KENYA FLASH APPEAL
$165.71 million
Required to reach 2.6 million people with life-saving assistance and protection in the next 10 months

People in need by Sub-county
2016-2017 Long Rains Assessment
- 900 - 10,000
- 10,001 - 20,000
- 20,001 - 40,000
- 40,001 - 60,000
- Over 60,000

Number of partners

105 Organizations
11 Sectors

STRATEGIC OBJECTIVES

1. Provide timely life-saving assistance to people affected by the drought
2. Strengthen assistance to, and protection of, communities at risk of losing their lives, livelihoods and assets, with a special focus on the most vulnerable
3. Strengthen the resilience of drought-affected communities to absorb and recover from climatic shocks

This document is produced by the United Nations Office for the Coordination of Humanitarian Affairs on behalf of humanitarian partners in support of the national government. It covers the period from 1st of March to 31st of December 2017.
SITUATION OVERVIEW
The 2016 short rains season (October to December) brought severely reduced levels of rainfall to the region. The drought has had a major impact on water resources. Widespread crop failures and declining terms of trade for pastoralists have affected farming and agro-pastoral communities especially in the Northwest, north-eastern and the coastal strip of Kenya. Household production of milk and meat is low and the price of milk and other dairy products has skyrocketed, contributing to rising food insecurity and malnutrition.

KEY FIGURES

People in need
2.6 million
(total population: 49.5 M)
1.61
1.07
0.60
2.59 million
Aug 16
Feb 16
Aug 16
Feb 17

Food and Livestock Price Trends
20-30% Increase in Food prices (maize) in the past 12 months
15-30% Decline in livestock price in the past 12 months

Protection
53,000 number of children (boys and girls) targeted by Child Protection sector in 23 ASAL counties
122,655 number of people targeted by GENDER BASED VIOLENCE (GBV) sector

Education
174,954 children are not attending pre-primary and primary schools as a result of the drought in 10 counties
90% Schools with active school meals programme
10% Schools without active school meals programme

Nutrition
465,595 children 6 to 59 requiring treatment for acute malnutrition
GAM > 30%
Turkana North Sub-county: 30.7%
Mandera County: 32.2%
Marsabit (North Horr Sub-County): 31.5%

WASH
2.7 million in urgent need of safe drinking water
40% decrease in functioning water points even before the drought

GoK: Drought Intervention Measures
$ 213 million Funding Requirement (USD)
54% FUNDDED
Requirement Per Cluster (million USD)
Livestock 41.6
Agriculture 3.8
Water 27.7
Peace and Security 4.6
Environment 23.9
Health & Nutrition 19.4
Education 11.2
Emergency, Food and safety nets 99.0
Drought Coordination 0.6

Per cent funded by cluster

Kenya Flash Appeal
$ 165.7 million Funding Requirement (USD)
Requirement Per Cluster (million USD)
Livelihood 30
WASH 21.1
Health 15
Nutrition 43.2
Education 5.9
Food Security 39.3
Protection 3.1
Early Recovery 8.1

### FOOD SECURITY

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<th>Response</th>
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<tr>
<td>2.6 million people in need</td>
<td>• Relief food distribution (cereals, pulses, vegetable oil)</td>
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<tr>
<td>850 thousand people targeted</td>
<td>• Relief cash-based transfers</td>
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<tr>
<td>39.3 million budget (USD)</td>
<td>• Additional cash transfers through government safety nets</td>
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For more information, contact: arealisa.conte@wfp.org

### HEALTH

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<tr>
<td>2.9 million people in need</td>
<td>• Scale up delivery of life saving medical interventions at health facility</td>
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<tr>
<td>291 thousand people targeted</td>
<td>• Establish community based primary health outreaches</td>
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<tr>
<td>15.0 million budget (USD)</td>
<td>• Scale up mass lifesaving community based essential health interventions and campaigns</td>
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For more information, contact: tepreyj@who.int

### NUTRITION

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<th>Need</th>
<th>Response</th>
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<tbody>
<tr>
<td>465,595 thousand (treatment) people in need</td>
<td>• Procurement and distribution of life saving essential nutrition commodities</td>
</tr>
<tr>
<td>553,258 thousand (prevention) people in need</td>
<td>• Roll out of Blanket Supplementary feeding</td>
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<tr>
<td>252,491 thousand (treatment) people targeted</td>
<td>• Scale up delivery of life saving health and nutrition interventions</td>
</tr>
<tr>
<td>553,258 thousand (prevention) people targeted</td>
<td>• Coordination and programme implementation</td>
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For more information, contact: vnmwenda@unicef.org

### WATER, SANITATION AND HYGIENE

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<th>Response</th>
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<td>3.0 million people in need</td>
<td>• Rapid needs assessments</td>
</tr>
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<td>3.0 million people targeted</td>
<td>• Repairs to water tanks, supply of fuel and/or spare parts to boreholes</td>
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<tr>
<td>21.1 million budget (USD)</td>
<td>• Rehabilitation of broken down water points</td>
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<td>• Hygiene promotion</td>
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<td>• Provision of WASH services in schools</td>
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Surface water has dried up in most counties, while high temperatures mean that the remaining pans and dams may dry up soon if the 2017 Long Rains are poor.
### Agriculture and Livelihood

**Needs**
- Livestock off take
- Upscaling the provision of feeds
- Emergency provision of water for livestock
- Animal health interventions

**Response**
- Livestock off take and distribution of meat to most vulnerable.
- Purchase of hay and concentrates for core breeding stock
- Livestock disease control
- Provision of recovery kits (including seeds)

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### Protection

**Needs**
- Setting up effective prevention, surveillance, reporting and response mechanisms for SGBV
- Community participation in prevention and response of SGBV incidents

**Response**
- Conduct protection needs assessment
- Strengthen community feedback mechanism on protection.
- Identify safe spaces for affected children
- Mobilize communities, local government and relevant organizations to prevent sexual exploitation and abuse, family separation, trafficking, forced and child marriages

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### Education

**Needs**
- 90% of schools do not have School Feeding programme (91% ECDE & 57% primary, Data from 10 counties)
- Only about 30% of enrolled children get food (362,438 of 1,228,091) and 1,274 schools have no access to water

**Response**
- Support national and county level coordination.
- Maintain a robust information management system.
- Provision of school feeding in affected counties

For more information, contact: jstaylor@unesco.org

### Early Recovery

**Needs**
- Stabilize a situation, prevent further deterioration of local and national capacities
- Foreshorten the need for humanitarian assistance

**Response**
- Strengthen government capacity for effective responses, recovery of livelihoods and in building communities’ resilience
- Mobilise short term emergency employment
- Social cohesion and conflict management
- Establishment of monitoring and evaluation framework

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COUNTRY NAME: KENYA

UN agencies and partners have developed this Flash Appeal in response to the Government of Kenya’s declaration of the drought as a national disaster and appeal for international assistance on 10 February 2017.

The Flash Appeal complements the Government’s nine-month response plan (November 2016- July 2017), to which it has so far allocated nearly $100 million against sectoral interventions totaling $208 million. In addition, the Kenya Red Cross Society is targeting 340,000 people. While a robust Government-led response is ongoing, the scale of the needs is overwhelming the capacity of national structures. Several mechanisms are providing cash and/or food assistance including through the Hunger Safety Net Programme; the Government’s State department of Special Programmes; Government safety nets from the State Department of Social Protection; county governments; WFP, the Kenya Red Cross Society; and non-governmental organizations. However, these mechanisms require further support to ensure that the food and other requirements are met in an effective, well-targeted and timely manner, and this is contained in this appeal. These interventions are prioritized to target the most vulnerable people in the drought-affected areas.

While awaiting the results of a number of ongoing evaluations to determine the most critical gaps, this Flash Appeal focuses on gaps that have already been identified. The Flash Appeal will be revised in approximately three months time. The revision will be informed by the findings of the long-rains (March-May 2017) assessment and ongoing humanitarian impact assessments to determine any additional needs and gaps in the overall humanitarian response.

AN OVERVIEW OF CRISIS

The Government of Kenya’s declaration of a national disaster on 10 February 2017 followed the release of the short rains assessment (SRA) conducted in the affected counties by the Kenya Food Security and Steering Group (KFSSG). The SRA confirmed that the number of people in need of humanitarian assistance dramatically doubled from 1.3 million people in August 2016 to 2.6 million people (20 per cent of the pastoral population and 18 per cent of those living in marginal agricultural areas) in February 2017 as the result of drought which significantly impacted the two main rainy seasons in 2016 (March-May and Oct-Dec) and brought severely low levels of rainfall. This has resulted in widespread crop failure, acute water shortages, sharply declining terms of trade for pastoralists and declining animal productivity which have had a devastating impact of food security and nutrition conditions and which have exhausted people’s capacity to cope with another shock. There are also increasing reports of disease outbreaks and conflict as a result of displacement and water shortages. The Government estimates that 4 million people will be in need of assistance by July 2017, if the long rains fail.

The 2016 short rains season (October to December) brought severely reduced levels of rainfall. The rainfall deficit was particularly acute across northern, north-eastern pastoral and
marginal agricultural areas (also known as ASALs - the arid and semi-arid lands) which already have the lowest development indicators and the highest incidence of poverty in the country. The worst-hit counties have a food security phase in “crisis”: Baringo, Garissa, Isiolo, Kilifi, Lamu, Mandera, Marsabit, Samburu, Tana River, Turkana, Wajir and West Pokot.

This is the second consecutive rainfall season with widespread below-average rainfall in Kenya and diminished food production has exhausted people’s capacity to cope with another shock. The most vulnerable are the elderly, sick, pregnant and/or lactating women and children under five years.

**The drought has had a major impact on water resources,** including on river flow levels and the availability of water for human and livestock consumption. Most water points in the worst-affected areas are in near-dry status. This has been exacerbated by a significant proportion of non-functional water points. Water supply for irrigated crop production has also been reduced as the drought extends over key river basins.

**Widespread crop failures have affected farming and agro-pastoral communities especially in the northwest, north-east and the coastal strip of Kenya,** where poor moisture conditions prevented planting and stifled early crop growth. Crop production is up to 70 per cent below the five-year average and the food insecurity is worsening in most ASAL counties. Areas dependent on the short rains harvest are facing significant food shortages and are likely to remain dependent on markets until the next harvest in February 2018. Although global wheat and maize prices continued to fall during the last quarter of 2016, the FAO food price index for East Africa has more than doubled in 2016. Food prices across Kenya are showing an atypical increase due to below-average production in 2016. Wholesale maize prices in the urban markets of Nairobi, Kisumu, Eldoret and Mombasa rose by as much as 12 percent between November 2016 and January 2017. Current prices are 10 – 25 per cent above their five-year averages and are expected to continue rising.

**Terms of trade are declining sharply for pastoralists, contributing to rising food insecurity and malnutrition.** Livestock prices are falling as body condition declines. Goat prices in December 2016 were as much as 25 per cent below their five-year averages and 2015 prices. Demand for livestock is low, so much so that and in some places, such as parts of North Horr, livestock markets are not operational. Prices are expected to continue falling as the condition of livestock deteriorates. In Marsabit, the price of a sheep has declined by 90 per cent. Herders are being forced to sell their remaining assets at very low prices to be able to afford food for their families – the price of which is increasing.

**Household production of milk and meat is low and the price of milk and other dairy products has skyrocketed.** This means protein-rich food is increasingly out of reach for vulnerable pastoralists. Food consumption patterns are deteriorating, with many households in cross-border areas reporting that they are skipping meals and eating less when they do
eat. In Turkana 42 per cent of households reported having gone the entire day without eating. Research shows the close link between forage condition and child malnutrition, and highlights the importance of early livelihood interventions, such as livestock offtake and animal feed provision, to reduce malnutrition.

**MAIN HUMANITARIAN NEEDS**

Existing information and field observations suggest that the most immediate threats to life are:

- **Food insecurity**: 2.6 million people in the ASAL counties are acutely food insecure (2.2 million at Integrated Food Security Phase [IPC] phase 3 “Crisis”, the remainder at IPC phase 2 “Stressed”) and is projected to increase further if the long rains fail.

- **Acute Malnutrition**: Two sub-counties (Turkana North, North Hor (Marsabit) and Mandera county have Global Acute Malnutrition (GAM) prevalence above 30 per cent. Six sub-counties (Turkana Central, Turkana South, Turkana West, Laisamis, East Pokot (Baringo), Isiolo) have GAM prevalence between 15 and 29 per cent.

- **Water shortages**: According to the Ministry of Water and Irrigation, a total of 2.7 million people are affected and in urgent need of safe drinking water.

- **Disease outbreaks**: The country is experiencing cholera outbreak with 221 cases and 4 deaths with case fatality rate of 1.8 per cent. There is also measles outbreak in six counties with 49 cases and no deaths in the last two weeks. Kalar azar is also reported from Marsabit, and Isiolo counties. Thus far a total of 118 cases have been reported. The Ministry of Health (MOH) is also investigating suspected dengue fever outbreak.

- **Livestock loss**: Livestock prices have dropped by up to 90 per cent in some areas whilst mortality rates are increasing. Loss of livestock assets forces pastoralists and agro-pastoralists into negative coping mechanisms, poverty, destitution and eventual migration into informal relief camps or cities.
Food insecurity: The drivers of doubling of food insecurity are: (i) the performance of the 2016 short rains season: erratic, below average in most parts of Kenya; (ii) warmer-than-normal land surface temperatures, causing a hastened depletion of rangeland resources; (iii) the cumulative effects of previous poor rainfall seasons, especially in the coastal areas; (iv) livestock and crop pests and diseases; and (v) conflicts and insecurity, including resource-based violence; human-wildlife conflicts, and terror-related threats along border with Somalia border.

The humanitarian impact extends beyond food insecurity; increased levels of malnutrition livestock deaths and difficulty in accessing water have been reported as well as higher school drop-out rates, increased incidence of communicable diseases, and displacement.

