

KENYA - DISASTER ASSISTANCE

FACT SHEET #1, FISCAL YEAR (FY) 2019

SEPTEMBER 30, 2019

NUMBERS AT A GLANCE

2.6 million

Estimated Population Facing Crisis or Worse Levels of Acute Food Insecurity
KFSSG – August 2019

623,000

Number of Children Ages Five Years and Younger Expected to Experience Acute Malnutrition in 2019
IPC – July 2019

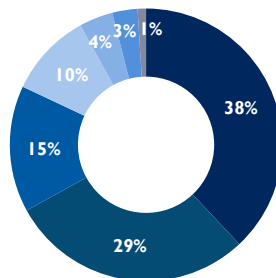
4,288

Number of Suspected Cholera Cases in 2019
UN – September 2019

479,200

Number of Refugees in Kenya
UN – August 2019

USAID/OFDA¹ FUNDING BY SECTOR IN FY 2019



- Water, Sanitation & Hygiene (38%)
- Nutrition (29%)
- Agriculture & Food Security (15%)
- Risk Management Policy & Practice (10%)
- Economic Recovery & Market Systems (4%)
- Shelter & Settlements (3%)
- Humanitarian Coordination & Information Management (1%)

USAID/FFP² FUNDING BY MODALITY IN FY 2019



- U.S. In-Kind Food Aid (37%)
- Cash Transfers for Food (31%)
- Local, Regional & International Food Procurement (26%)
- Complementary Services (6%)

HIGHLIGHTS

- Below-average 2018 short rains and 2019 long rains lead to deteriorated food security conditions in the ASALs
- The USG provides more than \$121 million to support humanitarian needs across Kenya in FY 2019

HUMANITARIAN FUNDING FOR THE KENYA RESPONSE IN FY 2019

USAID/OFDA	\$16,912,345
USAID/FFP	\$48,984,782
State/PRM ³	\$55,748,878
Total	\$121,646,005

KEY DEVELOPMENTS

- Two consecutive poor rainy seasons—the October-to-December 2018 short rains and March-to-May 2019 long rains—have contributed to drought conditions and a deteriorating food security and nutrition situation across Kenya’s arid and semi-arid lands (ASALs). As of August, an estimated 2.6 million people in Kenya were experiencing Crisis—IPC 3—or Emergency—IPC 4—levels of acute food insecurity, compared to the 700,000 people who faced similar levels of food insecurity in August 2018, according to the Kenya Food Security Steering Group (KFSSG).⁴
- In FY 2019, the U.S. Government (USG) provided more than \$121 million to respond to humanitarian needs among drought-affected, refugee, and other vulnerable populations in Kenya.

¹ USAID’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² USAID’s Office of Food for Peace (USAID/FFP)

³ U.S. Department of State’s Bureau of Population, Refugees, and Migration (State/PRM). State/PRM funding in Kenya includes assistance to Somali and South Sudanese refugees who are sheltering in Kenya, which is also included in the regional USG response totals for Somalia and South Sudan.

⁴ The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of acute food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Famine—IPC 5.

FOOD SECURITY AND NUTRITION

- The March-to-May 2019 long rains—the primary season for maize production—were significantly delayed and cumulatively below-average across most of the ASALs, which exacerbated drought conditions and led to further shortfalls in crop production and livestock productivity, according to the Famine Early Warning Systems Network (FEWS NET). Accordingly, food security conditions have deteriorated since late 2018 in northern and eastern pastoral areas of Kenya, as well as coastal and southeastern marginal agricultural areas—where households rely on a combination of cropping, livestock, and non-farm activities for food and income sources.
- According to the KFSSG, vulnerable households in marginal agricultural areas had largely depleted their food stocks—mainly surplus from the above-average 2018 long rains harvest—by July, increasing their reliance on market food purchases. Concurrently, increases in staple food prices—due to reduced local harvests, market speculation, and decreased cross-border imports—have weakened the purchasing power of households, further straining their access to food. FEWS NET notes that prices for maize—a key staple—in August were up to 35 percent above average in most markets monitored. Marginal agricultural and agro-pastoral areas with high prevalence of acute food insecurity include Kilifi, Kitui, Makueni, and Meru counties, the KFSSG reports. In pastoral areas, late-season rainfall in May and June resulted in improvements to pasture and water shortages that began in early 2019; however, livestock productivity, livestock trade values, and milk availability generally remained poor as of July, similarly straining access to food and income for pastoral households, many of which are still recovering from prolonged drought in 2016/2017. The majority of pastoralist households requiring emergency food assistance reside in Baringo, Garissa, Mandera, Marsabit, Tana River, Turkana, and Wajir counties, according to the KFSSG.
- As a result, the population requiring emergency food assistance in Kenya increased from an estimated 700,000 people in August 2018 to 1.6 million people in May 2019, and reached approximately 2.6 million people in August 2019, the KFSSG reports. Of the August 2019 estimate, approximately 2.3 million people are experiencing Crisis levels of acute food insecurity and 300,000 people are facing Emergency levels. The KFSSG expects the number of people requiring emergency food assistance to continue increasing in the coming months, reaching a peak of 3 million people between October and December with an additional 400,000 people expected to face Crisis outcomes.
- Nutrition conditions have similarly deteriorated since early 2019, driven primarily by reduced household access to food, as well as limited access to health and nutrition services. Eight ASAL counties exhibited increases in global acute malnutrition (GAM) prevalence between February and July, with GAM prevalence above the 15 percent UN World Health Organization (WHO) emergency threshold identified in parts of Baringo, Garissa, Mandera, Marsabit, Samburu, Tana River, Turkana, and Wajir counties in July; the highest levels of acute malnutrition were identified in some sub-counties of Marsabit and Turkana, where GAM prevalence exceeded 30 percent. Overall, the KFSSG estimates more than 623,000 children ages five years and younger will require treatment for acute malnutrition, including 133,000 children who may experience severe acute malnutrition (SAM), across the ASALs in the coming months; nearly 70,000 pregnant and lactating women are also likely to require treatment for moderate acute malnutrition (MAM).

