Kenya
Consolidated Emergency Report 2016

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Photo Caption: A boy at a cholera community sensitization meeting in Tana River County, Kenya, where UNICEF distributed water and sanitation supplies to help curb the ongoing cholera epidemic.

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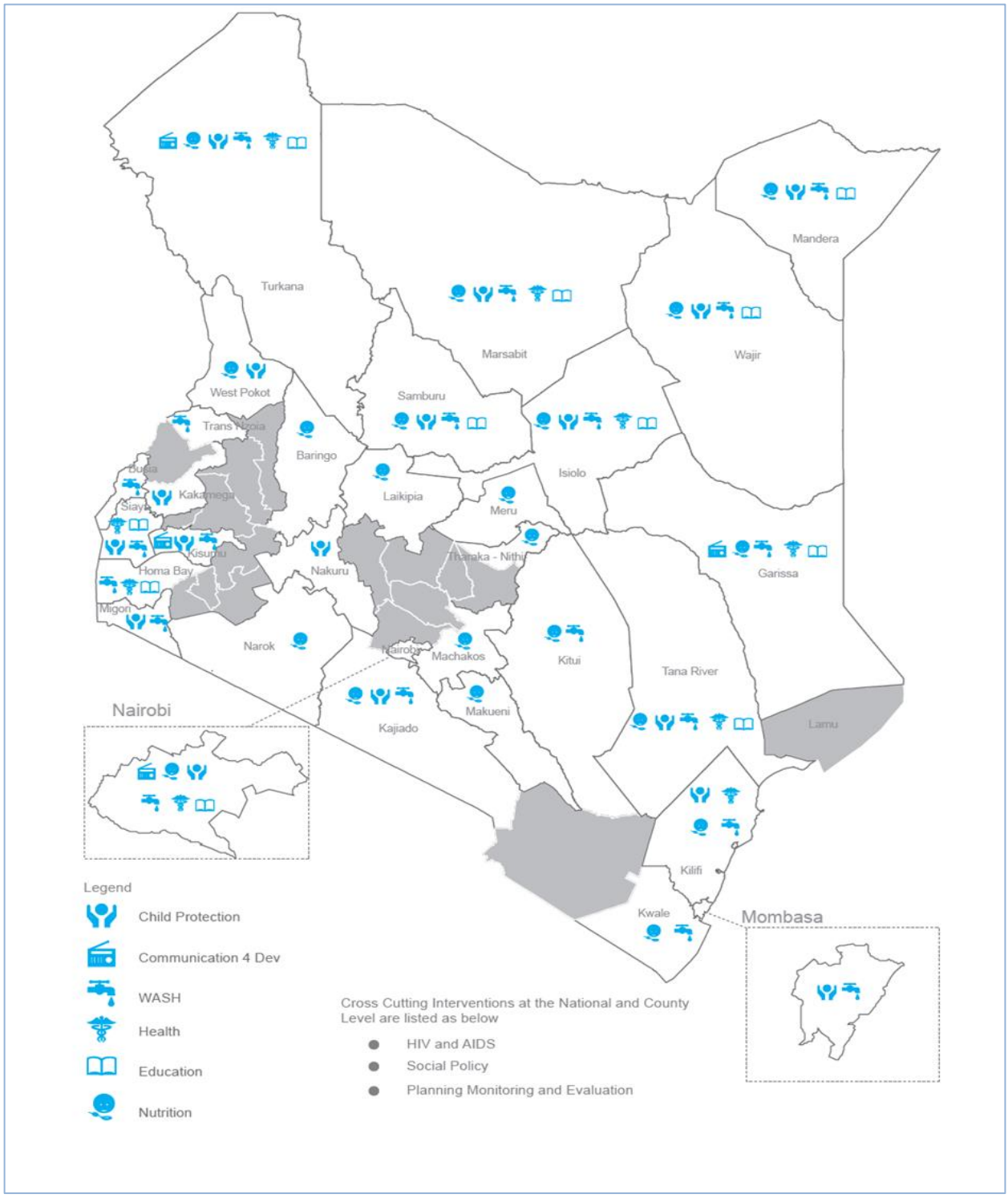
UNICEF Kenya Interventions by County [1]



[1] Map is as of February 2016. The boundaries and names shown and the designations on this map do not imply official endorsement or acceptance by the United Nations.

Abbreviations and Acronyms

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

1. Executive Summary

In 2016, Kenya experienced multiple emergencies including Cholera, Chikungunya and Measles outbreaks; flash flooding due to El Nino phenomenon; poor rains and drought due to La Nina weather phenomenon and resource-based community violence. Urban informal settlements, refugee host communities and the 23 counties in the ASAL region of the country remained the most affected. UNICEF continued to play a leading role in emergency response through strengthened sector lead role for WASH, education, child protection and nutrition, as well as technical oversight to Health sectors and HIV/AIDS, contributing to effective and coordinated response.

Through UNICEF support, **57,456 children under 5 (28,822 girls and 28,634 boys) were treated for severe acute malnutrition**. UNICEF also supported the management of MAM cases through training, data quality assurance and supervision through non-governmental organization partners. In Cholera response, UNICEF surpassed targets for **diarrhoea treatment, reaching 444,041 children under five years; up to 920,000 people with access to safe water, and 520,000 people with behavior change communication messages.** Recruitment of two Cholera Coordination Experts enhanced multi-sectoral preparedness and response at national and county level, including cross-border coordination. Six counties (Tana River, Siaya, Mombasa, Migori, Marsabit and Wajir) were provided with technical support to develop county specific Cholera contingency plans in 2016. UNICEF enhanced presence, timely distribution of supplies, cross-border coordination with Ethiopia, Uganda and Somalia UNICEF Country offices and technical support in WASH, C4D, Education and Health facilitated curbing the Mandera Cholera-Chikungunya and measles outbreaks as well as the Cholera/Acute water diarrhoea outbreaks in Moyale, Dadaab refugee camps and host communities.

With the South Sudan refugee influx to Kakuma, UNICEF mobilized HIV and Nutrition CERF resources for refugee and host community response, as well as ECHO resources for Child Protection and Education. In collaboration with UNHCR and partners, about **12,227 adolescents (42.9 per cent girls) received HIV life skills education in Kakuma Camp and Turkana host community; 15,541 unaccompanied, separated and vulnerable children (34 per cent girls) in Kakuma Refugee Camp benefited from protection services including psychosocial support and some 192,242 children (42 per cent girls) in crises, including refugees, continued their education** through temporary learning spaces and emergency education supplies. In Nutrition response, a total of **11,867 refugee children (8,274 in Dadaab and 3,593 in Kakuma) were treated for SAM**, while **21,209 children were admitted to MAM programmes (14,501 in Dadaab and 6,708 in Kakuma).**

In preparedness for the anticipated deterioration of food security and nutrition status due to the drought and the potential for election violence in 2017, UNICEF has supported the Government and partners with contingency planning for the drought and the national elections through its sector lead role for Nutrition, WASH, Education and Child Protection, and its hub coordinator role for Kisumu and Garissa hubs.