Malnutrition: High levels of malnutrition are being reported across the ASAL counties and the nutrition situation is expected to deteriorate in the coming months if the dry spell persists. Since the usual hunger gap of most ASAL counties is May to July, the current extreme levels of malnutrition could further deteriorate increasing the risk of excess mortality if a strong emergency nutrition response is not in place immediately.

The total number of children requiring treatment for acute malnutrition has increased significantly compared to the same time in 2016. In February 2016, the caseloads for the ASAL counties areas was 223,000 (MAM 177,000 and SAM 46,000) and 34,400 pregnant and lactating women. In August 2016, the total estimated number of children requiring treatment in the ASAL areas was 294,300 (MAM 233,700 and SAM 60,600) and 29,500 pregnant and lactating women. Currently, (Feb 2017) the caseload in the ASAL counties is 343,600 (268,500 MAM and 75,000 SAM) which after adjusting for population level changes accounts for a 32 per cent increase in total numbers of boys and girls. The increase is mainly due to the extremely high levels of GAM and severe acute malnutrition (SAM) in Turkana, Marsabit, Mandera and Baringo (East Pokot) counties. Nairobi County has the second highest number of children with malnutrition largely as a factor of its population density despite a lower GAM.
prevalence. It also brings to fore the reality of deprivation in urban settings as the cases are largely clustered around the informal settlements.

The analysis indicates that the critical nutritional status reported across the ASAL counties is predominantly due to chronic food insecurity coupled with a high disease burden, poverty and reduced access to basic social services. These factors are compounded with the chronic issues such as diminished livelihood capacities owing to successive poor seasonal outcomes, and compromised child care and feeding practices which are factors of both inadequacy of food and limited knowledge on diversification options and recommended practices around breastfeeding and complementary feeding. All of these factors increase the vulnerability of the population, and leave them open to risks including drought. The majority of the arid counties experience protracted crises with constant emergency levels of acute malnutrition.

As of March 2017, commodities for the treatment of Moderate Acute Malnutrition (MAM) ready-to-use supplementary food (RUSF) will no longer be available in health facilities across the ASAL counties. The MoH has started the process of procuring RUSF, with stocks expected to be in health facilities by June 2017. Despite this timely procurement, there will be a three-month gap for RUSF from March 1st owing to a pre announced WFP pipeline break. The Ministry of Health has therefore requested WFP to mobilise resources to cover the three-month pipeline break for RUSF. Treatment of SAM is ongoing; however there is need to urgently support MAM cases to prevent further deterioration to severe malnutrition levels.

The high GAM coupled with food insecurity could impact negatively on effectiveness of integrated management of acute malnutrition given inadequate food access interventions so far and the risk of break of the MAM commodity pipeline. Therefore there is an urgent need to roll out blanket supplementary feeding in the counties where GAM is above 15 percent, given the aggravating factors: Turkana, Marsabit, Mandera, Isiolo and Baringo (East Pokot).
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<th>GAM</th>
<th>&gt; 30%</th>
<th>15 - 29%</th>
<th>10 - 14.9%</th>
<th>5 - 9.9%</th>
<th>&lt;5%</th>
<th>Total Surveys</th>
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<td>North Hor (Marsabit)</td>
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<td>Kitifi (drought affected)</td>
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<td>Kilifi (non-drought affected)</td>
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<td>Mandera</td>
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<td>Isiolo</td>
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**Water shortages**: In parts of Marsabit County (North Horr and Loiyangalani), Mandera (South and Banisa) and Garissa County (Fafi and Ijara), where water points have dried up, people are having to walk exceptionally long distances to find water (more than 25 km in some cases), and daily per capita access has reduced to 5-10 litres from the average 15- 20 litres. Even before the drought, UNICEF data indicates that between 30 and 40 percent of rural water points were non-functional. With the drought, the limited water points are reportedly breaking down due to the increased demand. People and animals are sharing water points, which increase the risk of disease outbreaks. There have also been increasing reports of conflict over water. Further, many households are unable to pay for water at community water points because the price of water has increased. The impact of the water shortage on the livelihoods of the affected people is likely to continue long after the drought is over.

**Disease outbreaks**: Measles and cholera where biggest killers in the 2011 famine in Somalia and therefore outbreaks of communicable diseases are of concern. The country is prone to epidemics affecting both humans and animals such as the rift valley fever (one of the haemorrhagic fever). People and livestock affected by the drought are particularly vulnerable to disease outbreaks that have the potential to travel across borders. With increased malnutrition, especially among children, opportunistic infectious diseases such as respiratory tract infections and diarrhea diseases are already reported to have risen especially among women, children and the elderly. Malnutrition and food insecurity for patients normally leads to defaulting in care and treatment. In 2016, the Somali cluster (the border area between Ethiopia, Somalia and Kenya) was affected by concurrent outbreaks of chikungunya, dengue,
cholera/Acute Watery Diarrhea and measles. An increase in population movements into overcrowded settlements combined with poor sanitation and a shortage of safe potable water could lead to the further spread of communicable diseases. Outbreaks of animal and human diseases, such as Rift Valley Fever, are also expected to rise as herds are crowding and intermingling around fewer water points.

**Outbreaks of livestock diseases** have already escalated, affecting all types of animal on all sides of the Kenya, Somalia and Ethiopia border. With critical low availability of grazing and water, livestock immune systems are breaking down, making them more susceptible to disease. In addition, migration is bringing animals into more frequent contact with other herds, increasing the incidence of disease.

**Livestock** contributes up to 90% of food and income in pastoralist areas, the same areas most severely affected by drought. Livestock prices have dropped by up to 90% in some areas whilst mortality rates are increasing. Loss of livestock assets forces pastoralists and agro-pastoralists into negative coping mechanisms, poverty, destitution and eventual migration into informal relief camps or cities. In order to save surviving herd stock, the government is implementing emergency offtake and livestock feed supply targeting over 100,000 people in the counties most severely affected by malnutrition (Mandera, Marsabit, Samburu and Garissa, Tana River and Isiolo). However, this exercise needs to be speeded up. The meat supply will provide an immediate source of locally produced and culturally acceptable food into the poorest households, whilst injecting at least US$ 0.6 million directly into the local market through the purchase of livestock for local consumption. The feeds target breeding and milking stock ensuring a continued or rapid resumption of milk supply to households.

**Education:** 175,000 children are not attending pre-primary and primary schools as a result of the drought in 10 counties. Among the 2.6 million people affected by drought in 23 counties, 1.2 million are estimated to be school aged children (3-17 years). 175,000 children are not attending pre-primary and primary schools as a result of the drought in 10 counties. Among the 2.6 million people affected by drought in 23 counties, 1.2 million are estimated to be school aged children (3-17 years). Due to funding shortfalls, WFP is unable to provide school meals to over 460,000 children in schools across the arid counties in term 1 (January – April), 2017. Additionally, 1,274 schools have no access to water. Acute water shortage and absence of school meals programme is seriously affecting school enrolment and attendance with 175,000 learners reported as not attending school (January 2017) in arid counties. The school attendance of girls has been particularly affected with a reduction of almost 50 per cent in some counties. Some schools have closed as communities have migrated due to drought and lack of school meals.

**Protection:** Drought and conflicts disproportionately impact on the most vulnerable groups (female and children headed households, orphans and vulnerable children, IDPs, widows,
elderly, the sick and disabled) and are at more risk of displacements and thus in urgent need of protection. Child protection risks in the drought-affected areas are increasing. UNICEF reports an estimated 480,000 children (12 per cent of potential 4 million people at risk by April 2017) will be negatively affected by the drought. There is already an observed increase in the number of children on the street in urban centres, as well as an increase in cases of child abuse being reported to the police. For instance, in Lodwar (Turkana County), the Department of Children Services counted 500 children (one third girls) on the street between 6:00 pm and 11:00 pm in February 2017, compared to under 60 children in March 2017. With increased movements of people in search of water and pasture, one of the key child protection concerns is the risk of children being separated from their families.

Physical, sexual violence and other forms of gender based violence, including psychological and sexual violations often also increase during emergencies as evidenced during the 2011 Horn of Africa crisis as well as the 2007 post elections. Violations increase during emergencies with children and women more affected than men. As noted during the 2011 Horn of Africa crisis, as well as in 2007 post elections, girls and women were disproportionately affected: for example, in Turkana, girls were sold off for child marriages in exchange of livestock for the family to survive while chances of girls dropping out of school to support with household chores had significantly increased. In other areas of the country at that time, there was an increase in practice of FGM to quickly prepare girls for child marriage, and reported cases of girls being abused by their teachers for food and school fees or good marks.

In the current crisis, there is anecdotal evidence (e.g. UNICEF field visit to Marsabit, February 2017) of an increase in gender-based violence as well. Women have to take extra responsibilities of being household heads since men have migrated in search of pasture for livestock, and in search of petty employment in urban centers. Girls and women who bear the burden of domestic water collection are already at risk of various forms of exploitation including sexual-based violence while away in search of water among other risks, with some having to walk up to 25 km, and back, to the nearest water point. The significant increase of basic commodity prices including milk, maize, pulses and water will affect women much more given the existing gender norms such as caring for the children, the elderly, the sick, providing water and preparing food for the household, while also playing the breadwinner role. Furthermore, the existing protection mechanisms to provide comprehensive services are weak. Based on this experience, the need for an effective prevention, surveillance, reporting and response mechanism in times of crisis is imperative. Importantly, community participation in prevention and response is core for an effective SGBV prevention strategy. Based on this experience, the need for an effective prevention, surveillance, reporting and response mechanisms in times of crisis is imperative. Importantly, community participation in prevention and response is core for an effective SGBV prevention strategy.
STRATEGIC OBJECTIVES

The humanitarian response will be guided by the following strategic objectives:

1. Provide timely life-saving assistance to people affected by the drought

2. Strengthen assistance to, and protection of, communities at risk of losing their lives, livelihoods and assets, with a special focus on the most vulnerable

3. Strengthen the resilience of drought-affected communities to absorb and recover from climatic shocks

RESPONSE STRATEGY

1. Provide inclusive timely life-saving assistance to people affected by the drought

   - Provide life-saving humanitarian assistance in multi-sectoral response: The humanitarian impact extends beyond food insecurity; increased levels of malnutrition and difficulty in accessing water have been reported as well as higher school drop-out rates, putting children at heightened risk of being engaged in child labour or (sexual) exploitation increased incidence of communicable diseases, and rural to urban migration.

   - Continued access to basic social services: Health, nutrition, water, education - and protection is critical for communities, particularly when faced with prolonged external shocks. The impacts of repeated episodes of drought have exposed the increased vulnerability of communities who have limited or no access to basic social services. Less than 15 per cent of the population in the border areas has access to improved sanitation.

2. Strengthen assistance to, and protection of, communities at risk of losing their lives, livelihoods and assets, with a special focus on the most vulnerable. The strategy will be to work within the Ending Drought Emergencies (EDE) framework to:

   - Expand social safety nets: Kenya has a basic network of safety nets that provide cash to the most vulnerable, though efficiency, coverage, and targeting can be improved.
Where markets are functioning and basic supplies are readily available, the Government and partners can provide emergency cash assistance through such existing systems. Medium to long term improvements to the systems contribute to increased resilience and ability to cope with next crisis.

- **Protect Lives and Livelihoods:** In order to provide social protection and ensure a safe and sustainable future, key livelihood assets must be protected, and the need to use negative coping mechanisms minimised. Core breeding livestock will be protected whilst excess livestock will be utilised to benefit the nutrition and cash income of the most vulnerable before they die or become valueless.

- **Protection of the most vulnerable groups:** Migration, conflict, distance to water sources are exposing women, girls, elderly and other vulnerable groups to protection challenges including gender based violence, child labor, sexual exploitation among others. Hence the need for stronger and systematic integration of measures for the protection of those most at risk.

3. Strengthen the resilience of drought-affected communities to absorb and recover from climatic shocks.

- **Recovery and Resilience:** Much of the regional response to drought has focused on the most acute humanitarian needs, but humanitarian action alone will be unable to break the cycle of recurrent crises. The most effective way to handle recurring shocks is by building the capacity of vulnerable communities including women and youth to withstand the impact and recover from their effects. Humanitarian assistance and development approaches must be linked more effectively through the adoption of “resilience” as an overarching objective. Resilience focuses on the capacity of individuals, communities, national or regional institutions to cope with, adapt to, and recover from inevitable shocks and stresses in disaster-prone areas.
• **Nutrition:** The nutrition sector has a preparedness and response plan where priority actions are clearly highlighted with clear transitional strategies for the various phases of disaster. At the recovery phase, the sector will seek to scale up support to communities through the community health units to strengthen the ability of caregivers to practice optimal nutrition and health care behaviors especially related to maternal, infant and young child nutrition which is a major underlying cause of malnutrition. Strengthened linkage will be prioritized specially with evidence based WASH, social protection, food security and livelihood interventions.

• **Livelihood recovery:** Early recovery kits will include support to new and alternative livelihoods as well as replacement or provision of assets to support existing livelihoods.

• **Monitoring and Evaluation:** M&E will be done jointly with beneficiaries, with impact monitoring used to design and guide appropriate response programming.

### FINANCIAL REQUIREMENTS PER CLUSTER (US$ million)

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Amount (US$ million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>$3.1m</td>
</tr>
<tr>
<td>Education</td>
<td>$5.9m</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>$8.1m</td>
</tr>
<tr>
<td>Health</td>
<td>$15m</td>
</tr>
<tr>
<td>WASH</td>
<td>$21.1m</td>
</tr>
<tr>
<td>Agriculture &amp; livelihood</td>
<td>$30m</td>
</tr>
<tr>
<td>Food Security</td>
<td>$39.3m</td>
</tr>
<tr>
<td>Nutrition</td>
<td>$43.2m</td>
</tr>
</tbody>
</table>

Total requested: **US$165.7M**
PEOPLE TARGETED

Water, Sanitation and Hygiene: 3.04 million people
Protection: 176,000 people
Agriculture and livelihood: 2.6 million people
Health: 291,000 people
Food Security: 850,000 people
Early Recovery: 519,580 people
Nutrition: 805,750 people
Education: 587,500 people
WHAT IF WE FAIL TO ACT?

