 11.6 SD, weight to 7.7 kg and Z-score had improved to -2 SD. It was at this point that BSFP had been integrated with outreach program and Max was again admitted into the BSFP.

Max during her first follow-up where she was also part of the Blanket Supplementary Feeding Programme.
©UNICEFKenya/2018/Kidake

Jelinga had come for the second cycle of BSFP distribution and 3rd follow-up through outreaches and she says '*If it wasn't for this "uji" and "chocolate" my children would have starved, I have no other source of food and my two young children solely depend on this porridge and plumpys otherwise they go back to sleep hungry for days*'. She says Max looks more energetic.

Having shown a tremendous improvement during the 3rd follow-up with MUAC of 12.3 cm and weight of 8.6 kgs, Max was discharged through the SFP to continue with the rehabilitation process.

With the Integration of these crucial programs, families such as Jelinga Nyangale's are able to receive the BSFP ration and as well have the outreach team follow up on their nutritional status and other health services and respond immediately. Like in many other outreach sites, this has reduced the trouble of having the mothers walk to hospital several kilometers away for basic health and nutrition services. Besides having been admitted into the therapeutic programs, both children were dewormed and received Vitamin A supplementation during the first visit.



Max's 21/2-year-old sister was also enrolled in the SFP from the first visit as she was moderately malnourished and was discharged on the third follow-up but still in the BSFP program.

Without these lifesaving integration, families such as Jelinga's would not have survived through the drought. Nutrition counselling is done throughout the follow up sessions to have the mother find alternative sources of food upon discharge from the therapeutic programme and as the BSFP program nears to an end.

Max showing remarkable improvement upon discharge from the Out Patient Therapeutic Programme.
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Screening, treatment and enrollment into the Blanket Supplementary Feeding Programme happening at a health and nutrition outreach site.
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Bringing safe water closer to communities in Marsabit County

By Jacob Kipkeny, WASH Specialist, UNICEF Kenya

Medina Boku Racha, 30 years old, is a mother of five children. Medina has just returned to her village back from her journey to *Kambi Nyoka* borehole, 2.5km away, where she fetches water to. She is smiling and looks upbeat because her journey to get water has shortened significantly in the recent past.

Medina resting outside her house with her daughter after coming back home from fetching water at Kambi Nyoka borehole.
©UNICEFKenya/Kipkeny/2018

Kambi Nyoka is located approximately 72km from Marsabit County Head Quarters along the Marsabit-Moyale Road. The area is inhabited by the Gabrra Community who are mostly pastoralists and keep mainly goats, sheep, cattle and camels. *Kambi Nyoka* is hot and has rocky terrain. The borehole serves up to 4,000 people and thousands of livestock. Access to water in Marsabit County is still a major challenge with many households travelling long distances in search of it. The main sources of water are boreholes. Donkeys are used for transporting water from the water point to the household often carrying 2 to 4, 20-litre jerry cans.

"I use my donkeys to collect 40 litres of water every day," says Medina. It is still not enough to meet her household's needs because of the distance she walks to the borehole. She can only make one trip a day. Nonetheless, this is an improvement from her past experience. "After trekking to the borehole, I used to wait in the queue for 3 to 4 hours to collect water because there was not enough water in the storage tank because it was leaking" she says. "I now take only one hour after recent repairs were made to the tank and pipes."

Using **Set-a-Side Grant**, UNICEF recently funded Finn Church Aid and the County Government of Marsabit to rehabilitate the borehole, including the repair of the leaky $50M^3$ masonry tank, pipeline and other facilities. UNICEF had earlier supplied a new 30KVA Perkin Genset to power the system.

"We really appreciate the work which has been done by UNICEF and partners to repair the water system," adds Medina. She plans to move closer to the borehole to increase access and cut on time taken to collect the water. "I can do other things in the household once we move closer to the water point. Living nearer the facility will allow me to cook on time for my children, wash clothes and improve on hygiene in my household."

A donkey caravan snaking its way from Kambi Nyoka borehole in Marsabit County.
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Thank God, we now have privacy in our new latrines

Story by Ally Tifow, WASH Specialist, UNICEF Kenya

Fatma Boru, 46 Years is a mother of 5 school going children (3 boys and 2 girls) from Gadeni Village in Tana River County. "Returning to our village was very difficult. We lost both our homes and latrines said Fatma. Ms Boru and her family were displaced during the 2018 flooding emergency. Her and her family relocated to Gamba, where the ground is higher

Fatma says: "We were forced to demarcate the surrounding bushes between women, men and children to separate the sexes for open defecation" she added chuckling. The village resorted to open defecation following return of the villagers as all household toilets were washed away.

"Thank God; we now have privacy in our new latrines" said Fatma, referring to the newly constructed temporary latrines with support from **UNICEF Global Thematic Funding** through Welthungerhilfe partnership.

"We no longer use the bushes. Hygiene practices have improved in the village; illnesses have reduced, and open defecation has stopped" Fatma said, adding "I keep my latrine and bathroom clean always".

"My children are happier with our new facilities. They wash their hands with soap always after visiting the toilet" Fatma concluded.

Welthungerhilfe constructed 132 semi-permanent toilets and another 132 semi-permanent bathrooms for displaced households to help the recovery of flood affected communities. The new toilets can be reused after the next floods or in the event the pits fill up as the concrete slab and super structure can be moved around to new pits.

UNICEF further supported distribution of water collection and storage containers and water treatment chemicals to ensure flood affected household had access to safe water through household water treatment.

@ Maiyo/Welthungerhife/2018: Fatma Boru in front of her new latrine

This year we have seen change

Story by Ally Tiffow, WASH Specialist, UNICEF Kenya

Leila Ismael Osman is a mother of three children and lives with six household members. She lives in Ziwani village along River Tana, the largest river in Kenya.