HEALTH AND WASH

- Water shortages amid deteriorating drought conditions during the first half of 2019 reduced household access to safe drinking water and exacerbated disease outbreaks, such as cholera, according to the Government of Kenya (GoK) Ministry of Health (MoH). As of September 29, health actors had recorded nearly 4,600 suspected and confirmed cholera cases, including 34 related deaths, across 12 of the country's 47 counties in 2019, according to WHO. Seven counties—Garissa, Kajiado, Kisumu, Mandera, Makueni, Nairobi and Wajir—continued to report new cholera cases as of late September. In response, the MoH and other health actors, including USAID/OFDA partners, are conducting case management, hygiene promotion, outbreak monitoring and surveillance, and water treatment activities in affected areas. Kenya has experienced continuous cholera outbreaks since December 2014, WHO reports.
- Health actors also continue to monitor and respond to other disease outbreaks. From March 20 to September 29, WHO recorded 430 measles cases and one associated death, with 420 cases occurring in Kajiado and 10 cases in Garissa. Additionally, WHO recorded nearly 2,700 cases of leishmaniasis—a potentially fatal parasitic disease caused by bites from certain types of sandflies—across Garissa, Mandera, Marsabit, and Wajir between January and September.

In response, county government have initiated vector-control spraying activities and health education campaigns, while the MoH—in collaboration with WHO and other health partners—is supporting laboratory diagnoses, surveillance efforts, and distribution of medicine and rapid diagnostic tests.

- On September 13, the GoK launched the phased introduction of a new malaria vaccine—RTS,S—in Kenya, WHO reports. Initially, eight Kenyan counties plan to offer the vaccine in select areas with high malaria transmission, aiming to reach 120,000 children ages six months or older per year over the coming four years. The vaccine is intended to complement existing malaria-control measures, such as long-lasting insecticidal nets, indoor insecticide spraying, and timely access to malaria testing and treatment.