1. At least 850,000 acutely food-insecure people will not receive life-saving assistance and risk plunging into deeper food insecurity and malnutrition. Drought-affected people risk negative coping strategies such as: harvesting immature crops; consuming seed stock; selling breeding livestock; taking children out of school; sending household members to beg; reducing meal portion size; restricting consumption; getting into severe debt to buy food; seeking risky livelihoods (stealing or prostitution); and migrating to uncertain futures.

2. Diseases of epidemic potential such as diarrhea and measles outbreaks which are already being reported, as well as other communicable diseases including HIV and tuberculosis will spread and lead to increased morbidity and mortality especially among children below five years (boys and girls), pregnant/lactating women given the association between malnutrition, water scarcity and safety, poor sanitation, limited access to sexual reproductive health services and population mobility. The impact of drought disaster will further weaken the already weak health systems under devolved health-this is a situation that should not be allowed to occur.

3. There is an extremely high risk of death for acutely malnourished children. Moderately malnourished children have a four-fold increased risk of death, and severely malnourished children a nine-fold increased risk of death. Malnutrition will also increase the risk or severity of disease in children. Similarly, malnourished pregnant/lactating women have a high risk of morbidity, pregnancy outcomes (premature birth and low birth weight) and inadequate feeding of the offspring, which also increases the risk of chronic malnutrition for the child and mother undermining their present and future productivity.

4. About 2.7 million people will not have access to safe drinking water. This will lead to a significant risk of waterborne diseases such as cholera, already with ongoing outbreaks in two counties: Garissa and Tana River; also increased malnutrition diseases and malnutrition given the synergistic relationship between malnutrition, diarrhoea and malaria. The competition for water resources is likely to increase conflict events, and in the medium term will have a serious impact on livelihoods as livestock are lost.disease and malnutrition.

5. Education will be disrupted for approximately 1.2 million children. Historically in Africa, enrolment rates have declined by 20 per cent in regions affected by drought and impact on attendance can be even higher. Without school meals, access to education
in the arid areas is likely to be further disrupted, with expected reductions in enrolment, lower attendance and high drop-outs of children. Children out of the school will be left more vulnerable to harmful labour conditions, recruitment, trafficking abuse and other protection concerns. Stunted children achieve 1.1 years less in school education.

6. Locally available and preferred valuable sources of food and nutrition will be wasted. Livestock herds will be decimated, causing extreme destitution and severe food insecurity and drive pastoral households to migrate to cities. Even if half of a herd survives, it will take a minimum of two to four years for pastoral and agropastoral households to recover. Experience from previous famines in Eastern Africa has shown that it took a decade for most asset-poor households to restore livestock holdings to pre-famine levels. Chances of losing lives especially for the most vulnerable groups of the communities will increase. We will lose the opportunity to integrate women, men and the youth in building back better as they recover and build their resilience to future shocks. We would be going against the global commitment of “leaving no one behind”.

7. The long-term impacts of the drought will be irreversible. In affected countries, the agriculture sector represents a major contribution to gross domestic product - poor harvests would impact economies across the region. In addition, children forced out of school, especially girls, may lose their education and enter into early marriage to address family income needs. The psychological impacts of gender-based violence and engagement in commercial sex work as a negative coping mechanism can be long-lasting. Experience from previous famines has shown that children younger than 36 months were less likely to complete primary school, leading to income losses of 3 per cent a year.

8. According to the Kenya Demographic Health Survey (KDHS) 2014, 38 per cent of women aged 15-49 reported physical violence and 14 per cent reported having experienced sexual violence from physical to psychological and sexual. It is estimated that at least 216,000 (10.8 per cent of women aged between 15-49 years, Population Reference Bureau) women and girls are exposed to gender based violence in regular situations. This situation is likely to worsen due to the current drought.
ANNEX I. CLUSTER PLANS

FOOD SECURITY

Contact Information: annalisa.conte@wfp.org; +254 20 762 2049

Priority Actions

1. Relief food distribution (cereals, pulses, vegetable oil)
2. Relief cash-based transfers
3. Additional cash transfers through government safety nets

Response Strategy

While continuing to provide immediate life-saving assistance, the sector will support increased access to food while increasing people’s resilience to future droughts by enhancing their ability to produce as well as to preserve their assets.

WFP’s asset-creation activities for resilience building can reach over 700,000 acutely food-insecure people in 14 arid and semi-arid counties using food and cash transfers. WFP works in partnership with non-governmental organizations (national and international), the Kenya Red Cross Society and directly with county governments. This year, WFP intends to extend cash and food transfers for families enrolled in asset-creation to cover the post-harvest months, the period when farmers normally have sufficient food. This additional assistance will help ensure that their investments in assets made thus far are not lost through a reversion to negative coping strategies.

UNICEF will work with the State Department of Social Protection to increase cash transfers to vulnerable households with children under government safety nets (CT-OVC, older person CT, disability CT). Given the higher food prices due to the drought, there is a high risk that targeted households fall into extreme food insecurity. A top-up cash transfer will help them meet basic needs. There will also be support for targeting through safety nets during emergencies.

Humanitarian Partners

WFP, UNICEF, State Department of Social Protection, NDMA, KRCS, NGOs, INGOs, County Governments.

$ 39.3 million
Required to reach 850,000 people
HEALTH
Contact Information: Dr. James Teprey tepreyj@who.int, Dr Nollascus Ganda, gandan@who.int

Priority Actions

1. Scale up delivery of life saving medical interventions at health facility (county, sub county hospitals and other lower health facilities) level on management of epidemics and severe illnesses morbidity and mortality.

2. Establish community based primary health outreaches in the affected counties (ORS, management of minor illnesses and referral treatment and purification, spring water protection, water quality surveillance (Aquatab, Pur, Chlorine granules (drums) Ceramic filters, Bacteriological rapid test kit (pagualab), Community rapid testing kit (colilert / H2S) Lavibond Comparator, DPD 1 tablet, Paqualab reagents)

3. Scale up mass lifesaving community based essential health interventions and campaigns in the targeted counties (public health education, promotion, sanitation and hygiene etc.) in targeted counties

4. Scale up Early Warning And Risk Navigation Systems (EWARNs), disease surveillance, alert, outbreak investigation and confirmation activities in counties and sub counties

5. Procure and distribute Essential lifesaving medical and health related commodities for hard hit areas (drugs, vaccines, non-pharmaceuticals etc)

6. Procure laboratory reagents, basic testing kits (Measles, cholera, HIV, and other communicable diseases and referral of specimens

7. Activation of the EOC and county sectoral meetings within each of the 23 county

8. Strengthening and scaling up of lifesaving sexual reproductive health (SRH ) supplies and services for women, men and children

Response Strategy

1,525,135 people from 23 most affected counties are in need for health comprehensive life-saving health services. Critical life- saving health services and selected high impact and cost-effective health interventions will be delivered to save lives.

This response plan will be implemented in close collaboration with health sector UN agencies (WHO, UNICEF and UNFPA), Government counterparts, County Health Teams and NGO partners with demonstrated capacities to procure life-saving commodities for diagnosis and management of epidemics, and severe illnesses, implement health facility, early warning and response, cases management at facility and community based-interventions.

The sector plan will increase the access to and utilization of both curative and preventative life-saving health services for children (girls and boys), pregnant and lactating women, and people living with disabilities, and selected populations in extremely poor areas. It is therefore critical to continue strengthening the capacities of both the Government and civil society organizations for early identification, investigation, and interruption of disease outbreaks and acute malnutrition cases, management and timely referral complicated cases for treatment; to strengthen Government capacity to oversee and coordinate interventions; and to contribute to the effective coordination of interventions and partners. In addition, it is critical to continue building the capacity of NGOs and Government health workers on early warning and timely response to disease outbreaks,
nutrition health in emergencies including service delivery, community participation in response, assessments and information management, in close coordination with MoH, UNICEF, WHO UNFPA and Kenya Red Cross.

**Humanitarian Partners**

MoH, UNICEF, UNFPA, WFP, WHO; Kenya Red Cross Society, IRC (Kenya Red Cross Society)

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**NUTRITION**

Contact Information: Victoria Mwenda, vmwenda@unicef.org, +254 721822030

**Priority Actions**

1. Procurement and distribution of life saving essential nutrition commodities for management of acute malnutrition - RUTF, RUSF, Super Cereal plus
2. Roll out of Blanket Supplementary feeding - Prevention of acute malnutrition programme targeting all under fives, pregnant lactating women and other vulnerable groups in 5 most affected counties
3. Scale up delivery of life saving health and nutrition interventions at community and health facility level in 23 ASAL Counties
4. Coordination and programme implementation
5. Monitoring and Evaluation

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### Sector Targets for the Integrated Management of Acute Malnutrition Programme (IMAM)

<table>
<thead>
<tr>
<th>Estimated Caseload including incidence rate of 1.6</th>
<th>Urban Caseload</th>
<th>ASAL Caseload</th>
<th>Total</th>
<th>Sector target (75% for SAM and 50% for MAM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAM outpatient and inpatient</td>
<td>23,454</td>
<td>75,010</td>
<td>98,464</td>
<td>73,848</td>
</tr>
<tr>
<td>MAM (&lt;5 years)</td>
<td>45,284</td>
<td>268,549</td>
<td>313,833</td>
<td>156,917</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>68,738</strong></td>
<td><strong>343,559</strong></td>
<td><strong>412,297</strong></td>
<td><strong>230,765</strong></td>
</tr>
</tbody>
</table>

### Sector Targets for Blanket Supplementary Feeding Programme

<table>
<thead>
<tr>
<th>Estimated Caseload including incidence rate of 1.6</th>
<th>Urban Caseload</th>
<th>ASAL Caseload</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAM (Pregnant and Lactating Women)</td>
<td>6,229</td>
<td>37,223</td>
<td><strong>43,452</strong></td>
</tr>
</tbody>
</table>

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$43.2 million

- **Treatment** $12.8 million
  - People targeted: 252,491
- **Prevention** $30.4 million
  - Children, women: targeted for prevention: 553,258
<table>
<thead>
<tr>
<th>Counties</th>
<th>Under 5s</th>
<th>Pregnant and Lactating Women (PLW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marsabit, Turkana, Mandera, Isiolo and East Pokot</td>
<td>452,324</td>
<td>100,934</td>
</tr>
<tr>
<td>Grand Total</td>
<td>452,324</td>
<td>100,934</td>
</tr>
</tbody>
</table>

**Response Strategy**

439,797 boys and girls, 43,452 pregnant and lactating women are in urgent need of lifesaving comprehensive nutrition services. Through existing government structures, the services will be scaled up and programme delivery strategies modified. Mobile health and nutrition services (also known as integrated outreaches) will be provided targeting the hard to reach areas to ensure timely identification and treatment of acute malnutrition.

Blanket supplementary feeding will be done for all under fives and pregnant, lactating women in the 5 counties and other vulnerable groups where the nutrition situation is Very critical (Phase 5) and Critical (Phase 4) to further cushion the ratio of the children who are acutely malnourished and enhance opportunities for their timely recovery. Against the sector response plan, coordination of services, communication and resource mobilization will be scaled up as well.

For the success of the plan and for linkages with developmental initiatives, the sector will strengthen capacities of both the National and County Government Ministry of health through the IMAM surge approach and through implementation of capacity assessments in select counties to further direct programming.

Efforts will be made to further support the community health units to provide community level services specifically surveillance actions in the most affected counties to ensure there is sustained case finding and continued support to caregivers to implement optimal maternal, infant and young child nutrition practices.

Coordination strengthening will be key to especially support the sub counties to be in a position to effectively harmonize and oversee implementation of activities at the lowest units. Monitoring to understand the evolution of the crisis and also review the effectiveness of other interventions across other sectors will be done as key actions in the response. Continued linkage with other sectors both at National and County level will be strengthened to further enhance impact of resilience initiatives on nutrition status of the most vulnerable who are often, women and children.

**Humanitarian Partners**

National and County Ministries of Health, National Drought Management Authority (NDMA), UNICEF, WFP, WHO; implementing partners (Kenya Red Cross Society, SCI, AAH, IMC, CISP, PSK, BBCMA, IRC, TDH, CWW, WVK, FHK, Malteser, Plan International, ACTED

Other partners: USAID, DFID, ECHO, EU, OFDA
**WATER SANITATION AND HYGIENE (WASH)**

Contact Information: Andrew Trevett  
email: atrevett@unicef.org  
+254 20 7622071

### Priority Actions

1. Rapid needs assessments
2. Repairs to water trucks, supply of fuel and/or spare parts to boreholes
3. Rehabilitation of broken down strategic water points
4. Development of new strategic water sources where necessary
5. Hygiene promotion providing key messages to prevent waterborne diseases.
6. Provision of WASH services for children in school; ensuring schools remain open.
7. Strengthen information management and sector coordination mechanisms

Most ASAL counties rely on permanent ground water sources which require mechanical and solar based systems for pumping and operation. Limited or no alternative sources exist for affected populations to access or supplement by means of alternative sources. Failure to respond in a timely and sufficient manner will result in loss of both human lives and livelihoods. Schools will be closed, affecting learning and increasing school drop outs if water sources do not remain operational. Population displacements will occur, resource based conflicts will increase and separation of families will result.

### Response Strategy

The WASH sector response will be carried out under the overarching Strategic Objective 1 – Provide timely life-saving assistance to people affected by the drought. The response will be carried out in partnership with other UN agencies, funds and programmes with a focus on the 23 most affected ASAL counties. Government counterparts and NGO partners with demonstrated capacity will also be involved in the implementation of the response strategy. The total number of beneficiaries will be 2.7 million, plus 300,000 children in school.