"Every time it rains our community is displaced and we have to move to a higher ground" she explains. Ziwani is in the river basin which is prone to flooding. Leila was part of the displaced population from Ziwani village during 2018 flood emergency. "We received a lot of support this time. In the displacement camps we had temporary latrines but, in the village, we returned to permanent latrine structures" Leila happily stated. Unlike the past, "the environment is clean without evidence of open defecation and smells" she added. "I am really happy". Leila was referring to flood resilient latrines above the flood plain constructed with **CERF support** through a partnership with Terres des Hommes (TDH). UNICEF supported construction of 20 shared permanent latrines in the IDP return villages to ensure continued access to safe sanitary facilities for the returning population.

Leila explained that in the past, they practiced open defecation following cyclic flooding. "You could smell feaces everywhere when the community returned to the village following displacement. Leila said. *"This year we have seen change"* she explained referring to the new flood resilient facilities with the support of UNICEF and TDH who implemented the project.

'If you walk across the village you will not find any faeces nor foul smell" says Leila proudly. "We have also been trained on good hygiene practices. We always ensure we dispose the children's faeces in the latrine" she continued. "We keep the toilets too clean" she added

"Diarrheal cases have significantly reduced in our village. This is because the environment is free of fecal matter and flies which carry germs are no longer a problem" Leila concluded

@Kipkeny/UNICEF/2018: Leila and Her children next to one of the latrines

UNICEF had earlier provided Emergency WASH supplies including jeri cans, buckets, soap, tarpaulins and water treatment chemicals to all displaced households to ensure access to safe water. UNICEF further installed 10 x10m3 Water storage tanks with hand washing stations in the IDP camps in partnership with Kenya Red Cross Society ensure safe hygiene practices in the IDP camps.

CHOLERA OUTBREAK MANAGMENMENT IN TURKANA COUNTY

Story by Josephine Odanga, Health Specialist, UNICEF Kenya

Aragae Alacha, a 40 years old female who is resident of lopededekit village in Kalobeyei ward (Turkana West sub county) is brought to Kalobeyei KRCS clinic on 8th September, 2018 by ambulance with signs and symptoms of cholera. She says she had painless watery diarrhea that quickly become voluminous and had episodes of vomiting. A CRDT was done and it turn positive and later on stool culture test confirmed 01 Ogawa strain of cholera. Aragae is put immediately to treatment and is managed at the KRCS cholera treatment centre at kalobeyei. After a one-day treatment, cholera was little bit cured by oral therapy but due to large amount of loss of water from body, her condition was not so well, she was still weak. After a 3-4 days treatment, she recovered competently but weakness retained for a few days, after eating food provided at the clinic and continuing with the treatment, she became healthy and strong. She recovered completely after four days medication.

Aregai Alacha, is among the many community members who have suffered the cholera outbreak in Turkana county. Turkana county has been prone to cholera outbreaks in the recent times which has been attributed to the poor sanitation, lack of water and use of latrines. Most of the community members practice open defecation. The county has suffered cholera outbreak in Turkana South, Turkana central and Turkana west sub counties between 2017 and 2018. Following this outbreak in Turkana west sub county, KRCS together with the County and Turkana West sub county health team visited the lopededekit village on 11th of September, 2018 where Aragae came from. The visit was to establish the cause of the outbreak as well as assess the hygiene status of the village. It was noted that the outbreak was isolated case, and the patient had not gone outside the village. Lopededekit village had a total population of 300 and with very few toilets, less than 11. The village was also congested. access to water was good however this water was not treated before consumption.

Health team from KRCS and MOH interviewing Aregae (left) and members of her household
UNICEFKenya/2018/Odanga

A team from KRCS conducted a contact tracing exercise in loededekit village and were put on prophylaxis (Erythromycin and Doxycycline). Disinfection of the house and compound also was done. A Chief Baraza at Kalobeyei Centre was also held on 11th September 2018 to sensitize the community on cholera prevention measures. The community were urged to dispose human waste properly and avoid open defecation. The communities were also sensitized on the importance of hand washing at critical times and drinking safe treated water. Aqua tabs were given to the community as well as soaps and water jerricans. The Community health volunteers and the public health officers were engaged to conducted hygiene promotion exercise for 10 days targeting all the villages in kalobeyei. Their main objective was to sensitize the community about the faecal disposal, treatment of water for household use as well as distribution of water treatment chemicals and water jerrycans.

The community health volunteers and the CHVs organised five chief Barraza to create public awareness on cholera prevention measures and the signs and symptom of cholera. The baraza were held in Lopededekit, Market, Nakwamunyen, Dikilkimat and Achukule where a total of 800 community members were reached.

Cholera sensitization underway at a Community Baraza UNICEFKenya/2018/Odanga

Following the outbreak, KRCS through the support of UNICEF supported the setting up of a Cholera treatment Centre at Namukuse dispensary. KRCS also supported with distribution of 20 liters water storage jerrycan. KRCS also supported hygiene promotion from 11th to 16th of July and reached 1689 households with health massages. They also carried out active case finding in the community as well as disinfection of the households visited.

Time-lapse set-up of a Cholera Treatment Center at Namukuse and the delivery of water jerricans.

UNICEFKenya/2018/Odanga.

Aragae Alachi was grateful to the KRCS and MOH team for treatment she received as well as the prompt response. She says she knows that cholera is a fatal disease and she knows of some she knows who died as a result of it. She promised to maintain and practice good hygiene as well as encourage the other community members to dig and use latrines and avoid open defecations as this was one of the causes of cholera outbreak.

Hope of Humanitarian Aid: Hilary and Maria

Story by Christopher Okotch, County Coordinator, Kenya Red Cross, Baringo County

Hillary Lekirati, 40 years, is from Ng'ambo location, Longewan sub-location of Baringo County with a family size of four members. Their shelter was destroyed forcing them to vacate their original home in Sintaan to safer place in Longewan narrates how the support was a blessing to him and the family at that critical moment. His family fled with nothing after some of their possessions were washed away by water including their house, basics items e.g. beddings. It was particularly difficult for Hilary as his wife was heavily pregnant. The family was integrated by a friend at the nearest sub-location.