2. Humanitarian Context

In 2016, vulnerable communities continued to face malnutrition, food insecurity, flash flooding and disease outbreaks due to El Niño and La Niña conditions. The 2015 short rains and the 2016 long rains were enhanced by El Nino conditions, resulting in flash flooding, but also improving food security

and stabilizing the nutrition situation in ASAL counties. By mid-May, approximately 6,675 people were affected by flash floods across Homabay, Busia, Kakamega, Nairobi and Kisumu Counties, and 5,689 households were displaced in Garissa and Tana River counties due to floods. The food insecure population reduced from 1.07 million in September 2015 to 639,400 by February 2016 and the malnutrition caseload for children under five years in ASAL counties and urban informal settlements reduced from 261,120 to 239,446, although the number of children in the ASAL areas admitted to SAM treatment programmes remained high at an average of 3,000 per month[2].

However, by July 2016, La Niña drought conditions resulted in doubling of the food insecure population, up to 1.3 million people. Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) caseloads increased by 19 per cent and 25 per cent respectively in all the 23 ASAL counties. An estimated 337,292 and 75,300 children under five required MAM and SAM treatment respectively. GAM was 20 per cent in parts of Turkana, Marsabit, Baringo and Mandera counties, above the emergency threshold of 15 per cent, and 14 per cent GAM in Garissa and Tana River counties, showing a steady deterioration of the nutrition situation.[3]

A total of 20 counties reported cholera in 2016, with Tana River County continuing to report an active outbreak throughout the year. A total of 6,448 cases with 81 deaths were reported by end of the year. Of these, 796 (12 per cent) were laboratory confirmed.[4] The case fatality rate (CFR) of 1.3 per cent is above the emergency threshold. All age groups were affected, with majority of cases being within the age group of 6 to 15 years, which is of school age children. Additionally, more than half of the cases were female, thus impacting on gender roles at family level. By May 2016, a total of 162 Measles cases were reported in Mandera County and 70 per cent of Mandera Town was affected by Chikungunya. The outbreak caused massive challenges in delivery of social services, with 40 per cent of medical staff and up to 90 per cent of teachers absent in some areas, further affecting access to education, as well as critical health and nutritional services for children and women.

The main gaps and challenges in response to the disease outbreaks were weak health and WASH systems at county level in terms of resources allocation, technical capacity and lack of policy guidance. In addition, communication and multi-sectoral coordination between county and national government needed to be strengthened, as the outbreaks were viewed as 'health issues' only. Response in Mandera was also particularly challenging due to insecurity and restricted access. In the second half of 2016, Chikungunya fever continued to spread and risk factors for Yellow Fever and new Cholera outbreaks remained.

The Government's announcement on the closure of Dadaab camps and continued influx of refugees from South Sudan into Kakuma refugee camp due to the ongoing political crisis in South Sudan and the drought in the Horn of Africa will continue to deteriorate the vulnerability of the refugees and host communities. Concerns remain on the economic and social impact of the closure of Dadaab on the host community in Garissa. The region is already suffering from very low social indicators and is partially dependent on economic benefits from trade with the refugees and from access to social services through host community interventions. By December 2016, registered refugees and asylum-

[2] Kenya Short Rains Assessment, 2015
[3] Kenya Long Rains Assessment, 2016
[4] MoH Cholera Sitrep, 5 January 2017

seekers were 494,863 (57.2 per cent children), with 176,784 in Dadaab refugee camps, 95,980 in Alinjugur, 154,947 in Kakuma and 67,152 urban refugees in Nairobi. Repatriation of refugees from Dadaab to Somalia is ongoing, with 33,743 repatriated by 31st December 2016[5]. Approximately 15,000 new arrivals from South Sudan are expected in 2017.

HIV care and treatment at the Kakuma Refugee Camp and the host Turkana West Sub County still remains a challenge due to several geographical, economic and socio cultural barriers which hamper systemic programme implementation. Of the estimated 6,347 people (5,621 adults and 726 children) living with HIV in the sub county, only 1,604 (25 per cent) were reached with HIV testing and counseling services. Of these, 1,483 were put on treatment but only 592 achieved viral suppression.

The evolving humanitarian situation will be further exacerbated by political violence during the ongoing electioneering period and resource-based inter-community conflict due to the prolonged drought. With the national elections taking place in August 2017, there is real potential for post-election violence in the second half of 2017, with a planning figure of 220,000 at risk of displacement and 400,000 being affected. Additional support will also be required to scale up lifesaving and protective interventions due to the escalating drought conditions which will further deteriorate the food security and nutrition status throughout 2017.

3. Humanitarian Results

3.1. Results table

As of 31 December 2016 source: http://www.unicef.org/appeals/kenya_sitreps.html)

2016 Programme Targets and results (1 January – 1 December 2016)	Cluster 2016 target	Cluster total results	UNICEF 2016 target	UNICEF total results
NUTRITION				
Children under 5 with SAM admitted to community-based management programmes (results as of the end of September 2016)	59,817	57,456	59,817	57,456
Children under 5 suffering from MAM admitted to integrated management of acute malnutrition programmes	118,399	97,884	118,399	97,884
HEALTH				
Children under 5 accessing an integrated package of interventions			470,000	386,457
Children under 5 accessing treatment for diarrhoeal disease			140,800	444,041
WATER, SANITATION AND HYGIENE				

[5] UNHCR Statistical Summary, 31st December 2016

Internally displaced persons and host community members provided with safe water (7.5-15 litres per person per day)			80,000	920,000
Internally displaced persons and host community members provided with appropriate sanitation facilities			80,000	50,000
Emergency-affected persons benefiting from hygiene and sanitation promotion messages			150,000	520,000
CHILD PROTECTION				
Most vulnerable children provided with access to protection services, including case management, psychosocial care and access to children-friendly spaces			20,500	15,541
EDUCATION				
School-aged children, including adolescents, accessing quality education (including through temporary structures)	350,000	233,837	75,000	192,242
HIV AND AIDS				
Adolescents have access to HIV, sexual and reproductive health and life-skills education			60,000	15,299

Results were achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

3.2. Narrative Reporting

Results Analysis

Nutrition: UNICEF continues to support nutrition interventions targeting acute and chronic malnutrition in all ASAL counties. These include continued advocacy for a multi-sectoral approach to address issues affecting malnutrition, joint contingency planning and response across sectors at county level; continued surveillance of the evolution of the food security and nutrition situation; continued implementation of High Impact Nutrition Interventions (HiNi) in all ASAL areas and continued improvement of the supply chain management of nutrition commodities. UNICEF continues to play its lead role in nutrition sector coordination both at national level and in the ASAL counties where all the 23 ASAL counties have developed nutrition response plan which they are using for emergency response.