The WASH sector will strengthen inter-agency and inter-sector coordination among partners at national and county level throughout Kenya. The national Water and Environmental Sanitation Coordination (WESCOORD) already actively engaged at the highest level of the Ministry of Water and Irrigation, will provide leadership for national level planning and response, collection and analysis of data for decision-making. Linkages to county WESCOORD platforms will be strengthened for better coordination of the response at local level.

WASH sector partners will strengthen and expand partnerships across sectors, and focus activities on the most vulnerable people, IDPs, people at risk of waterborne disease, and children attending school. The needs of women and girls as the ‘household water managers’ will be addressed through reducing the burden and risk associated with water insecurity. Sector partners will deliver a set of actions including repair and rehabilitation of water points, provision of fuel subsidies, and limited water trucking among other lifesaving activities. A hygiene promotion campaign will be delivered through community based structures to prevent waterborne diseases among the affected population.
## WASH Sector Strategic Outline

### Strategic Objectives

<table>
<thead>
<tr>
<th></th>
<th>Outputs</th>
<th>Activities</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SO1. Improved access to safe and adequate water to drought affected communities and key institutions (health facilities and schools).</strong></td>
<td>1.1 Community water sources rehabilitated and constructed with an emphasis on sustainability.</td>
<td>1.1.1 Rehabilitation of water facilities (boreholes, pipe schemes, shallow wells, springs).</td>
<td>I1.1 100% of beneficiaries targeted in drought emergency-affected communities have equitable access to a minimum of 7.5 litres of water per person per day.</td>
</tr>
<tr>
<td></td>
<td>1.2 Supply of fast moving spare parts for the maintenance of water pumping equipment.</td>
<td>1.1.2 Construction of new water facilities (boreholes, pipe schemes, shallow wells, springs).</td>
<td>I2.1 100% targeted school children with at least 3 litres of safe water per child per day for drinking and adequate other water for cleaning and hygiene.</td>
</tr>
<tr>
<td></td>
<td>1.3. Emergency water supply for institutions (schools and health facilities).</td>
<td>1.1.3 Training water user committees on O&amp;M of water points for sustainability.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1.1 Rehabilitation of water facilities (boreholes, pipe schemes, shallow wells, springs).</td>
<td>1.2.1 Supply of fast moving spare parts for servicing water supply equipment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1.2 Construction of new water facilities (boreholes, pipe schemes, shallow wells, springs).</td>
<td>1.3.1 Water trucking for institutions (schools and health facilities).</td>
<td>I2.1. Proportion of beneficiaries targeted in drought/emergency-affected communities practicing hand washing with soap (target: 75%)</td>
</tr>
<tr>
<td></td>
<td>1.1.3 Training water user committees on O&amp;M of water points for sustainability.</td>
<td>1.3.2 Water quality monitoring.</td>
<td>I2.2. Proportion of targeted drought-affected communities who can recall at least one key hygiene message (target: 75%)</td>
</tr>
<tr>
<td></td>
<td>1.1.4 Distribution of Hygiene Kits (including menstrual hygiene management kits)</td>
<td>1.3.3 Supply of water treatment chemicals including (household water collection and storage).</td>
<td></td>
</tr>
<tr>
<td><strong>SO2. Ensure drought affected communities receive enhanced hygiene promotion messages, and adequate measures are developed to prevent and control cholera and other waterborne diseases.</strong></td>
<td>2.1. Drought affected communities are practicing safe hygiene including hand washing and sanitation.</td>
<td>2.1.1 Hygiene promotion at household level (including promotion of hand-washing with soap, and use of sanitation facilities)</td>
<td>I3.1.1 Number of coordination meetings held at national and county level (Target: 98)</td>
</tr>
<tr>
<td></td>
<td>2.1.1.1 Hygiene promotion at household level (including promotion of hand-washing with soap, and use of sanitation facilities)</td>
<td>2.1.2 Mass hygiene promotion (including radio, TV and broadcast messages)</td>
<td>I3.1.2 Number of trainings provided on coordination and information management at national and sub-national WESCOORDs (Target: 8)</td>
</tr>
<tr>
<td></td>
<td>2.1.2.1 Mass hygiene promotion (including radio, TV and broadcast messages)</td>
<td>2.1.3 Hygiene Promoters Trained</td>
<td>I3.1.3 Number of partners who report monthly and accurately on the 5Ws (Target: 20)</td>
</tr>
<tr>
<td></td>
<td>2.1.3.1 Hygiene Promoters Trained</td>
<td>2.1.4 Distribution of Hygiene Kits (including menstrual hygiene management kits)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.1.4.1 Distribution of Hygiene Kits (including menstrual hygiene management kits)</td>
<td>2.1.5 Cholera Preparedness and Prevention activities.</td>
<td></td>
</tr>
<tr>
<td><strong>SO3. Strengthened capacity of national and county level WESCOORD coordination mechanisms to enable coordinated response</strong></td>
<td>3.1 Functional coordination mechanisms are in place with a focus on strengthening county level WESCOORDs</td>
<td>3.1 Coordination meetings at national and county level</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.1.1 Coordination meetings are in place with a focus on strengthening county level WESCOORDs</td>
<td>3.2 Capacity building on coordination and information management at national and county level</td>
<td>I3.1.1 Number of coordination meetings held at national and county level (Target: 98)</td>
</tr>
<tr>
<td></td>
<td>3.1.2 Capacity building on coordination and information management at national and county level</td>
<td>3.3 Other capacity building or training (WASH technical and other trainings)</td>
<td>I3.1.2 Number of trainings provided on coordination and information management to national and sub-national WESCOORDs (Target: 8)</td>
</tr>
<tr>
<td></td>
<td>3.1.3 Other capacity building or training (WASH technical and other trainings)</td>
<td></td>
<td>I3.1.3 Number of partners who report monthly and accurately on the 5Ws (Target: 20)</td>
</tr>
</tbody>
</table>

### Humanitarian Partners

Priority Actions

1. Livestock off take and distribution of meat to most vulnerable.
2. Purchase of hay and concentrates for core breeding stock
3. Livestock disease control
4. Provision of recovery kits (including seeds)

Response Strategy

To help farmers offload affected livestock with deteriorating body conditions, the Ministry of Agriculture, Livestock and Fisheries has procured 4,758 heads of cattle across ASAL areas under the livestock off take plan. The Government and others have contributed additional resources for emergency livestock off take in counties where markets cannot accommodate off take or where prices are significantly depressed. Significantly more resources are required to fund offtake locally where animals are slaughtered and through WFP and partners, the meat distributed to the needy.

The next priority after offtake is upscaling the provision of feeds targeting core breeding stock so that they not only survive but can continue to produce. To mitigate acute livestock feed shortage in ASAL counties, 46,800 range cubes, 22,100 bales of hay, 1,270 litres of molasses and 103,670 kg of urea blocks have been procured and distribution is ongoing.

Emergency provision of water for livestock is needed in some counties but will mostly be done through the county governments.

Animal health interventions are required and being provided. In addition, 1.5 million doses of various livestock vaccines have been procured and will be pre-positioned before the rains, as well as 732 tons of assorted seeds for distribution.

Participatory monitoring and evaluation will be carried out jointly with FAO, national and county governments, partners and beneficiaries. All interventions are carried out in close collaboration with the Ministry of Agriculture, National Drought Management Authority and humanitarian partners.

Humanitarian Partners

FAO, Ministry of Agriculture Livestock and Fisheries; County governments, National Drought Monitoring Authority, and NGOs including CIFA, PACIDA, Samaritans Purse, VSF-Germany, Kenya Livestock Marketing Council, KRCS.
Priority Actions
The Education Cluster priority actions will include:

1. Support national and county level coordination, including strategic inter-sectoral life-saving response interventions for children
2. Maintain a robust information management system that enables transfer of information/data from sub-county to national enabling effective planning, targeting and monitoring of response
3. Provision of school feeding in affected counties

Response Strategy
The Education sector aims to ensure that children in drought-affected counties continue to have access to education services that support their physical, social, emotional and cognitive well-being.

Schools provide a platform for cross-sectoral, pre-emptive and life-saving support to drought affected communities, maximising reach while targeting the most vulnerable. Supporting education services during the drought enables children to access life-saving services such as safe drinking water, food, health care, and protection services. While at the same time, continuing their education, building their resilience, and that of their communities to withstand, adapt and recover from threats and shocks.

The link between nutritional levels with school attendance and educational attainment is historically and extensively proven, demonstrating statistically significant relationships between the provision of food (in the form of school meals and take home rations for girls) and attendance and attainment². Providing Food for Education therefore both protects children and adolescents from drought-induced dangerous decline in nutritional status as well as ensuring that their education is not disrupted.

The Education sector will work with WASH to ensure the provision, improvement and restoration of WASH in schools and learning spaces, which has a significant positive impact on child health and learning outcomes.². Life-saving messaging to teachers, learners and other education personnel will also be provided on WASH, health, nutrition and child protection referral pathways in classrooms. These messages will be passed on by learners with their families and neighbours, resulting in behaviour change among affected communities.

By providing food and water at school in drought affected areas now, we mitigate nutritional decline and reduce numbers of children needing expensive, emergency life-saving interventions in the coming months.

Close monitoring of the impact of the drought on the education system, through strengthened coordination and information management, will provide an evidence base for advocacy and informed programming. A clear understanding of how the environment impacts learning, alongside robust evaluation of response efficacy contributes to the promotion of resilience within the education system and among stakeholders.

The Education Sector coordination team will use the agreed response monitoring framework among sector Partners through monthly reporting on progress of sector activities against the strategic indicators listed above. Information Management surge support, deployed to the Ministry of Education, will support the expansion of the Education Management Information System (EMIS) to capture humanitarian education data. At the camp and county level we will strengthen data collection. The programme will maximise the use of EMIS data and

$\text{Required to reach 587,500 school children}$

\text{5.9 million}
data collection tools to prevent the establishment of a parallel information system and to strengthen the county education information system.

A 4W matrix (Who does What, Where, When and for whom) will be used to collect data with partners, including data on the government response to identify key gaps and produce regular infographics. Additional field monitoring (quality of the response) and rapid assessments will be carried out jointly and upon consultation with key partners involved.

**Humanitarian Partners** Ministry of Education, UNICEF, Save the Children, WFP, FCA

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**PROTECTION**

**CHILD PROTECTION (CP) AND GENDER BASED VIOLENCE (GBV)**

Contact Information: UNFPA- Gift Malunga, malunga@unfpa.org, UNICEF-Werner Schultink, wschultink@unicef.org, UNWOMEN- Zebib Kavuma zebibkavuma@unwomen.org

**Priority Actions**

1. Conduct protection needs assessment in the most affected counties
2. Strengthen community feedback mechanism on protection
3. Procure and distribute life saving essential supplies and Non-Food Items (Dignity and RH Kits, torches, lanterns, mats, tents, recreation kits)
4. Strengthen protection sector and sub sector working groups on information management and coordination.
5. Strengthen/establish survivor-centered multi-sectorial comprehensive services including medical, legal and psychosocial support and referral systems to respond to gender based violence.
6. Work with local GBV service providers and duty bearers, to provide girls, boys, women and all community members in affected areas with life-saving information about protecting themselves from violence, and referral mechanisms when appropriate.
8. Mobilize communities, local government and relevant organizations to prevent and respond to sexual exploitation and abuse, family separation, trafficking, forced and child marriages.
10. Provide essential surge capacity for child protection and GBV sub-sectors to support information management and coordination

---

**$ 3.1 million**

**CP $ 800,000**

53,000 boys and girls - 10 of the most affected in 23 ASAL counties

**GBV $ 2.3 million**

Required to reach 122,655 people
**Response Strategy**

The protection sector (Child protection and Gender Based Violence) response plan will focus on:

- Advocacy for the prevention and protection of the most vulnerable populations from violence, abuse, exploitation and gender based violence through provision of life-saving information on existing community based protection, prevention and referral mechanisms for timely response to child protection, sexual and gender-based violence survivors.
- Establish and strengthen partnerships with protection and GBV service providers and relevant duty bearers in the affected areas and increase service provision;
- Strengthening capacities of community structures, government and other stakeholders to provide a coordinated response in the provision of multi-sectorial comprehensive services including psychosocial support and referral systems to respond to gender based violence and child protection. Additional activities for GBV survivors, separated and unaccompanied children will continue to be identified and supported, best interest determination, family tracing and reunification will also be conducted. Child Friendly Spaces (CFS) shall be established within communities to allow for safe identification and referral of children at risk of violence and abuse.
- Facilitate government led Child Protection in Emergencies and Gender Based Violence cluster coordination forums at national and county levels. Emphasis will be to strengthen information management systems for effective coordination, collection of disaggregated data, monitoring and reporting of child protection and Gender Based Violence related issues.
- Undertake community based monitoring, reporting and response to needs of children, adolescent girls and women survivors of abuse and exploitation, including Gender Based Violence that is often not reported.
- Use various forms of communication to dissipate messages on the protection needs of affected children and women, including popularization of child protection and GBV hotlines (116 and 1195);

**Humanitarian Partners**

**EARLY RECOVERY**

Contact Information: Amanda Serumaga amanda.serumaga@undp.org; +254-020-7624307

**Priority Actions**

1. Strengthen government capacity for effective responses, recovery planning, coordination and information management
2. Create short term emergency employment including cash for work and startup grants to recapitalize small enterprises.
3. Rehabilitation of community livelihood infrastructure and productive assets
4. Protect community livelihoods and diversify/provide alternative livelihoods Social cohesion and conflict management - establish and strengthen local level infrastructure for peace
5. Social cohesion and conflict management - Establish and strengthen local level infrastructure for peace building

**Response Strategy**

Early Recovery (ER) response aims to restore the capacity of the communities and local institutions to recover from the impacts of the drought, prevent further deterioration and foreshorten the need for humanitarian assistance. The early recovery activities will be implemented under the overarching strategic objective 3; strengthen the resilience of drought-affected communities to absorb and recover from climatic shocks

With drought being a perennial problem in Kenya, agencies are taking into serious consideration response strategies that would facilitate early recovery of affected communities and at the same time build their resilience to withstand the impact of future disasters. Early recovery programmes will therefore aim to strengthen the sustainability of community based activities, and rebuild livelihood support mechanisms that have been adversely affected by drought, focusing on activities that promote sustainable livelihoods and enhance long-term coping strategies to the drought. This will encompass restoration of basic services, livelihoods, coordination and governance as well as social cohesion and conflict management.