Maria Rinchonoi Lolopi, a person living with disability, through community leaders who gave a narration of her feeling after benefiting from the support. Maria is 32 years old, from Ng'ambo location, Sintan sub-location, Ribojei village, with a family size of 3 members and whose house was wrecked forcing them to sort for refuge at friends and relatives in safer places. She was forced to vacate her original dwelling in Ribojei village after their house was destroyed putting their lives at risk. Her family fled with nothing after some of their possessions were washed away by water; house, basics items e.g. beddings and were integrated by a relative before UNICEF and KRCS intervention.

The families of Hillary and Maria are among one of 729 HH affected during onset of floods as per the assessment done on October-November and was forced to vacate their original dwelling after their homesteads were marooned putting their lives at risk. They started life while sleeping on a bare ground, with no cooking utensils, food and even water collection containers. They took initiative to borrow some basic items from neighboring families which exposed them more and equally made them uncomfortable and lowered their esteem. The Kenya Red Cross Society (KRCS) used a variety of approaches to help families fight off floods menace, including Shelter reconstruction, NFIs distribution and other traditional forms of humanitarian assistance. Initial stages of the programme entailed assessment and targeting of households in dire need of humanitarian support and despite some areas presenting access challenges, the KRCS teams stopped at nothing until they reach those in need of help. Hillary had no stable cash to purchase food items and non- food items to sustain the family in the new settlement after the disaster struck.

Hillary says: "First and foremost, I am grateful to KRCS and UNICEF for the great love shown and support offered to the people affected by floods through the received family NFI kit. Previously, my family lacked cooking utensils, water collection and storage containers, beddings which were washed away by flood waters and which indeed, compromised the way of living and lowered level of esteem as a household head," narrates Hillary Lekirati. KRCS team identified 'HILLARY LEKIRATI' through community leaders who gave a narration of his feeling after benefiting from the support. Hillary stated that during flood onsets they fled away with nothing to support themselves within the new home they sort shelter in. He said that life was not good since the wife was expectant and being the head was the only bread winner. Financial constraints was one of the key reason he could not afford to purchase NFIs and the little he was getting from his manual jobs; the priority was to purchase food to sustain the family. NFI support to him was just but more than a blessing.

"In order to do the normal house activities, my family used to borrow cooking sufurias, water collection containers and at some point, and due to fear and shame we ended up going without food," continues Hillary. "Lack of bedding was putting my pregnant mama and children at risk of contracting diseases like malaria and pneumonia which would later compromise their health status. Life was not good as before," reiterated Hillary.

"Our mobility and relocating to more safer grounds is now guaranteed when emergency strikes again, and we will be able to camp by erecting a temporary shelter using the tarpaulin within the kit provided," added Hillary

"Sanitation, hygiene and begging is greatly improving and begging for water collection container currently curbed since I benefitted from the kit that had jerricans in it. Buckets provided assists the family to store water and also it greatly

improves family business of selling fruits since we use it to transport fruits from Marigat to Longewan. Thanks a lot," added Hillary.

"I will be more grateful to see Red Cross working closely with us and even mobilize for more resources to assist other community members affected by floods who haven't receive any aid and furthermore priorities for shelter to remaining displaced households," concluded Hillary

Maria stated that during flood onset, they fled away with nothing to support themselves within the new place they went to sort refuge. She said that life was tough since she was a sole bread winner for the family and considering her disability state. Financial difficulties is one of the key setbacks and reason she could not afford to purchase NFIs and the little she could get was used to purchase food to push days for her and her 2 siblings. NFI support to her was just but more than a blessing to the family.

Maria says: "I lack words to express my gratitude. God must have sent you to rescue us from this floods menace. I lost all my belongings including a few chicken to the floods," narrated Maria Rinchonoi Lolopi, a resident of Sintan Sub-Location, Ribojei village. "Our area was one of the most hit by recent heavy downpour that either destroyed our houses and/or displaced us and, marooned farms and homesteads. To date, a number of people still remain displaced while others have returned to their homes in order to rebuild their lives after the waters receded,' added Maria.

Maria continues "Things have been easy at our end as the floods destroyed our houses and crops in the farms leaving with nothing; we barely had food or a place to sleep. However, we are very grateful for the assistance provided to us in this difficult time and similarly, we congratulate the steps taken by KRCS and UNICEF for their timely and candid support".

NFIs and shelter assistance to families in need is already making a positive impact, helping hundreds of people more to safer locations. It allows families to survive through the crisis with some dignity; while strengthening their coping mechanisms, and taking account of their specific needs, cultural values, the environment, and physical context. Early assessments by the KRCS indicated a number of households (at least 1,302HH) in dire need of shelter and NFIs and, were isolated and marooned in safer cold grounds and lived in deplorable conditions; most of them having fled with nothing their possessions having been washed away by floods. KRCS, through UNICEF support with CERF funding, responded to flash floods displaced victims that re-occurred in the month of October – November 2018 and which, displaced **729** families **(216HH** newly affected**, 513** HH re-affected) and **147HH** who were initially at Eldume camp) from identified 5 Locations (Salabani, Ngambo, Loboi, Illngarua, illchamus). Through UNICEF CERF, KRCS provided family NFIs kits comprising of 2 mats, 3 blankets, 1 tarpaulin, 1 'lesso', 2 bars of soap and 2 kitchen sets to **768 HH** affected.