From January to December 2016, the nutrition sector supported by UNICEF reached 122,143 children acutely malnourished children under five years of age in the ASAL and urban (45,468 SAM and 76,675 MAM). An additional 33,076 children (11,867 SAM and 21,209 MAM) were also treated in Kakuma and Dadaab refugee camps in the same period. The recovery rates are above *Sphere* standards of 75 per cent in most ASAL counties and refugee camps. The 57,335 SAM cases treated reached 86 per cent of the 2016 nutrition sector target however reduced admissions in November were noted likely due to

the health workers strike and migration of pastoral families in search of water and pasture. Therefore the use of the outreach screening and referral mechanisms remain vital to identify and treat these vulnerable children. For MAM, 98,884 moderately malnourished children were reached, 66 per cent of the 2016 nutrition sector target, with lower numbers reached likely due to the RUSF pipeline breaks for treatment in many of the counties as well as the health worker strike. Between January and December 2016, UNICEF distributed 43,725 cartons of RUTF together with therapeutic milks and ReSoMal to enable the treatment of severely malnourished children.

In addition to treatment of acute malnutrition, UNICEF supported implementation of Maternal infant and Young Child Nutrition (MIYCN) interventions. 5 of the 13 (38.5 per cent) of the target counties have developed and initiated implementation of Social behavior Change communication (SBBC) strategies. Eight counties (Marsabit, Wajir, West Pokot, Baringo, Samburu, Turkana, Tana River and Isiolo) have rolled out the IMAM Surge Approach that enables health services to absorb increased seasonal and emergency demands. At county level, this approach leveraged the National Drought Management Authority (NDMA) Contingency Fund release for screening, while at the sub-county level, timely use of early warning information allowed for advance planning for response in real time with changes in the nutrition situation.

Health:

Through UNICEF's coordination support to the Ministry of Health (MOH), the functions of Emergency and Disaster Interagency Coordination Committee and cross border mechanisms for (Kenya - Ethiopia for cholera; Kenya, Somalia and Ethiopia for Chikungunya) were strengthened for fundraising, planning, procurement and prepositioning of assorted life-saving health supplies to cholera-affected counties and Dadaab Refugee Camp. As a result, 386,457 children under five (82 per cent of the annual target) accessed integrated package of life-saving interventions including treatment for acute watery diarrhoea and cholera. UNICEF provided technical support to Government and partners on management of Cholera Treatment centers, including implementation of community-based outreach activities and integrating cholera messaging into key health events. UNICEF further supported response to Chikungunya outbreak in Mandera County through oversight and advocacy, coordination, leveraging resources and dispatching medication for conservative management of cases resulting to treatment of 1,725 girls, boys, women and men with Chikungunya viral disease. UNICEF also contributed to strengthening surveillance systems, implementation of community-based preparedness and response, monitoring and supervision of emergency response.

Application of disease outbreak communication rapid assessment tools developed with UNICEF technical support enabled the identification of cholera communication gaps in 6 counties (Garissa, Tana River, Mandera, Wajir, Turkana and Baringo) and informed the training of 25 health promotion officers/community health coordinators/CSO partners from these counties on outbreak communication in 2016. In response to repeated outbreak of Cholera in several counties and outbreak of Chikungunya disease in one county (Mandera) in 2016, UNICEF provided technical and financial support to the Ministry of Health for the development and dissemination of multi-audience (including school children), multi-channel Behaviour Change Communication (BCC) materials on Cholera and Chikungunya diseases. The implementation of county (Turkana, Isiolo, Mandera, Garissa, Wajir and Tana River) specific communication plans was developed by 28 Health Promotion/Community Health Officers, who were trained in 2016. The trained officers disseminated BCC messages, leading to

increased knowledge and improved hygiene practices of communities and families in the outbreak locations, and hence, contributing to the outbreaks control. Pre-positioned BCC materials, which were produced in 2016, have continued to facilitate timely communication response in new outbreak locations, like in Tana River County. UNICEF also supported the development of a National Guideline for Communicating Health Risks and Emergencies for future disease outbreak response. A total of 600,000 men, women and girls in the Cholera-affected counties have been reached with behaviour change communication for disease prevention.

WASH:
As part of capacity development, the WASH sector supported hygiene education promotion both in communities and schools to enhance awareness about safe personal hygiene for breaking the cycle of infection in the population. A total of 50 WASH agency staff, 70 head teachers and 120 hygiene promoters in the Dadaab Refugee camps and host community received skills improvements training to strengthen the response. At least 165,120 school children benefitted from safe personal hygiene knowledge especially in targeted schools in Wajir, Marsabit and Mandera Counties

More than 920,000 people including 345,000 refugees in the Dadaab Refugee camps benefitted from safe water supply, while 520,000 adopted and practiced safe hygiene promotion for their protection. Up to 50,000 displaced persons accessed safe sanitary facilities. Among targeted population in the 6 cholera affected Counties: Mandera (345,000), Wajir (120,000), Marsabit (75,000), Turkana (26,265) and Tana River (10,000), among them 395,000 children (51 per cent girls) were reached; accessing safe water at the household level. More than 76,800 households benefited from improved access to safe hygiene practices including hand washing with soap; 26 per cent (20,000) of these installing new hand washing facilities at the household. Another 50,000 households benefitted from household water treatment with the distribution of 3 million aqua tabs.

Results were also achieved through procurement and distribution of 160,000 jerry cans, 20,000 buckets, 3 million aqua tabs, 1.5 million PUR sachets and 500 drums of chlorine (45kg) to improve the quality of water supply including household level water treatment in the Dadaab Refugee camps and six cholera affected Counties (Garissa, Wajir, Mandera, Tana River, Marsabit and Turkana). In addition, approximately 120 tons of domestic soap was distributed to improve hygiene practices, especially hand-washing. In the Dadaab camps, 862 Sanitation Kits were distributed to improve solid waste disposal and management. More than 200,000 posters and flyers on safe water storage, treatment, hand washing practice and latrine usage were distributed.

Child protection: UNICEF made progress in Dadaab Refugee Camp where two partnership agreements on case management strengthening and response to emerging child protection concerns as a result of the ongoing VolRep process were signed with Save the Children and Terre des hommes. UNICEF Kenya convened meetings with UNHCR Kenya and Somalia; and UNICEF Somalia, and came up with strategies for strengthening cross border coordination on child protection. In Kakuma, UNICEF collaborated with UNHCR in addressing protection needs of 4,184 (1,736 girls and 2,448 boys) unaccompanied and separated children who arrived from South Sudan. A strengthened case management process informed by a detailed assessment has been put in place, thereby improving the quality of services to children. UNICEF supported six County level Child Protection Working Groups to enhance capacity of working group members' emergency preparedness and response skills.

Education:

A total of 192,242 boys and girls (42 per cent) were reached with Education in Emergencies interventions, which included in-service training of teachers, training of school management boards, distribution of education supplies, establishment of peace clubs, distribution of WASH supplies and water treatment, and establishment of additional temporary learning spaces. UNICEF distributed 1,094 education kits, 138 school tents, 1,081 recreational kits, 90 ECD kits and 63 boxes of stationaries for children in 130 schools in Turkana, Isiolo, Samburu, Garissa, Kisumu, Baringo, Tana River, Lamu counties and in the two refugee camps of Kakuma and Dadaab. These supplies have supported learning for over 120,000 boys and girls.