The estimated population in need for early recovery is 519,580. Activities will target the 519,580 people in the most affected counties and will be implemented in close collaboration with the Government both at national and local level, and with affected communities. A needs assessment will be conducted to ascertain the population and specific recovery needs in the various locations.

The projects will be monitored through regular field visits and reported on monthly. A monitoring and evaluation framework will be established

**Humanitarian Partners:** UNDP, FAO, WFP, IOM, World Vision, German Agro Action, Adios, Oxfam
# ANNEX II. PROJECT LIST BY CLUSTER

## a. FOOD

<table>
<thead>
<tr>
<th>Agency</th>
<th>WFP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project title</td>
<td>Bridging relief and resilience in the arid and semi-arid lands</td>
</tr>
<tr>
<td>Objective(s)</td>
<td>Stabilized or improved food consumption over the assistance period for targeted food insecure households. Improved access to livelihood assets for enhanced resilience and reduced risks for targeted food-insecure households.</td>
</tr>
<tr>
<td>People targeted</td>
<td>With sufficient funding, WFP’s asset-creation activities can continue to reach 704,000 acutely food insecure people in 14 of the drought affected arid and semi-arid counties, using food and cash transfers. WFP also plans to extend the distribution of cash and food transfers to families working on asset-creation activities to cover this year’s post-harvest months, the period when farmers normally have sufficient food. Additional assistance will ensure that investments made thus far are not lost through a reversion to negative coping strategies, such as selling assets or cutting back food consumption. With additional donor support WFP will extend cash transfers to 333,000 people in the semi-arid counties for the months of March, July and August; and extra food transfers will be made for 371,000 asset-creation beneficiaries in the arid counties in May and June.</td>
</tr>
<tr>
<td>Budget ($)</td>
<td>$ 35,000,000</td>
</tr>
<tr>
<td>Contact details</td>
<td>Annalisa Conte, WFP Kenya County Director and Representative <a href="mailto:Annalisa.conte@wfp.org">Annalisa.conte@wfp.org</a></td>
</tr>
</tbody>
</table>

## b. HEALTH

<table>
<thead>
<tr>
<th>Agency</th>
<th>WHO UNICEF UNFPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project title</td>
<td>Drought Emergency Health Intervention Kenya</td>
</tr>
<tr>
<td>Objective(s)</td>
<td>Scale up delivery of life saving medical interventions at health facility (county, sub county hospitals, lower level health facilities and community level) level on management of epidemics and severe illnesses</td>
</tr>
</tbody>
</table>
### c. NUTRITION

<table>
<thead>
<tr>
<th>Agency</th>
<th>UNICEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project title</td>
<td>Accelerate nutrition response to the drought emergency</td>
</tr>
<tr>
<td>Objective(s)</td>
<td>To prevent deterioration in Nutritional status and avert excess morbidity and mortality amongst most affected women and children (Boys and Girls)</td>
</tr>
<tr>
<td>People targeted</td>
<td>73,848 boys and girls with severe acute malnutrition (10% of whom will require inpatient services) from 23 ASAL COUNTIES</td>
</tr>
<tr>
<td>Budget ($)</td>
<td>USD 7,399,075.70 (includes programmable funds that will be given to IPs who are supporting MOH implement the package of high impact nutrition interventions)</td>
</tr>
<tr>
<td>Contact details</td>
<td>Werner Schultink - UNICEF Kenya Country Representative</td>
</tr>
<tr>
<td></td>
<td>Telephone: +254-20-762-1093</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:wschultink@unicef.org">wschultink@unicef.org</a></td>
</tr>
</tbody>
</table>

### d. WASH

<table>
<thead>
<tr>
<th>Agency</th>
<th>UNICEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project title</td>
<td>Water security for 500,000 people and 100,000 school children in 10 ASAL drought-affected counties in Kenya</td>
</tr>
</tbody>
</table>

---

| People targeted | 291,000 |
| Budget ($)      | $ 15,000,000 |
| Contact details | Eggers Rudi EggersR@who.int |

| People targeted | 2017 |
| Budget ($)      | $15,000,000 |
| Contact details | Eggers Rudi EggersR@who.int |

<table>
<thead>
<tr>
<th>Agency</th>
<th>WFP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project title</td>
<td>Support to: (i) treatment of Moderate Acute Malnutrition (MAM) among children 6-59 months, and pregnant and lactating women; and (ii) prevention of deterioration in the nutrition status of children 6-59 months.</td>
</tr>
<tr>
<td>Objective(s)</td>
<td>Stabilized or reduced under nutrition among children aged 6-59 months and pregnant and lactating women; prevention of deterioration in nutritional status and avertig excess morbidity and mortality amongst most affected women and children (boys and girls).</td>
</tr>
<tr>
<td>People targeted</td>
<td>157,000 boys and girls below 5 - treatment of MAM in 23 ASAL counties</td>
</tr>
<tr>
<td></td>
<td>22,000 Pregnant and lactating women - treatment of MAM in 23 ASAL counties</td>
</tr>
<tr>
<td></td>
<td>452,000 boys and girls below 5 - blanket supplementary feeding in five counties</td>
</tr>
<tr>
<td></td>
<td>101,00 pregnant and lactating women - blanket supplementary feeding in five counties</td>
</tr>
<tr>
<td>Budget ($)</td>
<td>$35,834,501</td>
</tr>
<tr>
<td>Contact details</td>
<td>Analisa Conte - WFP Kenya Country Director and Representative</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:annalisa.conte@wfp.org">annalisa.conte@wfp.org</a></td>
</tr>
</tbody>
</table>
Objective(s) | Outcome 1. Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene
---|---
**Activities**
1. Identification of strategic water points in drought-affected counties
2. Preposition supplies related to water treatment and storage (e.g. jerry cans, Aqua tabs, chlorine)
3. Rehabilitation of strategic water supplies
4. Support water treatment at household level
5. Support provision of fast moving spare parts
6. Provision of other WASH supplies e.g. soap, PUR, buckets

Outcome 2:  Children and women receive critical WASH related information to prevent child illness, especially diarrhoea

**Activities**
1. Review and prepare key hygiene messages on safe water, sanitation and hand-washing
2. Identify partners for implementing hygiene promotion campaign
3. Implement hygiene promotion campaign
4. Monitor implementation and effectiveness of campaign

Outcome 3:  Children access safe water, sanitation and hygiene facilities in their learning environment

**Activities**
1. Prepare hygiene promotion material for use with school children and teachers (hand-washing, sanitation)
2. Repair/rehabilitate WASH facilities in schools
3. Train teachers and/or caretakers in water treatment and safe storage
4. Provision of soap, water storage and treatment to schools
5. Monitor implementation and uptake of hygiene messages and safe water management

People targeted | 500,000 drought emergency affected people in 10 most affected ASAL Counties:
---|---
**Locations**
- Marsabit (North Horr, Laisamis, Moyale sub Counties).
- Mandera (Mandera North, Mandera South, Banisa, Mandera East).
- Wajir (Elbas, Tarbaj, Wajir South, Wajir West).
- Garissa (Fafi, Lagdera, Dadaab, Modogashe, Ijara).
- Isiolo (Merti and Garba Tulla).
- West Pokot (West Pokot South, West Pokot West and West Pokot Central).
- Samburu (Samburu East, Samburu North and Samburu Central sub counties).
- Turkana (Turkana West, Loima, Turkana North, Turkana Central, Turkana East, Turkana South).
- Baringo (Baringo South, Tiaty, Mogotio, Baringo North Sub counties).
- Tana River (Bura and Tana Delta).
- Baringo (Baringo South, Tiaty, Mogotio, Baringo North Sub counties).

Budget ($) | Total $ 4,456,115.00 million
---|---
**Outcome 1:**
1. Rehab of water facilities/spare parts/WASH supplies $ 3,756,115

**Outcome 2:**
2. Develop key hygiene messages/hygiene promotion campaigns/monitor $200,000

**Outcome 3:**
3. Rehab WASH facilities in schools/Hygiene promotion for school children and teachers/provision of soap/hand washing/monitoring $500,000

Contact details | Andrew Trevett - Chief WASH Section, UNICEF Kenya; Email address: atrevett@unicef.org; Tel: Office:
Additional information

NEEDS
The Government of Kenya has declared Drought a national emergency on 10 February 2017. More than 2.7 million people are water insecure. It is estimated 20 percent of water points have broken down or dried up in some areas. The cost of water has increased as water points are either breaking down due to extra demand or drying up. Distance to reliable water sources increased up to 10 -15km in some areas. Per capita water consumption dropped to 5-10 L per person per day, significantly below the minimum their normal of 10-15 litres per person per day. Girls and women who bear the burden of domestic water collection are already at risk of sexual harassment and violence while away in search of water among other risks. Women, girls, the elderly and under 5 children are most vulnerable groups, with women and girls also as caregivers to the sick, and the elderly being left behind as men and boys move with their animals in search of water and pasture.

RESPONSE;
UNICEF Kenya has taken the lead in establishing partnerships for the rehabilitation/repair of an initial 48 critical water facilities to restore services for 97,200 people including 11,700 school children in 4 ASAL counties (Turkana, Garissa, Kitui and Marsabit). Rehabilitation of 4 of these facilities has been completed serving 10,248 people in Kitui and Turkana Counties. When completed, these facilities will together will also provide water to approximately 591,000 head of livestock in addition to the human population, which is critical to the affected population’s livelihoods and therefore resilience to other drought-related shocks including food security. Additional partnership arrangements for other counties are under assessment. The national sector coordination forum, WESCOORD co-chaired by Ministry of Water and Irrigation and UNICEF has requested all sector actors to share the 4W Matrix used to identify (WHO is doing WHAT, WHERE and WHEN) to better map support from partners towards the response. An Information Management Officer (IMO) joined UNICEF on 20 February 2017 from the Global WASH Cluster in Geneva. The IMO will support WESCOORD to improve information management to better support the sector.

GAPS
UNICEF is seeking to raise USD 4,456,115 to meet the urgent water and hygiene needs of 500,000 drought affected people in the 10 most affected ASAL Counties in Kenya. UNICEF will work with governmental and non-governmental agencies to respond to the crisis to accelerate interventions critical for saving lives. The proposed interventions will focus mainly on rehabilitation of water facilities that have broken down and hygiene promotion for affected populations at risk of cholera and other infectious diarrheal diseases due to their poor access to safe water.

Monitoring and Evaluation
**Outcome 1:**
1. # of girls, boys, women and men with access to between 7.5 and 15 litres of safe water per person per day (HFI)

**Outcome 2:**
2. # of girls, boys, women and men using functional hand washing facilities and soap or an alternative (HFI)
3. # girls, boys, women and men receiving critical WASH related hygiene information

**Outcome 3:**
4. # of boys and girls in school/learning programmes with access to 3 litres of water per child per day (for drinking and hand washing)
5. # of boys and girls in schools or learning programmes receiving hygiene related information and messages

Agency | ACTED
--- | ---
**Project title** | Provision of life-saving water and hygiene services to 12,000 drought-affected and vulnerable people in Mandera and Samburu County Kenya.
**Objective(s)** | To provide access to safe water and hygiene information services to 12,000 drought affected and...
vulnerable people in Mandera and Samburu County Kenya

People targeted
40,000 people in Mandera and Samburu Counties

Budget ($)
$ 710,000

Contact details
Ariane Luff, ariane.luff@acted.org 0792651382

Additional information

MONITORING AND EVALUATION

ACTED will conduct:
- Baseline & KAP survey and Endline survey;
- Asset baseline;
- Pre and Post monitoring of asset rehabilitation works; and,
- Monitoring of activities aiming at increasing the sustainability of the project, such as training of Water Committees.

ACTED will carry out project monitoring at several additional levels:

- The Project Development Department monitors the implementation progress. To this end, ACTED has developed several instruments, including weekly and monthly Project Management Reports from project managers, and Project Management Framework and Gantt charts linked to Budget Follow-up sheets. This department has also a key role to prepare the various progress reports.
- The AME Unit (Appraisal, Monitoring and Evaluation) is in charge of the quality control of project activities and of measuring and assessing impact according to defined project indicators and additional indicators identified during the course of the program. The AMEU operates independent of the technical teams and reports directly to the country coordination. For project monitoring, in addition to daily/weekly monitoring of activities according to the activity plan and milestones, project progress is monitored against indicators on a regular basis and progress reports released on a monthly basis with the assistance of the Project Development Department and shared with all stakeholders.
- FLAT Unit (Finance, Logistics and Administration and Transparency) is in charge of ensuring the full compliance of project activities with OFDA and ACTED global financial, logistical and administrative rules and requirements. The unit will provide an important level of control and transparency to ACTED in Somalia, in particular in checking and validating cash vouchers.
- ACTED will collect the mobile numbers of as many beneficiaries as possible and will give them to a call center staffed by a Beneficiary Accountability Officer and managed by the independent AME Department. Beneficiary Accountability Officer will be in charge of calling beneficiaries as part of the monitoring system. Beneficiaries will also be able to ring or text this number to register complaints.
- ACTED will increase efforts to sensitize beneficiaries on the purpose and use of the beneficiary feedback mechanism and call center.