From identification, assessment and provision of the Non-Food Items (NFIs) and other intervention's e.g. medical services, Hillary and Maria's families can now access basic family needs (non-food items/food items) needs and access to health services through mobile clinics and continue with their normal family life. Their esteem has improved much. It equally marked the continuation of family life after disaster. Observations made by KRCS team established that families are now able to cook comfortably using the supported 'sufurias' and can equally serve their food with plates and cups provided. Equally, they can sleep well using the mat and blankets and, their children are safe from pneumonia.

@Okotch/KRCS/2018: Hillary and the family seen displaying how useful the family kit is imparting positively to them

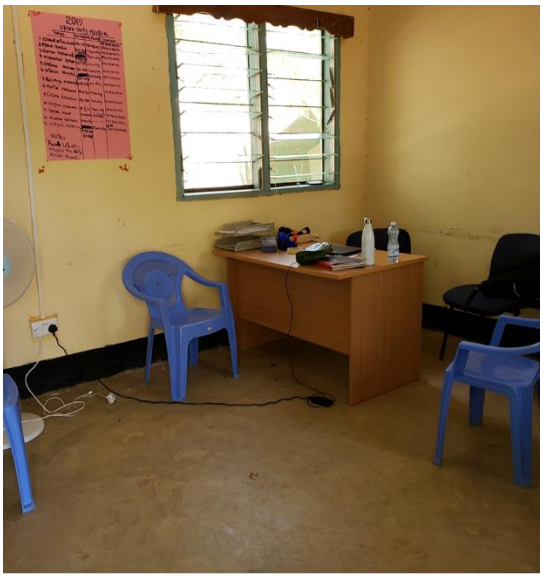
@Okotch/KRCS/2018: Maria displaying how useful the family kit is imparting positively to her family

A Trained Community Making A Difference

Story by Elizabeth Paturzo, Communication Specialist, UNICEF Kenya

31 January 2019, Dadaab Refugee Camp, Kenya – A young girl, age 14 years old, bashfully walked into the office room of Save the Children. Farah (not her real name) shares her story of fleeing war from Mogadishu, Somalia, in hopes of living a safer life and most importantly, receiving a proper education. She loves her family, but disagreed on their decision to dictate her life. Farah was forced into early child marriage that was arranged by her mother.

Early child marriage is a common arrangement that happen in Somalia and discretely brought into the refugee camps. It is acknowledged as a cultural practice, but is usually held against a young girls will. UNICEF and partners are working to support others like her and to develop longer term solutions to protect children and adolescents.



Save the Children office room where cases are reported ©UNICEFKENYA/2019/PATURZO

Farah's mother insisted she had to marry at such a youthful age to an older man. Scared from the situation, Farah ran away from home and sought assistance from a community member within the refugee camp - each block in the camp has a "child welfare committee", made up of refugees living in the camps that collaborate with NGO's such as, UNICEF and Save the Children to report cases of neglect or abuse. It has been a successful programme that has saved many children's lives due to confidentiality and fast action. This community programme in liaison with NGO's, is supported by donors such as, European Union Civil Protection and Humanitarian Aid. – lucky enough for Farah, the community member reported the case to Save the Children and Farah was removed from her household.

"I love my mom, but I do not be a wife. I see other girls in camp get married and that is not a life for me", Farah exclaims.

The case manager at Save the Children went to the family house to evaluate the situation and reported it as a high-risk case for early childhood marriage. Instead of separating Farah from her family, under strict supervision, they offered counseling and training courses to her parents.

The training explained the rights of a child, the risks faced and how child marriage is illegal in Kenya. After going through the programme, her parents were alarmed at the risks their daughter

Sham's Story as a Girl Mother

Story by Elizabeth Partuzo, Communication Specialist, UNICEF Kenya

31 January 2019, Dadaab Refugee Camp, Kenya – A young girl, age 15 years old, cradling her 11-month-old son as she shares her story. Sham (not real name) known as a girl mother from Hagadera within Dadaab camp, was a victim of rape by whom she thought was a male friend.

"I thought he was a friend, but then he forced himself on me. I felt sick, I could not sleep or think correctly because of the trauma, and then I found out I was pregnant".

Sham breastfeeding her son while sharing her story at THD ©UNICEFKENYA/2019/PATURZO

Knowing her parents would kick her out of the house, Sham confined in her close friend who advised her on the support Terre des Hommes (TDH) offers. TDH took her to the hospital in Hagadera to seek phycological support with prescribed medication. In fear of her parents finding out she was pregnant, Sham ran away.

Under the monitoring of TDH with the support of UNICEF and European Union Civil Protection and Humanitarian Aid - mentorship counseling support, a dignity kit – sanitary towels, underwear, clothing, toiletries and more - and life skills programme run by, The Bureau of Population, Refugees, and Migration (BPRM) was offered to Sham.

Due to donor support, expanding child protection services for unaccompanied and separated children in Hagadera camp now estimates to 300 girl mothers. After giving birth, she was enrolled in girl mother programme – support group for young moms to give psychosocial support for counseling and a skills-based training to start their own business – grocery store, beauty salon, tailoring shop and in Sham's case, a Tye & Dye clothing programme where she sells cloths and makes a profit.

After shamefully getting kicked out of the house, her parents later realized it is more beneficial for her to make money from selling cloths to help support the household and child. Sham makes dresses for KSH 250 (USD 2.50) and sells them in the market for KSH 500 (USD 5.00).

"I was lucky to receive the help I needed. I want to go back to school, but I know now I must support my child. When I see girls, who are just like me, I feel a duty that I must help them".

Her enthusiasm to help others led her to becoming involved in donor-supported training programmes for girl mothers affected by early marriage, rape and violence. Sham is now an advocate for girl mothers and refers them to TDH in hopes of a good outcome.

Father dedicates life to fight FGM in community

Story by Joyce Wanja Muraya, Communication Specialist, UNICEF Kenya

27th February 2019, Dadaab Refugee Complex, Kenya: He is changing the tide in a community where about nine out of every ten girls have undergone Female Genital Mutilation (FGM). As a Somali village elder, Mohammed Olow Odawa is using his influence to spread awareness on the damaging effects of the practice, both physically and mentally. FGM has persisted in the Dadaab Refugee Complex due to strong social-cultural practices in Kenya that has increased its secrecy.