USG RESPONSE

- With nearly \$46 million in FY 2019 funding from USAID/FFP, the UN World Food Program (WFP) is providing emergency food assistance to refugees and vulnerable populations in Kenya who are facing acute food insecurity, reaching approximately 776,000 people in August. USAID/FFP funding to WFP includes U.S. in-kind food, cash-based assistance for food insecure households to purchase food in local markets, and contributions for the purchase and delivery of locally, regionally, and internationally produced food. Additionally, USAID/FFP funding supports the local procurement of ready-to-use-supplemental food to treat MAM.
- USAID partner the UN Children’s Fund (UNICEF) continues to respond to elevated nutrition and ongoing water, sanitation, and hygiene (WASH) needs across Kenya. With \$3 million and \$2.3 million in FY 2019 from USAID/FFP and USAID/OFDA, respectively, UNICEF is procuring locally produced ready-to-use therapeutic food and providing complementary services, such as technical support to county-level health systems in order to conduct integrated nutrition outreaches and provide treatment for children with SAM. UNICEF also continues to support the MoH and relief organizations to develop and implement nutrition assessments for the early identification and treatment of acutely malnourished children. Between January and June, the UN agency supported the treatment of nearly 37,900 children experiencing SAM and more than 61,500 children experiencing MAM. USAID/OFDA funding also supports the UN agency to conduct WASH activities, including hygiene promotion campaigns and promotion of safe household water treatment and storage. During the first half of 2019, UNICEF reached more than 50,000 people with WASH-related information and distributed approximately 19,000 bars of soap, 11,000 buckets, 16,000 jerry cans, and 2.1 million water disinfection tablets to cholera- and drought-affected populations.
- With a combined \$14.6 million in USAID/OFDA FY 2019 funding, eight non-governmental organization partners are implementing multi-sector programs to address food insecurity, malnutrition, and other humanitarian needs in drought-affected areas of Kenya, including Baringo, Garissa, Kilifi, Mandera, Marsabit, Samburu, Tana River, Turkana, Wajir, and West Pokot counties. USAID/OFDA-funded interventions include disaster risk reduction capacity-building, infant and young child feeding awareness initiatives; mobile health and nutrition outreaches targeting hard-to-reach communities; operational support for health facilities; support for livestock recovery, disease surveillance, and treatment; water system rehabilitation and hygiene promotion; and distribution of relief supplies, including water disinfection tablets. Overall, USAID/OFDA contributed more than \$7 million in FY 2019 toward addressing agricultural, food, and nutrition needs in Kenya, as well as more than \$6 million to support WASH activities. A further \$3 million in FY 2019 USAID/OFDA funding supported economic recovery, humanitarian coordination and information management, risk management, and shelter activities.

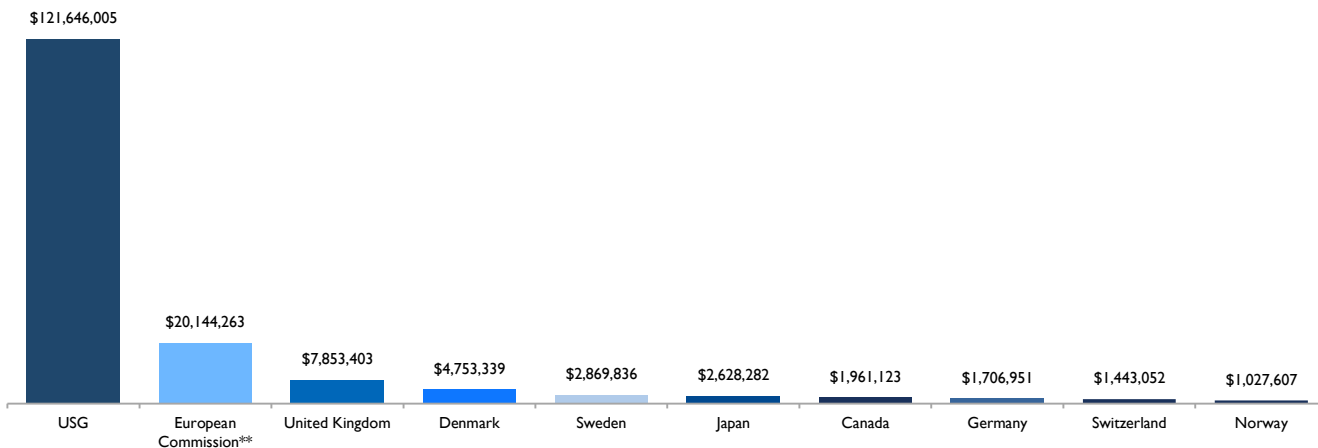
NATIONAL AND INTERNATIONAL RESPONSE

- Recognition of deteriorating drought conditions and increased humanitarian needs in March prompted the GoK, county authorities, and relief actors to scale up surveillance and early action activities, including cash transfers, food distributions, health and nutrition outreaches, and water system rehabilitation efforts. The GoK report the release of approximately \$18 million in emergency funds in March to support early actions interventions, while county governments had provided approximately \$35 million toward drought relief efforts by the end of April, according to the GoK National Drought Management Authority. In May, the GoK formulated a national drought response plan

outlining \$147 million in multi-sector interventions to respond to increased humanitarian needs through December; the GoK earmarked approximately \$77 million for the drought response in June.

- The UN Central Emergency Response Fund—a humanitarian pooled fund established and managed by the UN to support sudden-onset and underfunded emergencies—allocated nearly \$5 million in July to support agriculture, health, nutrition, protection, and WASH interventions for drought-affected populations in affected areas of the ASALs. As of late September, the international community had contributed approximately \$92 million toward humanitarian activities in Kenya in 2019.

2019 HUMANITARIAN FUNDING* PER DONOR



*Funding figures are as of September 30, 2019. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments during 2019, while USG figures are according to the USG and reflect USG commitments in FY 2019, which began on October 1, 2018.