Agency
WORLD VISION

Project title
World Vision Kenya WASH Drought Response

Objective(s)
1. Improved access to safe and adequate water to drought emergency affected communities including institutions (health facilities and schools).

2. Ensure drought emergency affected communities receive enhanced hygiene promotion and adequate measures are developed to prevent and control cholera and other water-borne diseases

People targeted
Total: 118,875 communities (32844 in Kilifi, 31290 in West Pokot, 35,610 in Marsabit and 19,131 in Samburu)

Budget ($)
$ 2,211,716

Staff costs 44,027
Direct aid 1,921,177
Operational cost 36,400
Administrative cost 210,112
### Agency: CARE

**Project title:** Improved access to water supply, sanitation and hygiene services, and reduced vulnerability to water-borne disease for 93,200 drought affected people in Marsabit and Garissa counties

**Objective(s):**
1. To improve access to safe and adequate water for drought affected populations in two ASAL Counties
2. Ensure that households receive enhanced hygiene promotion to prevent water-borne disease

**People targeted:** 93,200 people in Marsabit (Laisamis sub county) and Garissa (Lagdera, Mbalambala, Fafi, Garissa Central sub counties)

**Budget ($):** $1,510,000

(Marsabit: $920,000; Garissa: $590,000)

**Contact details:**
- Emmanuel Wamalwa: wamalwa@care.org.ke
- Rosemary Mbaluka: rosemary@care.or.ke

### Additional information

<table>
<thead>
<tr>
<th>Location</th>
<th>Activity</th>
<th>Beneficiary Reach</th>
<th>Cost</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marsabit</td>
<td>WASH - water infrastructure, hygiene and capacity building</td>
<td>60,000 people (10,000 HH)</td>
<td>USD 920,000</td>
<td>Activities include borehole rehabilitation, desalting of pans, HH water storage and treatment, hygiene promotion training + admin costs</td>
</tr>
<tr>
<td>Garissa</td>
<td>WASH - water infrastructure, hygiene and capacity building</td>
<td>33,200 (5,533 HH)</td>
<td>USD 590,000</td>
<td></td>
</tr>
</tbody>
</table>

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### Agency: Norwegian Refugee Council

**Project title:** WASH humanitarian assistance to the most vulnerable population affected by the drought in Mandera County

**Objective(s):** Increase access to water and improved hygiene and sanitation drought affected communities in Mandera North and South Sub Counties.

**People targeted:** 1,500 HH (approx. 9,000 people) – Mandera North and South sub Counties

**Budget ($):** $630,000

**Contact details:** neil.turner@nrc.no

### Agency: OXFAM

**Project title:** Improved access to water supply, sanitation and hygiene services for affected people in Wajir and Turkana counties
**Objective(s)**

Oxfam is planning to respond to the current emergency on drought in Kenya through a humanitarian integrated approach that will focus on enhancing access to water and hygiene promotion to the most vulnerable population, providing access to food and improving protection and gender equality. Related to enhancing access to water, Oxfam is going to:

1. Improve access to safe water for the population in Turkana and Wajir, including institutions (schools and health facilities)
2. Enhance hygienic and safe practices among the communities to prevent any water-borne diseases outbreaks.

**People targeted**

The people Oxfam is planning to target in Turkana west and north and Wajir are: 300,000 in Turkana and 300,000 in Wajir.

**Budget ($)**

$1,559,496

Breakdown / Budget for water and Public Health Promotion activities:

<table>
<thead>
<tr>
<th>WASH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>training to operators for maintaining the water sources/boreholes/water points (10 turkana and 10 wajir : operators from the Water users committees)</td>
<td>5,788.72</td>
</tr>
<tr>
<td>8technical assessments of strategic water points and access points (assessment of existing pipelines if needed)</td>
<td>9,647.86</td>
</tr>
<tr>
<td>provision of maintenance and spare parts</td>
<td>96,478.60</td>
</tr>
<tr>
<td>Installation of solar pumping systems in strategic boreholes</td>
<td>173,661.48</td>
</tr>
<tr>
<td>training of water maintenance units of the counties and support</td>
<td>9,647.86</td>
</tr>
<tr>
<td>Support to access to water through the E-Wallet</td>
<td>260,492.22</td>
</tr>
</tbody>
</table>

Technical and logistical support to county borehole maintenance units

Support/service provision agreement for water

<table>
<thead>
<tr>
<th>PHP</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hygiene and Sanitation activities</td>
<td>443,801.56</td>
</tr>
<tr>
<td>sessions on public health awareness held in the communities</td>
<td>23,154.86</td>
</tr>
<tr>
<td>diffusion of messages in the local medias</td>
<td>9,647.86</td>
</tr>
<tr>
<td>Radio sensitization programmes</td>
<td>2,778.58</td>
</tr>
<tr>
<td>Radio spots</td>
<td>38,900.17</td>
</tr>
<tr>
<td>PHP household water treatment and storage(Jerri cans/aqua tabs/purr tubs)</td>
<td>33,767.51</td>
</tr>
<tr>
<td>HR costs</td>
<td>100,000.00</td>
</tr>
<tr>
<td>Transport costs</td>
<td>17000</td>
</tr>
<tr>
<td>Total Support costs</td>
<td>117000</td>
</tr>
<tr>
<td>Total direct costs</td>
<td>1,417,724.49</td>
</tr>
<tr>
<td>Administrative costs (10%)</td>
<td>141,772.45</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,559,496.93</td>
</tr>
</tbody>
</table>

**Contact details**

nochando1@ght.oxfam.org

**Additional information**

Gaps/Needs/ Monitoring:

The gaps and needs have been assessed during the months of January and February, in permanent coordination with the counties form Turkana and Wajir. Currently, Oxfam is implement in Turkana some public health promotion operations and promoting access to water for the population. The assessments of boreholes for maintenance and reparations will be done from the Counties and Oxfam will support them by providing technical assistance and material, as well as the provision of the solar panels. Oxfam will scale-up in the response through the provision of access to water through the E-wallet system, related to
health promotion activities; Oxfam will prevent diseases outbreaks through the constant hygiene promotion activities and the diffusion of messages in the radio system. Oxfam will also provide to the households with items for safe water consumption. Oxfam will also implement some cross cutting activities like protection and gender. The beneficiaries and the communities will be chosen implementing participatory methods, and in close coordination with all the stakeholders. Related to coordination and accountability activities, Oxfam will promote, and work with all the stakeholders for increasing the coordination at the counties level but also at the national level and will Oxfam has a MEAL coordinator and will assess access to markets in the duration of the response and will implement a real time evaluation and a final evaluation.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Welthungerhilfe, German Agro Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project title</td>
<td>Improving Access to safe water and sanitation for 12,000 drought affected people in Wajir and Baringo Counties</td>
</tr>
<tr>
<td>Objective(s)</td>
<td>The objectives of the action are to: (i) Support drought affected populations with safe drinking water; (ii) To support operation and maintenance of strategic water supply infrastructure; (iii) To enhance sanitation and hygiene services</td>
</tr>
<tr>
<td>People targeted</td>
<td>80,000 people in four counties (Turkana, Marsabit, Garissa and Wajir) as indicated: Turkana – 20,000 in Turkana west sub county Marsabit – 20,000 in North Horr sub county Garissa – 20,000 in Fafi and Lagdera sub counties Wajir – 20,000 in Wajir North sub county 2,000 pupils in 5 schools in the four counties</td>
</tr>
<tr>
<td>Budget ($)</td>
<td>$ 1,170,027</td>
</tr>
<tr>
<td>BREAKDOWN</td>
<td>Water trucking 683,009 USD Fuel subsidy 20,970 USD Spare parts 80,000 USD Logistical support for O&amp;M 69,888 USD Water storage tanks 132,960 USD Water purification chemicals 159,200 USD Hygiene and sanitation promotion 24,000 USD</td>
</tr>
<tr>
<td>Contact details</td>
<td><a href="mailto:Kelvin.Shingles@Welthungerhilfe.de">Kelvin.Shingles@Welthungerhilfe.de</a></td>
</tr>
<tr>
<td>Additional information</td>
<td>Monitoring</td>
</tr>
<tr>
<td>Monitoring</td>
<td>Monitoring of the proposed action will be accomplished by use project officers of the partnering organizations, supported by village representatives nominated by the target populations and in liaison with the local administrators. Frequent field visits will be conducted to monitor the activity implementations, reports prepared and shared accordingly. Periodic backstopping visits will be accomplished by Welthungerhilfe officers and progress reports shared accordingly. Specifically, the progress of the work will be reported to the water authorities and represented in escort meetings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency</th>
<th>Kenya Red Cross Society (KRCS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project title</td>
<td>Securing the survival of drought affected populations in the arid lands of Kenya through improvement of access to drinking water and WASH services</td>
</tr>
<tr>
<td>Objective(s)</td>
<td>1. Improved access to safe and adequate water to drought emergency affected communities including institutions (health facilities and schools). 2. Ensure drought emergency affected communities receive enhanced hygiene promotion and adequate measures are developed to prevent and control cholera and other water-borne diseases.</td>
</tr>
<tr>
<td>People</td>
<td>12,000 Drought affected pastoral households</td>
</tr>
</tbody>
</table>
**targeted**

Female: 6,000  
Children (under 18): 3,000  
Other group: 2,000 PLHIV/AIDS, elderly, terminally ill, disabled and men  
Marsabit - 20,000 in North Horr sub county  
Garissa - 20,000 in Fafi and Lagdera sub counties  
Wajir - 20,000 in Wajir North sub county  
2,000 pupils in 5 schools in the four counties

**Budget ($)**  
$ 500,000

**Contact details**  
Racheal Waithaka- Email address: Waithaka.racheal@redcross.or.ke;

**Additional information**  
According to the Kenya Food Security Steering Group Joint Long Rains assessment report (KFSSG LRA), more than 1,254,600 people mainly from pastoral (750,900 people) and marginal agricultural areas (503,700 people) in 23 ASAL counties are acutely food insecure, as they were directly affected by the poor rains early 2016, as well as other existing and emerging vulnerabilities, and require immediate food assistance. This is an increase of 500,000 more people in need compared to estimates from the February 2016 short rains assessment. There are indications that the situation is likely to worsen further by end of February 2017 with more people (Over 2.7 million people) being reported to be affected.

KRCS will implement lifesaving interventions in the 2 counties classified to be in the alarm phase. This is further reinforced by the indicative rates of acute malnutrition (based on MUAC assessments), reports of human starvation and increased reports of loss of livestock in these counties. The results of the ongoing nutrition survey report will inform focusing of interventions within these counties in order to put resources in pockets with highest rates of malnutrition in these counties. The counties selected also includes areas with limited humanitarian access, based on a number of parameters including poor roads network, banditry attacks, prevalence of inter-ethnic violence and external aggression by militants from neighboring countries (which have been in protracted conflicts).

The poor rains greatly impacted the livelihoods of the pastoral households, more so creating a huge burden for women and girls in seeking water for the households reducing their capacity to participate in productive livelihoods options. Moreover, the loss of productive assets (livestock/farmland/irrigated land) during this period lead to increased poverty levels for the households impacting more negatively on women and children. The result of which is heightened vulnerability and increasing impoverishment of communities and households, with the limited time to recover from previous losses further contributing to increased vulnerability to shocks especially among the most vulnerable segments of the pastoralist population.

In northern Kenya districts targeted for this project, the women, girls, boys are mostly responsible for collecting, handling, managing, storing and treating water. In most WASH committees’, women do not make most decisions as these, committees, are dominated by men. Most of the water pans near the homesteads tend to be depleted first and gather silt, as people (mostly women and girls, as well as small livestock) utilizes this source of water. With further siltation women, are forced to seek water from water sources far from residential areas thereby leading to increased protection risks including sexual and gender based violence for women, girls, and boys. It is therefore essential that the water and sanitation facilities located around settlements are rehabilitated, while those far off the village are improved and expanded for use by livestock as much as possible to ensure adequate access and protection of women t, women, girls and boys.