"I have seen girls bleed to death because it is done under the cover of darkness in their homes," said Mohammed. He is spreading the abandonment of FGM message from one household to another. The wave of change began in his house by deciding that his four daughters will not undergo the 'rite of passage'

"My wife and I agreed that our girls will not be subjected to a cultural initiation right that will harm their life. I have made it very clear to our relatives, neighbours and friends that our daughters will not undergo it," Mohammed said.

When he began the campaign to discourage the 'cut' at Hagadera camp at Dadaab Refugee complex, he faced ridicule and opposition from the custodians of the Somali traditional law. But he has remained steadfast in the fight against FGM.

@Muraya/UNICEF/2018: 23-year-old Halima Ahmed underwent FGM at eight years old.

Senior child protection officer Save the Children Yusuf Gedi notes that there has been a reduction in the FGM incidences due to community mobilization and reform through change agents like Mohammed. "We are overcoming cultural obstacles to fight FGM and convince mothers, aunties and grandmothers not to take their girls for FGM. We still need to do more because FGM still carries a religious and cultural tag," he said.

We are also working with leaders in schools and mosques to prevent and discourage FGM," said Yusuf. Yusuf believes that a reduction in FGM and other practices like sexual violence and child marriage will reduce the maternal and infant deaths due to under-age and unsafe pregnancies deliveries.
Mohammed corroborates that it has become harder to fight FGM due to the belief that it is supported by religion.

"We are working with the religious leaders to discourage FGM and convince them that there is no requirement in religion that expects girls and women to undergo FGM," Mohammed said adding that FGM also deprives girls of education.

He explains this perception: "Once they undergo FGM they have been brought up to believe that they are now ripe for marriage hence they drop out of school," said Mohammed who is also tasked with the door-to-door mandate to find out why girls do not attend school. He further alludes that women who have undergone FGM have more complications while giving birth hence his firmness that under his watch, his daughters will not undergo FGM.

Through ECHO support, UNICEF and partners like Save the Children focus on prevention and protection of children from violence, abuse and exploitation, which cover risks/threats such as FGM. It has also helped to address other concerns like child marriage, sexual and gender -based violence.

For example, Rukiya Mohammed was married off when she was only 15 years old. She dropped out of school after she underwent FGM which signified that she had come of age to be married. Giving birth to her first child was particularly tough because of FGM on her reproductive health.

"I delivered at home and I almost died because the baby could not pass," she remembers. Her subsequent pregnancies were also particularly difficult and after her fifth born in 2016, she developed fistula that she is currently undergoing treatment.

@Muraya/UNICEF/2018: 24 years old Rukiya Mohammed is a mother of five, she has lost two children due to pregnancy related complications caused by FGM.

"It is sad that the women who have faced the FGM cutter's knife have more complicated deliveries. Some of them have died under our watch while others live with lifelong conditions like fistula," said Mohammed. During delivery, FGM causes fatal childbirth complications, he added.

Despite the decline and the significant progress towards the abandonment of FGM/C, there is still high FGM prevalence in some communities in Kenya including Somali's (94%), Samburu (86%), Kisii (84%) and Masai (78%), (31%), Embu (31%), Kalenjin (28%), Taita/Taveta (22%), Kikuyu (15%) and Kamba (11%).

Yusuf and Mohamed are optimistic that through continuous advocacy, awareness creation and support to survivors, will play a great role in protecting more girls and women from FGM and other harmful practices. Yusuf noted that there is need to strengthen community-based child protection systems by identifying and training community volunteers like Mohammed.

"The volunteers are accepted because they are part of the community. They are our first point of contact in the community hence they are well-informed on the day-to-day activities in the blocks at the camp," said Yusuf.

6. Case Studies

Case Study: Turkana and West Pokot Cholera Response

1. Top Level Results:

The humanitarian Thematic Funds contributed to reaching 63,277 children for health sector in Kenya with lifesaving interventions (response to cholera outbreaks, Rift Valley Fever, treatment for diarrhoea, malaria and pneumonia) through integrated health outreaches.

The key objectives of this activity were:

- To monitor the ongoing cholera response interventions by Kenya Red Cross Society (KRCS)/Ministry of Health (MOH)
- To undertake routine support supervision in targeting health facilities and link CUs in cholera hot spot areas in 5 sub counties.

2. Issue/Background:

Diarrhea disease is the second leading killer of children under the age of five in the developing world, accounting for approximately 1.6 million deaths annually. Cholera contributes to a case fatality of diarrhea diseases. Kenya has had its share of this burden having suffered several waves in the year 2018 with transmission taking longer to control. Children weakened by frequent diarrhea episodes are more likely to be undernourished and suffer from opportunistic infections such as ARI. Weakness and under-nutrition caused by frequent diarrhea episodes and mineral deficiencies caused by worm infestations negatively affect the ability of the child to learn and retain information in school. In Lodwar Zonal Office region, Turkana, West Pokot and Baringo counties experienced several waves of cholera outbreaks with Samburu county remaining on high alert. In Turkana County, the first case of cholera was reported on **11th January 2018** in Katilu, Turkana South and quickly spread to 5 sub counties of Turkana South, Turkana Central, Turkana North, Loima and Turkana West. In Baringo county, the outbreak was confined in Baringo East and Baringo South sib counties, while in West Pokot County, Pokot North and Pokot Central were affected.