UNICEF provided technical support for the drafting of five county-specific emergency education preparedness & response plans for Kisumu, Baringo, Turkana, Samburu and Isiolo counties. In response to Cholera and Chikungunya outbreaks, UNICEF provided skills training for teachers and learners, distributed behavior change communication/IEC materials to schools and education authorities at the sub-county, county and national levels, and distributed aqua tabs and chlorine for water treatment for affected populations including school children and their communities. A total of 115 teachers from 33 primary schools have been trained on WASH (School Hygiene & Water treatment) in Dadaab. In addition, 682 (382 boys and 300 girls) out of school children were reached with interactive messaging skills so they can effectively reach other out of school children in Dadaab refugee camp. Over 9,200 children were reached through dialogues sessions and interactive activities of animated films focusing on Cholera awareness and hygiene education produced locally by Film Aid. Messages about disease epidemics, and how to prevent and respond to them were also disseminated to schools via SMS platform supported by Echo Mobile reaching 25,000 primary school head teachers.

UNICEF throughout 2016 has supported refugee education in Kakuma and Dadaab refugee camps. 800 teachers were trained in Dadaab on peace education, cholera prevention and response, and basic teaching competencies; 1,207 (491 female) adolescents and out of school youth have been trained as ToTs to promote social change. 80 per cent of the trainees have demonstrated increased knowledge on conflict resolution. The youths also engaged through sports and media platforms on social change projects and issues affecting their communities' e.g. door to door campaigns to bring girls back to school. Education supplies have also been provided to over 70,000 refugee children in Dadaab and over 50,000 in Kakuma refugee camp.

HIV: A total of 12,227 adolescents (3,904 girls aged 10-14 years; and 1,347 girls aged 15-19 years and 4,791 boys 10-14 years and 2,185 boys aged 15-19 years) received HIV life skills education in 54 schools in Kakuma Refugee Camp and the host community of Turkana West Sub County through UNICEF support. Nine psychosocial support groups with 149 adolescents living with HIV (86 girls and 61 boys aged 10-19 years) have continued meetings and discussing disclosure, sexual and reproductive health, positive living, and adherence to HIV treatment. To address urgent HIV prevention, treatment and care gaps among children and adolescents from the refugees' population and the host community, UNICEF continued to support IRC to strengthen HIV prevention, care and treatment with children, adolescents and their families in Kakuma Camp and host community. UNICEF further procured and dispatched 5000 HIV testing kits and other consumables which were used in index testing for HIV positive households, routine testing for pregnant and lactating women and infants as part of eMTCT, and HIV testing for most at risk adolescents' and adults through outreaches, moonlight

testing, location specific hot spots in the border areas and road networks going through the host community. UNICEF technically supported the National AIDS Control Council in the revision of the National Guidelines for HIV in emergency situations. As a member of the UN Joint Team on HIV and AIDS, UNICEF participated in setting the HIV response agenda and advocating for the inclusion of HIV concerns in the 2017 election preparedness and contingency plan.

Reporting on Innovations/approaches

Nutrition Surge Model: UNICEF supporting the rollout of Surge Approach, a facility level model to analyse capacity and define threshold in advance to enable predictable expansion of capacity in times of emergency that will later be scaled down back to normal levels after the emergency through analysis of risks and trends at facility level. In addition to Marsabit (where it was piloted), Turkana, Wajir, Isiolo and East Pokot have rolled out to facility level to 29 facilities so far. Samburu, Mandera and Tana River have also conducted county level training and on process to cascade down. Some of the facilities have already surpassed their emergency threshold based on Surge Approach and activated response as agreed in advance with sub-county health management teams.

Health: UNICEF has been employing an innovative approach of Centres of Excellence (COE), each consisting of a catchment population served by dispensaries, link facilities and referral hospitals for maternal and newborn health. UNICEF's aim is to invest in all health system components of each COE, for quality health services which are optimally utilized by communities with appropriate health skills and knowledge. Over 80 facilities have been upgraded and provided with essential technical and supply assistance including support of MNH equipment.

Education: Behavior change communication messaging was disseminated through the SMS platform that has the ability to reach out to over 25,000 primary school head teachers. Lifesaving messages on cholera and chikungunya were relayed through this platform to head teachers in affected counties.

Child Protection: Innovation was in the use of a diagnostic tool designed by UNICEF to understand the bottlenecks in case management process in Kakuma Refugee Camp and the coming up with a Dynamic Prioritization Approach (DPA) to improve quality and efficiency of services provided to children. The process culminated in the revision of the various case management tools used in Kakuma. The revised tools were linked to the design of the new generation, web based Child Protection Information Management System (CPIMS+). The dual process has ensured that configuration of the tools in the CPIMS+ is informed by the DPA, a process that has ensured target children are receiving quality protection services. Cases are prioritized and children facing severe protection concerns are promptly attended to and tracked through the enhanced system, thereby avoiding cases dropping off from the case management tracking process.

HIV: UNICEF has been supporting and exploring innovations in achieving results for HIV prevention, treatment and care amongst children and adolescents through the MAISHA County League, an initiative that addresses the HIV situation (prevention of new HIV infections, HIV related disease, stigma and AIDS related deaths) among adolescents and young people through "football with a purpose". UNICEF is supporting girls' teams in 15 counties with the highest numbers of adolescents living with and dying from HIV; and also through production and dissemination of Media Assets (Videos and PSAs) with advocacy messaging on adolescents' stigma, adherence, disclosure and

positive living. UNICEF has supported the production of Geo-Maps with HIV data on adolescents at county level. These are for decision making at national and sub national level.

Reporting on Factors for Success or Constraints

Nutrition: Fewer numbers of moderately malnourished children were reached than planned due to supplies pipeline break and health workers strike in 2016. The supply pipeline for treatment of severe acute malnutrition also faced a gap in 2016 due to delayed deliveries. UNICEF was able to put measures in place to avoid pipeline break through close monitoring, direct delivery to facility level in partnership with KEMSA and mobilization of additional resources for procurement of RUTF supplies. High defaulter rates have affected the recovery of severely malnourished children especially in Kajiado, Narok, Laikipia and Kwale counties. Distance to health facilities, population movement in search of water and pastures and low awareness have been cited as key challenges. In many of these counties, no focused NGO support to undertake close follow up is in place. UNICEF is in discussions with the Kenya Red Cross Society (KRCS) to incorporate models of support for these "low intensity" counties for improved capacity. Defaulter rates increased in the last quarter of 2016 due to movement of communities in search of water and pasture including to neighbouring countries. Scale up of the Surge Model in 8 counties has been a key success factor which enhanced advance planning and arrangement between facility and sub-county to allow timely response when the caseload of malnourished children was beyond the capacity of the existing health staff. Scale up of integration of nutrition commodities into government-led pipeline (KEMSA) in 7 counties has enabled direct delivery of supplies to facilities through MOH. These facilities have also been linked with logistics management information system (LMIS) whereby facility level consumption is regularly reported to inform required refill. Through changing from push to pull system and minimizing intermediary storage, the integration has also likely contributed to reducing risk of leakage into the market. Close support to address any bottlenecks during this integration process is ongoing through concerted efforts between UNICEF, MoH, KEMSA, implementing partners and the counties. Increased government ownership and commitment to the nutrition emergency response has been witnessed in 2016 where treasury has allocated over KES 240 million for procurement of RUSF to bridge gap in MAM management in ASAL counties.