KRCS will work with the partners to ensure privacy of the established sanitation facilities. Vulnerable groups like the elderly, disabled, PLHIV Aids are not adequately covered or reached by the WASH facilities. The projects will ensure these groups have adequate, dignified access to water, sanitation and hygiene. The design of the water points and toilets will take into consideration the special needs of women, girls, boys and men based on the Sphere Handbook, 2011. Before construction of the WASH facilities, the project will organize single sex focus group discussions, thus involving women, girls, boys and men equally in choosing the location and design of latrines and bathing facilities. Subsequently, the project will design separate, well lit and lockable latrines and bathing facilities for females and males.
Agency | DANISH REFUGEE COUNCIL (DRC)
--- | ---
Project title | WASH Emergency Response Project in Turkana, Garissa, Wajir and Lamu Counties
Objective(s) | 1. Improved access to safe and adequate water to drought emergency affected communities including institutions (health facilities and schools).
2. Ensure drought emergency affected communities receive enhanced hygiene promotion and adequate measures are developed to prevent and control cholera and other water-borne diseases.
People targeted | Total from 4 Counties - 176,250 persons (30,250 households): comprising of community households, schools and health facilities
Women – 90,750
Children – 25,000
Men - 60,500
Budget ($) | $ 2,005,544
| Output Budget | Amount, USD |
| Repair and rehabilitation of community strategic water sources | 350,000 |
| Supply of spare parts for the maintenance of boreholes and water pumping equipment | 90,000 |
| Emergency water supply for 30,250 households (151,250 persons), 80 schools (25,000 school children) and health facilities plus provision of water storage tanks | 1,645,544 |
| Hygiene training, hygiene promotion and provision of hygiene kit | 20,000 |
| Administration costs including implementation staff salaries and vehicle hire | 189,000 |
| Total, USD | 2,005,544 |
Contact details | David Kang’ethe, Country Director, DRC Kenya
Telephone: +254 714402879
E-mail: d.kangethe@DRCKENYA.ORG
Additional information | According to the Short Rains Assessment (SRA, February 2017), Turkana, Wajir, Lamu and Garissa counties, together with 9 other counties, are classified to be at alarm phase of the ongoing drought. SRA findings in the 4 counties are indicative of a deteriorating situation, whose effects are mirroring the drought of 2011. The Kenya meteorological department has warned of an evolving Drought emergency in Kenya following the underperformance of the short rains in November-December 2016. Forecasts for the April-May 2017 Short rains predict similar underperformance in many parts of Kenya, particularly the ASALs which are most affected by the current drought.
As a result of the poor performance of the long rains (Mar - May 2016) and the short rains (Oct-Dec 2016), water pans and dams charged far less than their expected recharge compared to the period 2013-2015. As open water sources (pans and dams) dry up, the pressure on permanent sources, such as boreholes increases, leading to longer waiting times and the risk of breakdown. There is a decrease in water availability and quality due to poor or no-recharge of water bodies. In the schools located in the drought affected counties, the drought is already threatening learning amongst pupils with the risk of closure of schools due to lack of water. The distance to water for both people and livestock are still increasing. The Ministry of Water & Irrigation (MOWI) estimates that about 2.7 million people in 23 ASAL counties are facing water insecurity (of which 1.4 million are from the ten most affected ASAL Counties). At least 500,000 people are expected to be displaced from their homes affecting access to basic services including access to safe water and sanitation. Distances to water for many others are already increasing with some areas reporting up to 15km to the nearest sources, while queuing time is also fast increasing.
Girls and women who bear the burden of domestic water collection are already at risk of sexual based violence while away in search of water among other risks.
Poor hygiene practices, including consumption of unsafe water, low latrine coverage and poor health seeking behavior have been cited in the SRA reports as some of the underlying factors for the high levels of malnutrition in the counties. Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys in June 2016 showed that water treatment is low, at less than 20 per cent while hand-washing
practices are poor (less than 30 per cent wash their hands at the critical times. The Government has estimated the total Water sector needs for the response at USD 39 million. National and County Governments are already responding to the crisis affecting 2.7 million people with total USD 19.7 million to the water sector. The government (MOWI) has requested from partners for USD 17 million towards Phase 2 of the response.

Response Analysis: The Government has estimated the total Water sector needs for the response at USD 39 million. National and County Governments are already responding to the crisis affecting 2.7 million people with total USD 19.7 million to the water sector. The government (MOWI) has requested from partners for USD 17 million towards Phase 2 of the response. DRC proposes to respond to the drought emergency response in 4 counties targeting a total of 30,250 households and 25,000 children in school to fill the gap in the ongoing response by the government of Kenya through the Ministry of Water and Irrigation. Through this response DRC will provide safe water for domestic use to drought affect households through water trucking and rehabilitation and maintenance of strategic water sources, provide water to schools and health facilities to ensure these institutions continue to operate, supply of required spare parts for water supply equipment and machines, capacity building training of Water User Associations and hygiene training and promotion. The implementation will be done in under the National and County level WESCOORDs and in close collaboration with the Ministry of Water and Irrigation and other WASH sector actors.

<table>
<thead>
<tr>
<th>Agency</th>
<th>SAMARITAN’S PURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Title</strong></td>
<td>TANA RIVER DROUGHT EMERGENCY WASH PROJECT</td>
</tr>
<tr>
<td><strong>Objectives</strong></td>
<td>1. Improved access to safe and adequate water to drought emergency affected communities including institutions (health facilities and schools).</td>
</tr>
<tr>
<td></td>
<td>Outputs</td>
</tr>
<tr>
<td></td>
<td>2. Ensure drought emergency affected communities receive enhanced hygiene promotion and adequate measures are developed to prevent and control cholera and other water-borne diseases.</td>
</tr>
<tr>
<td><strong>People Targeted</strong></td>
<td>47,000 in Tana River, Galole and Bura sub counties</td>
</tr>
<tr>
<td></td>
<td>23,500 Male</td>
</tr>
<tr>
<td></td>
<td>23,500 Female</td>
</tr>
<tr>
<td></td>
<td>9,400 Children under age five (U5)</td>
</tr>
<tr>
<td><strong>Budget ($)</strong></td>
<td>$ 962,088</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Budget Items</th>
<th>Budget Narrative</th>
<th>Total Cost (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction, repair and rehabilitation of water supply schemes</td>
<td>Construction &amp; rehabilitation of boreholes for community areas with no water supply. Repair of existing boreholes and supply of fast moving spare parts. (Activities 1.1.1, 1.1.2, 1.2.1)</td>
<td>561,000.00</td>
</tr>
<tr>
<td>Water storage and supply for institutions</td>
<td>Installation of water storage tanks in community institutions (schools &amp; health facilities) with water trucking support to the facilities. (Activities 1.3.1)</td>
<td>176,000.00</td>
</tr>
<tr>
<td>WASH supplies and hygiene promotion</td>
<td>Supply of water treatment chemicals to institutions &amp; households, supply of jerry cans to households, community hygiene promotion activities and distribution of hygiene kits. (Activities 1.3.2, 1.3.3, 2.1.1, 2.1.2,2.1.4,2.1.5)</td>
<td>93,500.00</td>
</tr>
<tr>
<td>Coordination, training &amp; capacity building</td>
<td>Training in hygiene education, menstrual health management (MHM) in collaboration with CDMPHS. (Activities 2.1.1,2.1.3,2.1.4,2.1.5)</td>
<td>4,500.00</td>
</tr>
<tr>
<td>Staff costs</td>
<td>Project and support staff</td>
<td>26,008.00</td>
</tr>
<tr>
<td>Project support and administrative costs</td>
<td>Project administrative and operational costs</td>
<td>19,880.00</td>
</tr>
</tbody>
</table>
### GAPS AND NEEDS

Tana River County has a population of 240,075 people, and consists of three constituencies: Galole, Bura, and Garsen. The County has three main livelihood zones namely; marginal mixed farming, mixed farming and pastoral zones comprising of nine, seven and eighty four percent of the total land mass respectively. All livelihood sources are highly dependent on rainfall; hence the current food & water insecurity situation due to successive poor rains. Most communities in the county rely on water pans, dams and seasonal rivers for water. However, over 70% of these sources were already dry by end of January and the remaining water was estimated to last till mid-February 2017 as reported in a recent Short Rains Food and Nutrition Security Assessment (SRFNSA) report for February 2017. The report also indicates that, the return distance to the nearest water point is 20-30 Km and the waiting time is between 2-5 hours. This has seen a decline in water consumption per person per day, which is below the minimum required (7.5 liters per day). The prices of water have also increased with a twenty liter Jerri can retailing between Kes 20-50. Scarcity of water has been worsened by sharing of water sources with livestock. Overcrowding at the available water sources is a cause of concern due to its potential to cause conflict. This has been observed in Tana Delta where tensions among communities are on the rise due to increased migration of livestock from other affected areas such as Tana North (Bura) sub county, being the worst hit. The National Drought Management Authority (NDMA) January 2017 drought bulletin indicates that the livestock condition and production have gradually worsened mainly due to depressed water and pasture. Scores of livestock have died and others emaciated hence, market value for animals has declined. Diarrheal cases associated with lack of clean water and poor hygiene, especially among children is becoming common. The situation is compounded by some health facilities without access to clean water and in addition to the on-going nationwide doctor’s strike. Further, the drought is already threatening learning amongst pupils with the risk of closure due to lack of water and food as grain prices has increased. These children particularly girls have to walk for long distances to access water exposing them to different forms gender based violence. In addition, the adolescent girls are also facing challenges in managing their menstrual hygiene.

Samaritan’s Purse (SP) has an office in Hola, the County Headquarters, and has been conducting various projects – WASH, Agriculture and livelihoods among communities in Galole and Bura since 2012. SP has established good relationships with the government as well as the local communities and is well positioned to assist them in this season. Some of the worst hit areas are communities presently are those in SP project’s target areas.

### MONITORING

- The intervention aims to have 100% of beneficiaries have equitable access to a minimum of 7.5 liters of water per person per day and 100% targeted school children have at least 3 liters of safe water per child per day for drinking and adequate other water for cleaning and hygiene.
- About 75% of beneficiaries targeted will practice hand washing with soap, and recall at least one key hygiene message.
- The project targets to facilitate convening of about 10 meetings at county level for coordination of interventions as well as for training of stakeholders. It is expected that at least 5 partners of those actively working in the county will be able to report monthly and accurately on the 5Ws (Who, What, When, Where, for Whom)
- These indicators will be tracked through project records as well as existing monitoring/evaluation mechanisms at the county or national government levels.

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**Contact details**

Akuria@samaritan.org

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**Agency**

Plan International

**Project Title**

Support drought affected communities access safe water and hygiene services in the three ASAL counties (Kilifi, Kajiado, Isiolo)

**Objectives**

1. To improve access to safe and adequate water to drought emergency affected communities including institutions (health facilities and schools).
2. Ensure drought emergency affected communities receive enhanced hygiene promotion and adequate
measures are developed to prevent and control cholera and other water-borne diseases.

### Project title
Support drought affected communities access safe water and hygiene services in the three ASAL counties

### People Targeted
Total: 839,252 people (Kilifi: 587,990 people, Kajiado: 226,388 people, Isiolo: 24,874 people)
226,850 women
217,954 men
192,608 girls
185,055 boys
16,785 elderly, PWD and sickly

### Budget ($)
$ 998,760

<table>
<thead>
<tr>
<th>Original Budget Items</th>
<th>USD.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation of water facilities (boreholes, pipe schemes, shallow wells, springs).</td>
<td>152,344</td>
</tr>
<tr>
<td>Construction of new water facilities (boreholes, pipe schemes, shallow wells, springs)</td>
<td>247,559</td>
</tr>
<tr>
<td>Supply of fast moving spare parts for servicing water supply equipment.</td>
<td>14,648</td>
</tr>
<tr>
<td>Water quality monitoring.</td>
<td>11,719</td>
</tr>
<tr>
<td>Supply of water treatment chemicals including (household water collection and storage)</td>
<td>99,316</td>
</tr>
<tr>
<td>Hygiene promotion at household level (including promotion of hand-washing with soap)</td>
<td>19,043</td>
</tr>
<tr>
<td>Mass hygiene promotion (including radio, TV and broadcast messages)</td>
<td>10,254</td>
</tr>
<tr>
<td>Hygiene Promoters Trained</td>
<td>13,184</td>
</tr>
<tr>
<td>Distribution of Hygiene Kits (including menstrual hygiene management kits)</td>
<td>28,564</td>
</tr>
<tr>
<td>Monitoring &amp; Evaluation</td>
<td>59,663</td>
</tr>
<tr>
<td>Personnel and Admin costs</td>
<td>268,484</td>
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<tr>
<td>Management and Coordination</td>
<td>73,982</td>
</tr>
<tr>
<td>Total Budget</td>
<td>$ 998,760</td>
</tr>
</tbody>
</table>

### Contact details
Anees-ur-Rehman. Anees-ur-Rehman@plan-international.org
Carol Sherman. Carol.Sherman@plan-international.org

### Additional information
**Needs**
Kenya has experienced two consecutive seasons of poor rainfall leading to the ongoing drought that has threatened food security livelihoods, water access of some of the country’s most vulnerable people. Critical water resource depletion has not only affected human beings but has also livestock across the ASAL counties. On 10 February 2017, the Government of Kenya declared a National Drought Emergency, with 23 of 47 counties affected. Ten of the counties are currently clustered in the “Alert phase” and thirteen in the “Alarm phase” though none are in the “Emergency phase” the situation is bound to worsen. Due to the prevailing situation, the number of people in need of access to safe water has risen to 8.2 million (SRA 2016 water sector report). The 8.2 million people in need of water are about 59% of the ASAL population. Many of those affected are the most vulnerable, including the elderly, the sick, mothers and children under the age of five. The current drought phase classification indicates that the trend is worsening in most counties. According to the 2016 short rains assessments findings that was just concluded the most affected sectors remain food, livestock and water.

About 70% of pans have dried up in Baringo, West Pokot, Lamu, Kilifi, Turkana, Marsabit, and Samburu (Pastoral) Tana River & Kajiado. Recharge to open water sources was about 50% in most parts. Water for Livestock in Kajiado is averaging 25-40 kms while in Kilifi the distance has increased from 1Km to 10-15 Kms. In Isiolo the distance to the water source for livestock increased from 5 to10 Km leading to a big reduction in the number of days the livestock are watered. Water prices have increased by about 40% in the worst affected county. Waiting time for example in Kajiado has increased from the normal 30-60 minutes to 2-3 hours. Domestic water consumption has declined from 10-15 LPPD to 5-10 LPPD. The Borehole breakdowns are common in the drought reserve strategic boreholes and some domestic boreholes as they
The drought has triggered movements of families in search of grazing land, water and work, increasing the risk of family separation and tensions/conflicts among communities over scarce resources. Girls and women who bear the burden of domestic water and firewood collection are already at risk of sexual based violence while away in search of water and firewood, among other risks. According to the 2016 SRA, good hygiene practices such as hand-washing at the critical times remained a challenge; less than 20 percent of households are practising these, resulting in an increased prevalence of water-borne diseases. Household water treatment practices are low in coastal areas with 5 - 10% percent of households boiling water. Food handling and hygiene practices are at a low rate of 20-30 percent. The cost of water and longer distances to water sources are expected to compromise good hygiene practices still further.

Household and institutions like Education and Health facilities lack adequate water for use which increases their risk to illness and management of illnesses. Consequently, with insufficient intervention absenteeism/reduced school retention and school dropout is likely to increase. Water borne diseases among the school going children will increase due to lack of access to safe water.

Management and Coordination: In collaboration with the relevant line ministries under leadership of the county Disaster Committees and WESCOORD both at county and National level. Plan will ensure the activities are well coordinated and they fit in the county response plan. Plan will collaborate with other stakeholders and tap on the learnt lessons from previous initiatives. Plan has a presence in Kilifi and Kajiado and we shall also be working with partners the three counties.