3. Rationale:

In 2018, the transmission of cholera was very fast and too longer to control. As such, the government approached UNICEF for both technical and financial support to ensure that the outbreaks indifferent parts of the country is controlled. This was done through a Programme Cooperation Agreement (PCA) agreement with KRCS who supported the counties to conduct community level hazard, vulnerability capacity assessment, mapping and development of community units implementation plans, conduct Hotspot mapping in Active and high risk Counties to guide in targeting interventions (identifying geo-locations of cases through the line list to generate heat maps), support set up and operationalization of cholera treatment centres (CTCs) in cholera active counties and Procure and preposition WASH supplies (water treatment sachets, chlorine) .
UNICEF supported Turkana, West Pokot, Baringo and Samburu counties to undertake support supervision of the KRCS implemented activities. The key objectives were:

1. To assess the ongoing outbreaks, UNICEF/KRCS supported integrated outreaches and hygiene promotion by CHVs as well as distribution of health and WASH commodities to affected health facilities and communities
2. To assess of capacity of facilities to respond to future outbreaks: - this included infrastructural assessment, equipment present including cholera beds and prepositioned commodities and sanitary facilities.
3. To establish existing gaps on cholera response and prevention interventions in the target sub-counties
4. To establish the level of engagement of community health volunteers (CHVs) in prevention activities and other community-based lifesaving interventions including integrated community case management (iCCM)

4. Strategy and Implementation:

Three teams composed of county and sub county teams shall be formed in each county. Each team will be composed of: 2 CHMT members and 4 SCHMT member (SCMOH, SCPHN, SCPHO and SC-Pharmacist). Each team was allocated on or two sub-counties. In the sub counties, targeted visit were made to specific locations that experienced and still susceptible to cholera outbreak and are endemic to cholera.

5. Resources Required/Allocated:

Following the planning process based on the current actual situation on ground, minor budget adjustments have been done as follows:

- Baringo: Ksh. 835,000
- West Pokot: Ksh. 745,000
- Samburu- Ksh. 2,869,450
- Turkana- Ksh. 1,070,000

6. Progress and Results:

Management of cholera cases at CTC
Cholera treatment centres were set up at key areas reporting outbreaks. For instance, at Katilu sub-county (Turkana County) targeted villages that reported high case load. An integrated health, WASH and risk communication was implemented at the CTCs for effective and efficient management of the admitted cholera cases. A surge team comprising clinical health workers, public health officers, community health volunteers and laboratory team drawn from KRCS and MOH-county teams managed the cases. Disinfection of all teams entering and leaving CTCs was undertaken. Hygiene promotion was implemented as well as treatment of water used at CTC. The integrated approach of management of CTCs led to quick recovery of admitted cases, and families of admitted cases didn't contract the disease and reduced the transmission within CTC and at household/village levels.

Hygiene promotion and safe disposal of human excreta, including children's faeces:
Open defecation is a common practice in many communities in the target counties. Latrine coverage is very low with Turkana recoding 88% open defecation and where there are latrines, they are often not used to dispose of children's faces. In open defecation situations, children's feces were often thrown near the house deemed less hazardous. According to the community health volunteers, most people seem to be aware of the risks of unsafe human excreta disposal. The reasons given for not having a latrine were affordability and lack of relevant technological options.

Personal hygiene (hand washing with soap, face washing, bathing of children)
In many parts of Turkana, Baringo, West Pokot and Samburu personal hygiene is low due to inadequate supply of water, low purchasing power where water must be purchased and inaccessibility of soap.

Cleanliness around the house and streets
In general, people sweep their compounds but rarely have a waste pit, despite the attention given to waste disposal in some places. Most people either burn their waste or throw it over their fences as they do not like having pits in their compound. Animals like chickens, dogs and goats share the compound, and goats and chickens are sometimes kept in the house during the night. In urban areas, enormous quantities of plastic paper bags are evident coupled with poor sewerage systems. This increases the risk to not only diarrheal diseases but also malaria.

Safe water from the source to the point of use
Drinking untreated or unprotected water is the main risk of contracting cholera, typhoid and diarrheal diseases. Many people still use unprotected water. The main water sources in the ASAL areas are contaminated water pans, streams and river which are highly contaminated by human and animal wastes. Where there are bore holes, most of them are either broken down or releasing saline water. Water treatment chemicals, such as water guard, PUR, aqua tabs and chlorine tablets were distributed by CHVs in some communities during cholera outbreaks only. However, supplies have never been sufficient including the recent prepositioned WASH supplies that run out of stock following demand driven requests from the sensitized households and schools. Through KRCS, CHVs were involved in cholera prevention and control activities such as contact tracing, case finding, hygiene promotion in villages, and None Food Items distribution

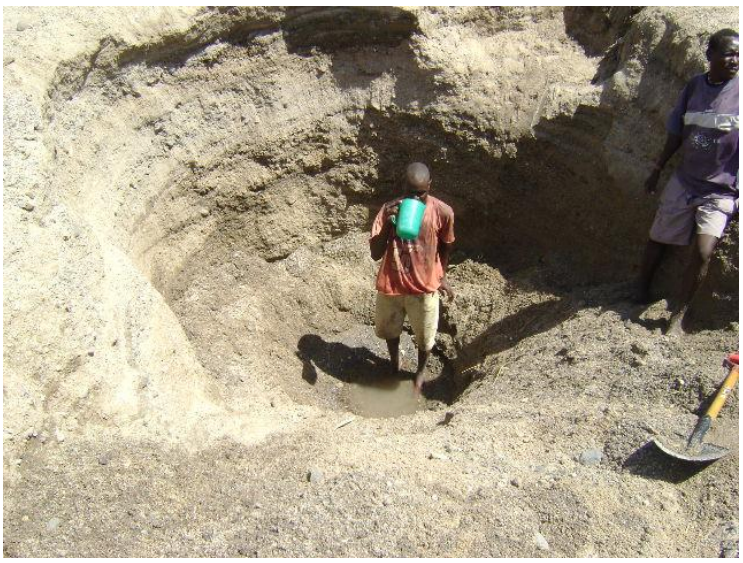
7. Lesson Learned:

There is need to develop and utilize county specific cholera prevention plan for each county. Continuous surveillance should be upheld throughout the year in hot spot areas to ensure early detection of disease. Prepositioning of commodities by partners should be done before any rainy season since movement of commodities at this time is impeded by the flooding river beds across most counties.