Education: Low levels of planning and allocation of financial resources by the national and county government limited response to emergencies throughout 2016. Coordination in particular was affected. Insecurity as a result of inter-clan conflict and terrorism affected access to vulnerable communities, especially in Mandera, Garissa, Samburu, Baringo and Tana River. In these areas, UNICEF has relied on the local implementing partners and the resident ministry of education officials to monitor the programme implementation progress in counties where access is a challenge owing to insecurity.

Child Protection: From the CIPMS+ experience, the use of technology in case management serves best to support (but not replace) a good case management system. The decision to combine development and customization of the CPIMS+ system for Kakuma with the case management review that resulted in the dynamic prioritization approach made a perfect fit in coming up with a data management system that addresses the specific needs in a refugee setting like Kakuma. CPIMS+ is also appropriate for Kakuma because of easier management of the large caseload.

WASH and Health: Multi-sectoral approach to coordination and joint field monitoring improved the response to cholera and chikungunya virus. Prepositioning of critical WASH and Health supplies and early access by target populations in vulnerable counties helped to either prevent outbreaks or break cycle of outbreaks in the affected Counties.

HIV: HIV care and treatment for children, adolescents and women in Turkana West and Kakuma still remains a challenge. There are gaps in identification and referral of expectant mothers living with HIV from the local and refugee community to health facilities. Outreach activities to camps and host population was good in 2016, 96 per cent of expectant mothers attended 1st ANC visits to health facilities. However, follow up of these mothers remains a challenge as the number who attended the 4th ANC visit drop to 62.4 per cent. There are gaps in post-natal care in follow up of HIV positive mothers during return visits. There have been challenges in provision of quality adolescent care in Turkana west and Kakuma. Majority of the efforts have been focused on children (<5yearrs), women of reproductive age, adult and those living with disability thus marginalizing this important age group (10 – 19years). Most of the government data tools, as well as that of partners do not provide the required age disaggregation as per the life cohorts e.g. 0 – 5 years, 6 - 9 years, 10 -19years, 20 -24years, >25years. Youth friendly facilities are non-existent in Turkana West and Kakuma. The youth have not been involved in designing the youth friendly facilities. This has resulted in poor engagement from the youth and a general apathy as the interventions lack shared ownership. There is a conflict in the school program as emphasis is on the examinable subjects, thus life skills sessions on HIV prevention receive little to no attention. The community lacks awareness on HIV prevention, care and treatment. Cases of stigmatization also still exist in the camp which further limits access to essential health care services. Currently, there are few structures/coordination efforts within partners in regards to adolescent care. This has therefore contributed little attention offered to adolescents thus increasing their vulnerability to infections and provision of low quality care to the already existing infected cases. UNICEF has worked with International Rescue Committee and UNHCR to address the above gaps through multi-sectoral/agency working groups that increase accountability, leveraging, integration, learning and coordination.

Reporting on Lessons learned

Nutrition: Close partnerships and cross sectoral collaboration to enhance emergency response. With the deterioration in food security and nutrition situation in 2016, UNICEF's close collaboration with NDMA and counties ensured leveraging of resources through support for county contingency plans and development of proposals for the Drought Contingency Fund (DCF) from the NDMA. A total of 12 affected counties submitted proposals of which 11 were funded for implementation of emergency response actions based on areas of gap including mass screening and outreach activities.

Health and WASH: Multi-sectoral approach in planning, implementation and monitoring is critical to most epidemics which leads to complementarity and speedy implementation. Weak County Department of health executives and managers capacity in handling epidemics in a dynamic devolved health sector is a challenge to planning and consequent rapid response. The Cholera Preparedness and Response Plans are multi-sectoral and covers all relevant areas of cholera prevention, preparedness and response, however, they need sufficient political support for implementation. There

also needs to be enhanced collaboration with neighboring counties in prevention, preparedness and response to Cholera.

Education: Limited technical and financial capacity at the county and national levels has had a major impact on both preparedness and response activities. In particular coordination has been minimal leading to duplication in the easier to reach areas and a complete lack of response in others. In 2017, UNICEF intends to support the development of a robust information management system between the county and national Ministries of Education to enable evidence-based interventions and advocacy to be carried out.

Child Protection: From the CIPMS+ experience, the use of technology in case management serves best to support (but not replace) a good case management system. The decision to combine development and customization of the CPIMS+ system for Kakuma with the case management review that resulted in the dynamic prioritization approach made a perfect fit in coming up with a data management system that addresses the specific needs in a refugee setting like Kakuma. CPIMS+ is also appropriate for Kakuma because of easier management of the large caseload.

HIV: To effectively respond to the unique needs of adolescents in the Kakuma Refugee Camp and the host community, and to meet their challenges in HIV prevention, care and treatment; genuinely and meaningfully involving them in programme design, implementation and monitoring is imperative as is active engagement of parents, teachers and students in provision of care to adolescents and integration of activities with school programmes and intensified awareness efforts on HIV prevention and treatment in schools.

Reporting on UN Coherence

Nutrition: UNICEF is working closely with WFP on management of acute malnutrition, where WFP provides the food items and UNICEF provides anthropometric equipment. During the short and long rains assessments, UNICEF worked closely with WFP and FAO in data collection, analysis and reporting. UNICEF contributes to the refugee response both through supporting implementing partners as well as contributing to the commodity pipeline of therapeutic feeds. UNICEF is active in refugee response coordination arrangements in both Dadaab and Kakuma.

WASH and Health: WHO, UNICEF and UNHCR worked together collaboratively in the response and management of Cholera and Chikungunya outbreaks in 2016. Bringing together areas of comparative advantage, the coordinated response worked effectively in bringing outbreaks under control in the affected areas, including in Dadaab Refugee Camps. Partnerships with both County and national government further strengthened the co-action for better and speedier results. With support from UNOCHA, UNICEF and WHO submitted joint proposals for disease outbreak response, including the CERF measles proposal and the regional Mandera Triangle proposal to multiple donors for Chikungunya and Cholera outbreak control.

Education: UNICEF works in partnership with UNHCR to expand access to and quality of education for refugees in Kenya. In 2016, UNICEF worked with UNHCR to develop strategic guidance for refugee education both at the camp and national levels. UNICEF's response to refugee education at the camp

level (education supplies, teacher training and support to adolescents) is also planned in coordination with UNHCR.