Monitoring and Evaluation: The Plan International Kenya Country Office (through the Monitoring and Evaluation team) will support the implementing teams to ensure effective, timely and efficient delivery of the WASH operation on aspects of Monitoring and Evaluation. The monitoring process will focus on among others, adherence to minimum standards in humanitarian service delivery in WASH, compliance to humanitarian principles guiding the humanitarian operations, timeliness in delivery of supplies and services to beneficiaries, management of supplies during storage, accuracy, completeness and timeliness of reporting among others. Field monitoring and technical support visits will be conducted where necessary. The M&E Team will work closely with the Programme Team to strengthen the implementation of the operation. Joint monitoring visits will be conducted in Target areas to ascertain the extent to which the project has been implemented and identify aspects that still need support.

<table>
<thead>
<tr>
<th>Agency</th>
<th>UNHCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project title</td>
<td>WASH INTERVENTION FOR REFUGEE HOSTING COMMUNITIES</td>
</tr>
</tbody>
</table>
| Objective(s) | 1. Avail water to approx. 28,600 persons affected by drought in 31 villages across the 3 sub –counties (Dadaab, Fafi and Wajir)  
2. Enhance the capacity of 46 borehole water supply schemes and water user association in mitigation this and subsequent droughts in the 3 sub-counties |
<p>| People targeted | 178,600 persons affected by drought in 3 sub-counties |
| Budget ($) | $ 1,588,360 |</p>
<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Unit</th>
<th>Quantity</th>
<th>Unit cost (US$)</th>
<th>Total (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Water trucking (Capacity 15,000 litres)</strong> - 31 sites@2 trips /week for 24 weeks, using 50litres/trip (Fuel cost includes service &amp; lubricants for trucks), delivering 22.32million litres of water</td>
<td>litres</td>
<td>74,400</td>
<td>1.4</td>
<td>104,160</td>
</tr>
<tr>
<td>Subsistence allowance - 4 drivers @$21/day for 180days</td>
<td>Pax</td>
<td>720</td>
<td>21</td>
<td>15,120</td>
</tr>
<tr>
<td><strong>Water tanks</strong> - 31 Water tanks @10,000 litres</td>
<td>No.</td>
<td>31</td>
<td>1200</td>
<td>37,200</td>
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<tr>
<td><strong>Borehole repair</strong> - Rehabilitation of 12. existing borehole water supply</td>
<td>No.</td>
<td>12</td>
<td>30,000</td>
<td>360,000</td>
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<tr>
<td>Procurement of 4. 35KVA diesel generators</td>
<td>Pcs</td>
<td>4</td>
<td>18,000</td>
<td>72,000</td>
</tr>
<tr>
<td><strong>Drilling and Equipping</strong></td>
<td>No.</td>
<td>3</td>
<td>50,000</td>
<td>150,000</td>
</tr>
<tr>
<td>Drilling and equipping 3. new boreholes in 3 sub-counties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drilling and equipping 4 replacement boreholes in 3 sub-counties</td>
<td>No.</td>
<td>4</td>
<td>50,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Procurement of 4 diesel generators with 35KVA capacity</td>
<td>No.</td>
<td>4</td>
<td>18,000</td>
<td>72,000</td>
</tr>
<tr>
<td>Elevated 4 steel water tanks - each with. 100m3 capacity in the 3 sub - counties</td>
<td>No.</td>
<td>4</td>
<td>50,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Generator houses (9.), water kiosks (18.) water troughs (27.)</td>
<td>Sets</td>
<td>2</td>
<td>17100</td>
<td>34,200</td>
</tr>
<tr>
<td><strong>Solar Hybrids</strong> - Installation of 4. solar hybrid to the 9 new and replacement boreholes</td>
<td>No.</td>
<td>4</td>
<td>85000</td>
<td>340,000</td>
</tr>
<tr>
<td><strong>Training of WUAs</strong> - Training 184 WUA committees and plant operators in Dadaab, Alinjugur and Sabule</td>
<td>Pax</td>
<td>184</td>
<td>20</td>
<td>3,680</td>
</tr>
<tr>
<td><strong>Total (US$)</strong></td>
<td></td>
<td></td>
<td></td>
<td>1,588,360</td>
</tr>
</tbody>
</table>

**Contact details**
Evans Omari OMARI@unhcr.org

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**Agency**
**Save the Children**

**Project title**
WASH interventions for drought-affected school pupils in Mandera, Wajir and Turkana Counties.

**Objective(s)**
Provide immediate life-saving WASH interventions for school children affected by the drought (provision of access to safe water, sanitation and hygiene for Pupils in emergency need)

**People targeted**
187,079 children
### Kenya 2017

#### Budget ($)

- **$2,500,000**

#### Contact details

- **Duncan Harvey - Country Director**
- **Telephone:** +254 20 4246000
- **Email:** duncan.harvey@savethechildren.org

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**Agency** | **Finn Church Aid - FCA**
--- | ---
**Project title** | WASH interventions for drought-affected school pupils in Garissa, Marsabit and Turkana Counties.
**Objective(s)** | Increase attendance and retention of children in the drought affected schools in Garissa, Marsabit and Turkana counties through wash in schools.
**People targeted** | 15,000 children
**Budget ($)** | **$300,000**
**Contact details** | **Mika Jokivuori, Country Director**  
Mika.jokivouri@kua.fi  
Tel: +254 736 800 002

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### AGRI CULTURE AND LIVELIHOOD

#### Agency

- **FAO**

#### Project title

- To Early Warning - Early Action and Support for the National Drought Disaster Response Programme in Kenya

#### Objective(s)

Early warning information provision; Timely provision of feeds, vet drugs and water spare parts and support to market offtake. Provision of animal feeds and offtake / slaughter and distribution of meat.

#### People targeted

- 2,669,910

#### Budget ($)

- **Kenya action plan budget**
  - **Outcome 1: Immediate livestock needs**
    - Animal feed and water
      - 23,700,000
    - MNB and fodder production
      - 11,600,000
    - Offtake
      - 1,100,000
    - Animal health
      - 7,200,000
    - Cash-for-work
      - 2,000,000
  - **Peace and conflict resolution**
    - 1,300,000
  - **Crop production support**
    - 500,000
  - **Outcome 2: drought response efficiency**
    - County level coordination
      - 500,000
    - PLEWS
      - 1,000,000
  - **Outcome 3: recovery support**
    - Recovery kits and alternative livelihood support
      - 4,000,000
    - Improved grazing management systems
      - 3,000,000

- **Total:** **$30,000,000**

#### Contact details

- Piers.Simpkin@fao.org

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### EDUCATION

#### Agency

- **UNICEF**

#### Project title

- Drought Emergency Education Response

#### Objective(s)

Enhance capacities of education stakeholders at the national and county levels to respond to the drought, including development of robust information management system that enables transfer of information/data from sub-county to national enabling effective planning, targeting and monitoring of response.

Ensure continuity of learning through improvement of learning environment and provision of life-saving
**messaging towards improved child health and learning outcomes**

<table>
<thead>
<tr>
<th>People targeted</th>
<th>85,000 children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budget ($)</strong></td>
<td>$ 841,500</td>
</tr>
</tbody>
</table>
| **Contact details** | Werner Schultink - UNICEF Representative  
Telephone: +254-20-762-1093  
Email: wschultink@unicef.org |

**Agency** | Save the Children  
Project title | Effective EiE coordination in support of the drought response |

| **Objective(s)** | With the Ministry of Education, and UNICEF as a Co-Lead, strengthen sector coordination through leadership and capacity development to ensure a coherent and consistent Education sector response. |

<table>
<thead>
<tr>
<th>People targeted</th>
<th>460,000 children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budget ($)</strong></td>
<td>$ 4,200,000</td>
</tr>
</tbody>
</table>
| **Contact details** | Annalisa Conte - Country Director and Representative  
Telephone: +254 20 762 2049  
Email: Annalisa.Conte@wfp.org |

**Agency** | World Food Programme  
Project title | Provision of school meals to children in food insecure areas |

| **Objective(s)** | With MoE, provide school meals to vulnerable school children from food insecure households in order to 1) improve school enrolment, 2) enhance attendance and 3) improve gender parity |

<table>
<thead>
<tr>
<th>People targeted</th>
<th>60,000 children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budget ($)</strong></td>
<td>$ 700,000</td>
</tr>
</tbody>
</table>
| **Contact details** | Mika Jokivuori, Country Director  
Mika.jokivouri@kua.fi  
Tel: +254 736 800 002 |

**Agency** | Finn Church Aid - FCA  
Project title | Drought Emergency Education Response |

| **Objective(s)** | Increase attendance and retention in the drought affected schools in Garissa, Marsabit and Turkana counties through provision of school feeding programme in Early Child Development Centres. |

<table>
<thead>
<tr>
<th>People targeted</th>
<th>60,000 children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budget ($)</strong></td>
<td>$ 700,000</td>
</tr>
</tbody>
</table>
| **Contact details** | Mika Jokivuori, Country Director  
Mika.jokivouri@kua.fi  
Tel: +254 736 800 002 |

**g. PROTECTION**

| Agency | UNICEF  
Project title | Respond to the protection needs of drought affected population |

| **Objective(s)** | To strengthen protection of the most vulnerable populations, especially children and women, from violence, abuse, exploitation and gender-based violence |
### Kenya 2017

<table>
<thead>
<tr>
<th>People targeted</th>
<th>Budget ($)</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>53,000 boys and girls – 10 of the most affected in of 23 ASAL counties</td>
<td>$ 800,000</td>
<td>Jeannetter Wijnants– UNICEF Kenya Chief of Child Protection Werner Schultink, UNICEF Kenya Country Representative Telephone: +254-20-762-21219 Email: <a href="mailto:jwijnants@unicef.org">jwijnants@unicef.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency</th>
<th>UNFPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project title</td>
<td>Access to life saving services for GBV survivors and those at risk of violence in drought affected counties.</td>
</tr>
<tr>
<td>Objective(s)</td>
<td>To strengthen response to sexual and gender based violence of the most vulnerable populations in drought affected counties</td>
</tr>
<tr>
<td>People targeted</td>
<td>122,655</td>
</tr>
<tr>
<td></td>
<td>• 109,515 women and girls, men and boys on GBV – in 23 ASAL counties</td>
</tr>
<tr>
<td></td>
<td>• 13,140 displaced populations in 23 counties</td>
</tr>
<tr>
<td>Budget ($)</td>
<td>$ 2,300,000</td>
</tr>
<tr>
<td>Contact details</td>
<td>Gift Malunga, UNFPA Deputy Representative &amp; Officer in Incharge (OIC) Telephone: +254-20-7624424 Email: <a href="mailto:malunga@unfpa.org">malunga@unfpa.org</a></td>
</tr>
</tbody>
</table>

### EARLY RECOVERY

<table>
<thead>
<tr>
<th>Agency</th>
<th>UNDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project title</td>
<td>Drought Response and Early Recovery for affected Communities in Kenya</td>
</tr>
<tr>
<td>Objective(s)</td>
<td>1. To strengthen government capacity for response, recovery planning, coordination and Information management</td>
</tr>
<tr>
<td></td>
<td>2. To create emergency employment including cash for work and startup grants to recapitalize small enterprises;</td>
</tr>
<tr>
<td></td>
<td>3. To rehabilitate basic livelihood community infrastructure for improved access to basic services as well as revitalize the local economy</td>
</tr>
<tr>
<td></td>
<td>4. To protect community livelihoods and diversify/provide alternative livelihoods diversification</td>
</tr>
<tr>
<td>People targeted</td>
<td>519,580 people in the ASAL counties</td>
</tr>
<tr>
<td>Budget ($)</td>
<td>$ 8,110,000</td>
</tr>
<tr>
<td>Contact details</td>
<td>Amanda Serumaga Country Director Telephone: +254-20-7624307 Email: <a href="mailto:amanda.serumaga@undp.org">amanda.serumaga@undp.org</a></td>
</tr>
</tbody>
</table>
GUIDE TO GIVING

CONTRIBUTING TO THE PRELIMINARY RESPONSE PLAN
To see the country’s preliminary response plan, and donate directly to the country plan, view the specific country pages on the humanitarian response.info website. Each country plan has links to online information on participating organizations and persons to contact concerning donations.

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)
CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors - mainly governments, but also private companies, foundations, charities and individuals - which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website: www.unocha.org/cerf/our-donors/how-donate

DONATING THROUGH THE COMMON HUMANITARIAN FUNDS (CHF)
CHFs are multi-donor pooled funds designed to provide timely and flexible funding for NGOs and UN agencies to respond to critical humanitarian needs in complex emergencies usually in line with the strategic response plan. CHFs currently operate in Afghanistan, Central African Republic, Democratic Republic of the Congo, Somalia, South Sudan and Sudan. For further information on CHFs please visit:
www.unocha.org/what-we-do/humanitarian-financing/common-humanitarian-funds-chfs

DONATING THROUGH THE EMERGENCY RESPONSE FUNDS (ERF)
ERFs are smaller multi-donor pooled funds that provide NGOs and UN agencies with rapid and flexible in-country funding to address critical gaps in needs during an emergency. ERFs operate in Afghanistan*, Colombia, Democratic Republic of the Congo*, Ethiopia, Haiti, Indonesia*, Kenya*, Myanmar, Pakistan, occupied Palestinian territory, Syria, Yemen and Zimbabwe*. Further information on ERFs can be found here:
www.unocha.org/what-we-do/humanitarian-financing/emergency-response-funds-erf

IN-KIND RELIEF AID
The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact: logik@un.org.

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS
OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its aim is to give credit and visibility to donors for their generosity to show the total amount funding and resource gaps in humanitarian appeals. Please report your contributions to FTS, either by email to fts@un.org or through the on-line contribution report form at http://fts.unocha.org.