8. Moving Forward:

Advocacy should be intensified to counties to allocate contingency funding to possible disease outbreaks and other disasters Counties need to be supported to develop evidence-based cholera prevention plans.
Intersectoral collaboration between the ministry of health, ministry of disaster and ministry of water needs to be intensified during cholera outbreaks.

Members of the community fetching water at an open ground water hole in rural Turkana.
UNICEFKenya/2018/Mutia



A man consuming unsafe water from a dug-out water hole in Kalokol in Turkana County.
UNICEFKenya/2018/Mutia

Case Study: Integrated Management of Acute Malnutrition (IMAM) Surge

1. Top Level Results:

UNICEF supported the Ministry of Health to develop IMAM Surge Approach, a shock-responsive system that is designed to respond real-time for increase in caseload of severely malnourished children in health facilities. Facilities review their caseload and capacity to determine thresholds for various levels of response to determine when it is an emergency. UNICEF supported 196 facilities to use this approach in Kenya. After monitoring their caseload and capacity, 36% of these facilities have triggered surge response. Surge Approach has greatly improved the empowerment of the health facilities to initiate timely response, and the use of data at facility level for better planning.

2. Issue/Background:

Over 2.7 million people in Kenya face food insecurity in the worst humanitarian crisis the country has experienced since 2011, prompting the Government to declare a national drought emergency in February 2018. Children in the arid and semi-arid lands (ASALs) were hardest hit. A recent nutrition survey has revealed that three sub-counties, Turkana North, North Horr, and Mandera, have Global Acute Malnutrition (GAM) rates above 30 per cent, which is double the emergency threshold. In addition, six sub-counties, Turkana Central, Turkana South, Turkana West, Laisamis, East Pokot and Isiolo, have GAM rates between 15-29 per cent. Families are struggling to cope. The drought and resulting nutrition crisis across Kenya's 23 ASAL counties has heightened the need for flexible approaches to bolster the resilience of vulnerable communities in these areas.

The Integrated Management of Acute Malnutrition (IMAM) Surge is an approach that is being scaled up throughout counties in the ASAL. The approach aims to strengthen the capacity of government health systems to respond to fluctuations in acute malnutrition cases before, during and after nutrition crises, while protecting ongoing health and nutrition system strengthening activities. The premise behind IMAM Surge is that early identification of malnutrition cases results in better treatment outcomes and reduced cases of severe acute malnutrition. The surge approach involves health staff setting up thresholds based on their acute malnutrition caseloads in the past and the health facility's management capacity. Based on the thresholds set for each surge phase, the health facilities monitor caseloads monthly and update their facility dashboard. Once a threshold is surpassed, the health facility activates a surge support package agreed in advance with sub-county teams which include active case findings, mass screening, integrated outreach services for the hard-to-reach areas, pre-positioning of supplies, increased coordination meetings and reporting. Sub-county level surge uses a similar concept as county level. So far, the IMAM Surge approach has been used in eight counties in the ASAL. In these counties, 196 health facilities have adopted it, with 36 per cent activating surge responses based on the pre-defined thresholds to step up capacity to match the evolving nutrition situation.

3. Rationale:

In the arid counties, the burden of acute malnutrition remains high with seasonal spikes at any time even in the non-emergency periods. There is a need to offer services within the government health system structures and effectively be able to adequately respond to the seasonal spikes as well as emergency related surges as they arise. It is expected that through the roll out of IMAM surge, there will be ownership both at the health facilities and at county/sub county level for seamless implementation. The implementation will result in early detection of malnutrition which will lead to improved treatment outcomes with few cases of severe acute malnutrition.

4. Strategy and Implementation:

The strategy was to get national and county government ownership through the development of a national guideline. The second stage was to get technical managers on board both at county and sub county level through sensitization on the approach for all the eight identified arid counties. This was expected to further cement the ownership of the concept. With the finalization of the guidelines, the roll out required having technical skills transferred to key staff identified to spearhead the roll out process. This was done in two stages, first by training of trainers at national level and then at county

level. The trainees included government staff and partners. Implementation at facility level involved two stages; setting it up and monitoring. The strategy employed in the set up used a mentorship approach which suited the concept since this required involvement of all stakeholders at the health facility. Once set up had been done, real time monitoring was done by health facility in-charge with constant communication with the sub county team for activation of support package whenever thresholds were surpassed. For sustainability and strengthening the ownership of the concept, support supervision was provided by ministry of health while surge was included as a standing agenda in nutrition coordination forums.

5. Resources Required/Allocated:

To implement IMAM surge, investment in both human and financial resources were necessary both at national and county level. At national level, a dedicated officer was tasked to spearhead the implementation of the concept while at county level each county had staff from UNICEF and partners dedicated to providing technical support to county government in the roll out. Financial resources were needed for training of trainers, support to setting up surge at health facility and support supervision as well as activation of surge support package. Other elements included staff salaries both for and partners.