Child Protection: In strengthening case management in Kakuma Refugee Camp, UNICEF continues to collaborate with UNHCR at field, national and headquarter level in leveraging comparative advantage and mandate of each agency. The review of the case management process is harmonized with UNHCR information management system. This ensures that information gathered through the case management process can easily be shared with UNHCR. Inter-operability between CPIMS used for case management in Kakuma and UNHCR ProGres has been enhanced.

HIV: UNICEF's response that addresses the urgent HIV prevention, treatment and care needs of children, adolescents' and women in Kakuma Refugee Camp and host community compliments UNHCR's HIV response. UNICEF is also a member of the UN Joint Programme on HIV which is supporting the National AIDS Control Council to revise and adopt National Guidelines for addressing HIV in Emergencies in Kenya.

3.3. Cluster/Sector Leadership

Nutrition: UNICEF has sustained its lead role as the sector lead, and continues to support the MOH on the overall coordination of nutrition interventions. While the health sector is devolved, capacities to coordinate vary across counties. UNICEF is supporting County Nutrition Coordinators through national level coordination as well as through embedded staff within counties. As a result, all the 23 ASAL counties have developed nutrition response plans which they are using for emergency response. Embedded staff based in the National Drought Management Authority (NDMA) support coordination of nutrition within contingency planning and Ending Drought Emergencies (EDE), while serving as the secretariat of the Human Capital pillar of EDE, co-chaired by UNICEF. The nutrition sector has an up to date national response plan and county level response plans (for 23 ASAL counties) that outlines the needs and response gaps. The district health information system (DHIS) is also used to monitor and report sector progress towards achievement of targets.

WASH: The National Water and Sanitation Coordination (WESCOORD) forum was relaunched on 19 October 2016 with a new dedicated staffing assigned by Ministry of Water and Irrigation (MOWI). WESCOORD has further been mainstreamed into the MOWI organizational structure with opportunities for direct financing by Government, enhancing its sustainability in the long run. The Sector strengthened coordination in order to respond effectively through restructuring of WESCOORD into the Ministry of Water and Irrigation (MOWI) management structure. It now forms a department of MOWI. A National Coordinator for WESCOORD has also been appointed by the Government to head the WESCOORD Secretariat at the Ministry with three dedicated staff. During the year, the Principal Secretary, MOWI, chaired all meetings in the second half of the year to underscore its importance. WESCOORD has now brought together all key actors, revised its TORs to align to devolution in Kenya and supported review and finalization of County WESCOORD TORs.

Education: UNICEF and Save the Children have co-chaired the Education Cluster, in partnership with the Ministry of Education. In 2016, the Education in Emergencies Working Group was established consisting of about 11 education actors. The purpose of this group is to meet when necessary under the leadership of directorate of field services to set up systems and structures to enable the larger Cluster to function more efficiently.

Child Protection: UNICEF played a lead role in coordinating County level Child Protection Working Group. In Turkana County, UNICEF provided technical support to the Turkana Gender and Child Protection Working Group to formulate and validate the County child protection strategy. The strategy is guiding the Turkana County Government and stakeholders on priority areas of intervention to protect children from recurrent emergencies such as drought and cattle rustling. The strategy also prioritizes the prevention of children from child marriage, child labour, abuse and exploitation. In Tana River, Wajir, Garissa and Marsabit Counties, UNICEF coordination role was in community outreach activities to sensitize children and community leaders on risk mitigation measures in emergency response.

3.4. Resilience

Nutrition: UNICEF supports implementation to-scale of a risk-informed and integrated nutrition resilience programme to address undernutrition in the ASAL, built on the four results areas of Community Resilience, Health Systems Strengthening, Evidence Based Decision Making, and Nutrition Advocacy. The community resilience focuses on enhancing the communities' capacity to better respond and adapt to shocks through improved knowledge that will result in better practices as well as higher demand for health services. The nutrition sector also continues to strategically focus on system strengthening to ensure that implementation of the core activities are done within the health system (including the community health system). The Surge Approach, is a key strategy to enhance the adaptability of county level health systems to potential emergencies. Facility level predefined thresholds inform response scale up to meet increasing needs or alternatively, a scale down with improvements in the nutrition situation. The approach has been adopted in 8 counties (Marsabit, Wajir, West Pokot, Baringo, Samburu, Turkana, Tana River and Isiolo).

Health: A hazard, vulnerability and capacity assessment was adopted to programme design, as well as community participation in identification of hazards, vulnerabilities and assessment of their capacities, which led to development of evidence based plans and implementation during emergency and efforts sustained. This approach improves resilience of communities and health systems. A multi-hazard response plan drafted by Government and partners is aimed at improving resilience through a conscious effort to plan for all stages of disaster risk management. In order to strengthen county health systems, Human Resources for Health (HRH) strategic and costed plans were finalized and approved in five counties. Leadership Development Programme Plus (LDP+) capacity development sessions helped to improve leadership development skills. As of the reporting time, 63 per cent of counties health managers were trained on Leadership, Management and Governance (LMG) against baseline of 0 per cent in 2013 and target of 100 per cent by 2018. Community Health Volunteers take health services closer to the communities during crises and provide linkages between health facilities and families, ensuring coverage of interventions that contribute to prevention of childhood deaths. Coverage of Community Health Services has increased from less than 20 per cent baseline (2013) to 100 per cent in Homa Bay, 70 per cent in Garissa, 50 per cent in Turkana and 100 per cent in Kakamega, against 100 per cent target in all counties by 2018. As a result of both supply and demand side interventions, coverage of births attended by skilled health personnel increased nationally from 44 per cent in 2013 to 58 per cent as of November 2016, partly attributed to UNICEF's technical assistance and financial support to national and county level MNH programmes.

WASH: The sector supported resilience building both at the community and at the County government level. At the community level, sector supported rehabilitation of critical water supplies to restore

services and ensure sustained access to safe water supply for affected populations. Among facilities supported included the rehabilitation of Oda borehole in Moyale sub County, in Marsabit County, among two other boreholes serving more than 8,000 people. Two boreholes in Mandera County were re-equipped with high capacity submersible pumps increasing safe water supply to Mandera town by more than 20m3/hr. In Isiolo County, a disused borehole was operationalized serving more than 3,000 people and their livestock. In many of the Counties affected by disease outbreaks, populations depend on shallow wells for their water supply. Many of these wells are flooded during heavy rain seasons contaminating the well water. County-level WESCOORD partners in the most-affected counties of Tana River, Marsabit, Wajir and Garissa were trained on resilience building to reduce vulnerabilities for flooding and disease outbreaks-affected populations. The training package included the need for 'Building Back Better' concept to enhance resilience of water supply infrastructure to flooding. A key outcome of the training is the need to construct water points that are above the flooding level to avoid contamination. Technical assistance and monitoring to community artisans and households on this will be provided by County Water Departments.

Education: UNICEF is supporting adolescent refugees in Dadaab to acquire certified competencies for basic education through support to an accelerated education programme and bridging to formal secondary education & other post primary education opportunities including basic vocational skills. These are aimed at building self-reliance among this vulnerable age group and support skills and resilience for durable solutions relevant to refugees especially upon return to their home countries. Additionally, UNICEF has supported peace education through capacity building for teachers and education personnel.

Child protection: The resilience of unaccompanied minors in Kakuma is being enhanced through livelihood support to foster families. Foster families have been trained on alternative sources of livelihood to supplement humanitarian support. This model will further be up-scaled in the new settlement site in Kalobeyei where families of children with protection concerns are linked to livelihood interventions spearheaded by FAO and WFP. At national level, child protection is mainstreamed in UNDAF strategic result on social protection under which cash assistance to vulnerable families is programmed. Cash transfer programmes also contribute to strengthening family resilience to factors that trigger children vulnerability. Additionally, UNICEF continues to provide technical support to the Department of Children Services in developing the national Child Protection Information Management System that has so far been rolled out in six counties. Through the CPIMS, the government will generate information on children vulnerability that will be used in programming resilience building interventions such as cash transfers.

HIV: UNICEF supported Turkana County to establish progress, challenges and opportunities for leveraging and ensuring resilience in the HIV response for children, adolescents and their families in Turkana County, including for refugee and host populations; and to identify longer-time financing solutions and high-impact interventions for the county. Partners were convened and made commitments to work for desirable results for HIV among children and adolescents in Turkana and also in the Kakuma refugee camp. Partners' demonstrable commitment has ensured multi-sectoral approaches to break all silos in HIV prevention.

4. Monitoring and Evaluation

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

Health: Monitoring of humanitarian interventions was undertaken jointly by Ministry of Health and partners and inter-ministerial teams from national level to provide technical guidance to county, sub-county and health facility teams during implementation of interventions. The teams also offered quality assurance to county and sub-county teams to make corrective measures on key areas and address constraints. Quarterly assessments were also conducted to review progress of implementation.

WASH: The sector contributed to the monitoring and evaluation of various emergencies during the year including participation in cross-border monitoring and coordination of response. Specifically, water supported cross border monitoring and evaluation of the cholera outbreak along the Ethiopia-Kenya, Moyale border. In partnership with the Marsabit County Government, sector supported both response and monitoring activities including the development of a cross- border Cholera prevention and management action plan with the Governments of Kenya, Ethiopia, UNICEF Ethiopia and UNICEF Kenya. In the last quarter of the year, sector support was provided to the cholera -chikungunya outbreak along Ethiopia-Kenya-Somalia, Mandera border. Sector supported the activation of the County WESCOORD team to better monitor and respond to the outbreak, through the mapping of all private water wells, disinfection of wells and private water boozers, donkey carts and supplying water to Mandera town. In addition, jointly with KRCS and County Government, sector supported mapping of all household level underground water tanks for treatment/disinfection for the control of cholera and mosquitos spreading Chikungunya.

Education: UNICEF in 2016, provided technical and financial support to the national ministry of education as well as the target counties, to lead joint programme monitoring visits with the implementing partners. For instance, having jointly developed the monitoring tools, MoE and World Vision were able to carry out intensive programme monitoring visits in Samburu, Turkana, Marsabit, and Isiolo among others. This gave an opportunity for MoE officers from national and county level to jointly observe the quality of implementation of emergency interventions and be able to make recommendations on areas of improvement. This would also sharpen their skills on monitoring of programmes to ensure improved quality. UNICEF also facilitated donor visits e.g. ECHO and GoJ to programmes they supported, granting them an opportunity to meet with the right holders.

Child protection: The Monitoring and Reporting of child protection in humanitarian action remains a challenge. UNICEF technical support to the Counties targeted strengthening the capacity of the Child Protection Working Groups in strengthening community based monitoring mechanisms, which ensured community participation in the M&E process. This is an area that UNICEF Kenya will continue to focus on.

HIV: In Kakuma Refugee Camp and host community of Turkana West Sub County, most of the government data tools as well as those of partners do not provide the required age and sex disaggregation as per the life cohorts e.g. 0 – 5 years, 6 - 9 years, 10 -19years, 20 -24years, >25years.

Different partners use different indicators concerning adolescent population. This presents a challenge as the data collected is not in harmony. This in the end affects decision making of key stakeholders in the provision of care and treatment. Ministry of Health's tools and guidelines' dissemination has not been effective. UNICEF began working with the county and partners to develop and adopt relevant indicators among adolescent population including data integration for multidisciplinary use. UNICEF's HIV specialists for adolescents and pediatrics also conducted joint programme programming with International Rescue Committee to for quality assurance and to ensure implementation strategies are responsive to emerging emergencies.

5. Financial Analysis

Table 1: 2016 Funding Status against the HAC by Sector (in US$):

Sector	2016 HAC requirements	Funds Received Against HAC as of 31 December 2016* (US$)	% Funded
WASH	1,100,000	817,738	74%
Education	2,500,000	1,520,402	61%
Health	2,500,000	656,074	26%
Nutrition	7,400,000	6,668,166.19	90%
Child Protection	1,500,000	2,165,368	144%
HIV/AIDS	1,000,000	248,775	25%
Cluster/sector coordination	450,000	622,293	138%
Total	**16,450,000**	**12,698,816.19**	**77%**

**Funds received include cost recovery*

Table 2: Funding Received and Available in 2016 by Donor and Funding type (in US$)

Donor Name/Type of funding	Programme Budget Allotment reference	Programmable Amount*
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds		
N/A	NA	**0**
b) Non-Thematic Humanitarian Funds		
European Commission/ECHO	SM160182	730,955.99
European Commission/ECHO	SM160279	833,515.66
Japan	SM160083	583,333.33
DFID	SM160280	858,406.50[i]
SIDA	SM140234	705,207.03
USA GOVERNMENT (USAID), OFDA	SM150466	1,388,888.89
USA GOVERNMENT (USAID), OFDA	SM150475	1,851,851.85
USA GOVERNMENT (USAID), OFDA	SM160444	2,314,814.81
USA GOVERNMENT (USAID), Food for Peace	SM150331	594,000
USA GOVERNMENT (USAID), Food for Peace	SM160517	498,703.70