6. Progress and Results:

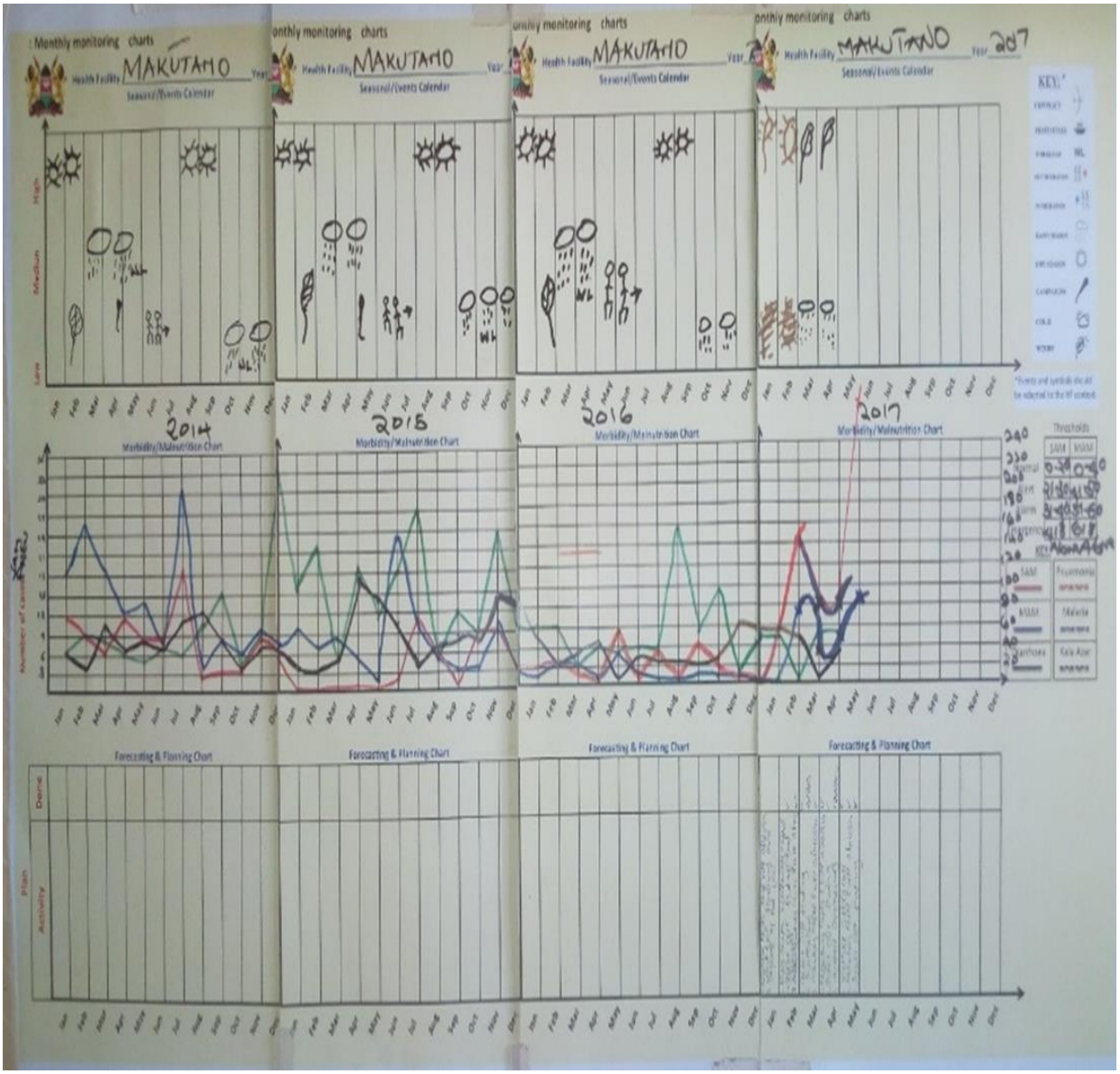
Since implementation began, 10 counties are on board with 196 health facilities currently implementing IMAM surge while 55 health facilities were able to activate surge support package after the set thresholds were passed. The progress made has been rather slow as the start of the implementation period coincided with drought emergency. Competing health programs that require same staff involved in the implementation was also a factor that led to delay. Monitoring and evaluation system is in place which include a monthly dashboard to track situation with real time and annual reviews both at county and national level.

7. Lesson Learned:

There has been significant learning from the implementation of the IMAM Surge approach over the last year. It was noted that the planning exercise of the IMAM Surge approach using an initial risk and capacity analysis helped health facility staff and sub-county health management team members to reflect on the context of their catchment areas as well as their ability to respond. Follow up actions were determined in case the situation deteriorated further taking into consideration set thresholds. This allowed for effective collaboration between health facilities and sub-county management levels to establish timely courses of action, rather than after the emergency had escalated. Sub-county health teams in Wajir and Marsabit were able to use a dashboard to follow up on health facilities which are using the IMAM Surge approach, enabling them to get an overall snapshot of how the sub-county is coping with the evolving nutrition situation.

8. Moving Forward:

For the next one year, UNICEF will spearhead the scale up to additional health facilities and achieve a coverage of 50 percent in addition to setting up surge at sub county level in eight counties. The scale up will follow similar approaches used in the past by involvement of government in both setting up and monitoring to assure sustainability while UNICEF provides technical capacity both at national and county level.



Sample of a monitoring chart from Makutano Facility in Turkana County
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Annex 4: Donor Feedback Form[7]

DONOR FEEDBACK FORM

Name of Report: **Consolidated Emergency & Utilization Thematic Report**

Completed by: **Name:** Ms. Patrizia DiGiovanni

Designation: Deputy Representative

Organization: UNICEF Kenya Country Office

Date completed: _____

Email: pdigiovanni@unicef.org

Please return to UNICEF (email): wschultink@unicef.org

SCORING: 5 indicates "highest level of satisfaction" while

0 indicates "complete dissatisfaction"

1. To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0

2. To what extent did the funds utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0

3. To what extent does the report meet your expectations with regards to the analysis provided, including identification of difficulties and shortcomings and remedies to these

5	4	3	2	1	0

4. To what extend does the report meet your expectations with regards to reporting on results?

5	4	3	2	1	0

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

_____

_____

_____

[7] Please return this form to UNICEF Kenya (wschultink@unicef.org) or fill in the online version of the feedback form accessed at https://www.surveymonkey.com/s/BDT76S2 - we value your feedback.