Total Non-Thematic Humanitarian Funds		**10,359,677.76**
c) Pooled Funding		
(i) CERF Grants		
SM160202		262,286.92
SM160131		232,500
SM160124		327,102.80
(ii) (ii) Other Pooled Funds		
N/A		
d) Other types of humanitarian funds		
USA GOVERNMENT (USAID), Food for Peace	KM150015	105,500
USA GOVERNMENT (USAID), Food for Peace	KM150028	1,095,660
USA GOVERNMENT (USAID), Food for Peace	KM160064	828,480
USA GOVERNMENT (USAID), Food for Peace	KM160062	172,815.74
Total humanitarian funds received in 2016 (a+b+c+d)		**13,384,023.22**
II. Carry-over of humanitarian funds available in 2016		
e) Carry-over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM149910	18,849
f) Carry-over of non-thematic humanitarian funds		
USAID/Food for Peace	KM150028	39,150
USAID/Food for Peace	SM150331	550,000
European Commission/ECHO	SM150345	364,847
USA (USAID) OFDA	SM150475	1,560,926
The United Kingdom	SM140561	265,724
USA (USAID) OFDA	SM150466	162,103
Japan	SM150072	1,687,055
European Commission/ECHO	SM150343	15,053
Total carry-over non-thematic humanitarian funds (e+f)		4,644,858
Total carry-over humanitarian funds (e+f)		**4,663,707**
III. Other sources (regular Resources set aside, diversion of RR)		
Non-grant	GC	323,117
Total other sources		**323,117**

Table 3: Thematic Humanitarian Contributions Received in 2016 (in US$):

Donor	Programmable Amount	Total Contribution Amount
Not Applicable	Not Applicable	Not Applicable

UNICEF Kenya did not receive country-level, regional or global thematic humanitarian contributions from resource partners in 2015.

6. Future Work Plan

The following are the 2017 HAC targets:

Area	Targets
Nutrition	• 83,848 children under 5 with SAM admitted into the integrated management of acute malnutrition programme • 171,917 children under 5 with MAM admitted into the integrated management of acute malnutrition programme
Health	• 780,000 children under 5 accessing an integrated package of health interventions, including for the management of diarrhoeal diseases • 540,730 children under five vaccinated against measles
WASH	• 520,000 people affected by crises are reached with safe water interventions including with hygiene education • 110,000 children access safe water, sanitation and hygiene facilities in their learning environment
Child Protection	• 30,000 most vulnerable children are provided with access to protection services
Education	• 322,000 children aged 3 to 18 years affected by crises accessing formal and non-formal education opportunities
HIV and AIDS	• 90,000 adolescents have access to HIV, sexual and reproductive health and life-skills education and linkage to services
Social Protection	• 70,000 vulnerable households in six ASAL counties receive top-up cash transfers to help meet basic needs

7. Expression of Thanks

Through the generous support from donors to humanitarian and emergency response interventions, many lives of Kenyan children that would have been lost through malnutrition and preventable childhood illnesses have been saved and thousands of children have been able to achieve their potential through emergency education and protection of their rights. In addition, many emergency-affected populations have been able to quickly retain their dignity and achieve a sense of normalcy through Non-food items (NFIs) and WASH support. Enhanced capacities of the Government of Kenya and partners will continue to build resilience of the communities against future shocks. UNICEF Kenya expresses sincere gratitude to all donors who have provided this support that has greatly improved the lives of children and women in Kenya through the implementation of evidence-based and high impact interventions for reaching the difficult to reach and vulnerable populations discussed in this report. Together with the Government, local Non-Governmental Organizations, Community Based Organizations, Faith Based Organizations and other key stakeholders; UNICEF was able to provide life-saving services for children and women while building the capacities of Government, partners and communities to better respond to recurrent emergencies. UNICEF will continue to seek additional resources and partnerships to build on the achievements made and respond to evolving needs

8. Annexes to the CER

Annex 1: "One Pager" Narrative and Annex 2: Donor Financial Statements by Activity (Uncertified)

Grant	Donor	Programme Funded
SM150466	USA (USAID) OFDA	Nutrition
SM150475	USA (USAID) OFDA	Nutrition
SM160444	USA (USAID) OFDA	Nutrition
KM150015	USAID/Food for Peace	Nutrition
KM150028	USAID/Food for Peace	Nutrition
KM160062	USAID/Food for Peace	Nutrition
KM160064	USAID/Food for Peace	Nutrition
SM150331	USAID/Food for Peace	Nutrition
SM160517	USAID/Food for Peace	Nutrition
SM140234	SIDA - Sweden	Health

Annex 3: Visibility, Human Interest Stories and Case Studies

Programme	Visibility, Human Interest Stories and Case Studies
Nutrition:	• Various photography images from Garissa, Lodwar, Kakuma Refugee Camp and urban informal settlements • Social media coverage
Health	• MNCH video showcasing health interventions in Turkana county • Photography assets from high-burden counties • Social media coverage • Case Study: Community Health Worker from Tana River County Empowers Community to Fight Disease • Case Study: Delivering as one to ensure life-saving supplies for children in Kenya • Photographs of Government of Japan Donor Visit to the National Vaccine Depot and to Families in Mukuru Kwa Njenga Informal Settlement
Health & WASH:	• Photos from various high burden counties showing distribution of hygiene supplies • Photo essay on El-Nino response in Garissa • Human interest stories of Community Health Workers from Garissa • Social Media coverage
WASH	• Photography assets showing cholera responses at CTUs • Images of WASH in schools in Lodwar County • Social media coverage • Case Study: Safeguarding the Right to Sustainable Water Supply for Communities in Rural Kenya • Photographs of distribution of UNICEF WASH supplies
Education	• Photography assets highlighting the support to child friendly schools in Kisumu, Lodwar and Garissa Counties • Bringing Back out of School Children Back to School photography coverage.

	• Education programming in Kakuma Refugee Camp • Social media coverage
Child Protection	• Photography of special child welfare sessions in a school in Lodwar • Images of Turkana Wellness Centre, launch of the Child Protection Unit at Garissa Police Station and various elements child protection programming in Kakuma Refugee camp • Human interest story: From conflict in South Sudan to rebuilding lives in Kenya • Case studies: Children and young people act against child marriage in Kakuma refugee camp and Four boys rebuilding lives against all odds • Social media coverage
HIV	• Videos of Adolescents Living with HIV speaking out about treatment adherence, support and living life positively. • Photography assets from Western Kenya • Articles published on UNCEF ICON • Social media coverage on Peer Volunteer Support for adolescents • Case Study: Call for adolescent-friendly services at a National Forum for Adolescents Living with HIV
Cross-Sectoral	• Video and Photographs showing visit by prominent members of the Government of Japan – Lodwar and Nairobi • Photography assets showing high impact visits by the UNICEF Kenya Representatives to various field locations and meeting with partners and Government officials. • Social media coverage •

9. Donor Feedback

DONOR FEEDBACK REPORT

Name of Report: **Consolidated Emergency Report 2016**

Completed by: **Name** _____

Designation _____

Organization: _____

Date completed: _____

Email: _____

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

SCORING:	**5 indicates "highest level of satisfaction" while 0 indicates "complete dissatisfaction"**

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

5	4	3	2	1	0

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

5	4	3	2	1	0

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

5	4	3	2	1	0

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

5	4	3	2	1	0

5. To what extent does the report meet your expectations with regard to gender mainstreaming in emergencies/humanitarian situations?

5	4	3	2	1	0

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

_____

_____

_____

[i] Allocation from multi-year grant totaling to US$ 2,695,563. Expiring on 31 March 2018