**Includes contributions from the European Commission’s Directorate-General for Humanitarian Aid and Civil Protection (ECHO)

CONTEXT

- Although cyclical drought has affected Kenya for years, droughts are becoming more frequent, contributing to food insecurity and limiting the ability of households to recover between drought cycles. Drought conditions have led to loss of livelihoods, high staple food prices, lack of food and agricultural resources, and limited access to safe drinking water. In addition, high levels of acute malnutrition among populations in ASAL counties and ongoing public health risks—including the potential for disease outbreaks—remain of additional concern.
- USG assistance to Kenya continues to support emergency assistance to food-insecure and other vulnerable populations across the country. USAID/OFDA funding supports, livelihoods, nutrition, WASH, and risk management activities, while USAID/FFP funding supports recovery for acutely food insecure populations through the provision of emergency food assistance and nutritional commodities. Through State/PRM funding, humanitarian agencies are providing multi-sector assistance and protection services to refugees from Somalia, South Sudan, and other neighboring countries sheltering in Kenya.
- On May 17, 2019, U.S. Ambassador Kyle McCarter declared a disaster in Kenya for FY 2019 in response to deteriorating humanitarian conditions among drought-affected populations.

USG HUMANITARIAN FUNDING FOR THE KENYA RESPONSE IN FY 2019 ¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA			
Action Against Hunger/USA (AAH/USA)	Agriculture and Food Security, Nutrition, WASH	Mandera, West Pokot	\$1,200,000
Agency for Technical Cooperation and Development (ACTED)	Agriculture and Food Security, Economic Recovery and Market Systems (ERMS), Humanitarian Coordination and Information Management, Risk Management Policy and Practice, WASH	Samburu	\$2,000,000
Concern	Agriculture and Food Security, Nutrition, Risk Management Policy and Practice, WASH	Marsabit	\$1,500,000
International Rescue Committee (IRC)	Agriculture and Food Security, ERMS, Nutrition, WASH	Turkana	\$1,500,000
Kenya Red Cross Society (KRCS)	Agriculture and Food Security, Risk Management Policy and Practice, Shelter and Settlements, WASH	Countrywide	\$2,800,000
RACIDA	Agriculture and Food Security, WASH	Mandera	\$1,000,000
Save the Children Federation (SFC)	Agriculture and Food Security, Nutrition, WASH	Garissa, Turkana	\$1,800,000
UNICEF	Nutrition, WASH	Countrywide	\$2,300,000
World Vision	Agriculture and Food Security, ERMS, Nutrition, WASH	Kilifi, Tana River, Wajir	\$2,800,000
	Program Support		\$12,345
TOTAL USAID/OFDA FUNDING			\$16,912,345
USAID/FFP²			
UNICEF	386 metric tons (MT) of Local, Regional, and International Procurement (LRIP) and Complementary Services	Countrywide	\$3,000,000
WFP	15,730 MT of U.S. In-Kind Food Aid, 1,700 MT of LRIP, Cash Transfers for Food, and Complementary Services	Dadaab Refugee Camp Complex, Kakuma Refugee Camp, Kalobeyei Settlement	\$35,984,782
	2,508 MT of LRIP	Garissa, Isiolo, Mandera, Marsabit, Samburu, Tana River, Turkana, Wajir	\$7,740,000
	Complementary Services	Countrywide	\$2,260,000
TOTAL USAID/FFP FUNDING			\$48,984,782
STATE/PRM³			
Association of Volunteers in International Service Foundation (AVSI)	Education	Dadaab	\$800,000
Center for Victims of Torture (CVT)	Health, Protection, Psychosocial Support	Dadaab, Kakuma, Nairobi	\$3,000,000
Humanity and Inclusion (HI)	Health, Protection, Psychosocial Support	Dadaab, Kakuma, Kalobeyei	\$1,900,000
HIAS Refugee Trust	Gender-Based Violence (GBV) Prevention, Protection, Psychosocial Support	Nairobi	\$1,700,000

Internews	Communication and Capacity Building	Dadaab, Kakuma, Kalobeyi	\$1,450,000
IRC	GBV Prevention, Health, Protection	Dadaab, Kakuma, Kalobeyi	\$2,800,000
Jesuit Refugee Service (JRS)	GBV Prevention, Protection, Psychosocial Support	Kakuma, Kalobeyi	\$190,032
Lutheran World Federation (LWF)	Education and Protection	Kakuma, Kalobeyi	\$1,800,000
Norwegian Refugee Council (NRC)	Education and Protection	Kakuma, Kalobeyi	\$1,300,000
RefuSHE	GBV Prevention and Protection	Nairobi	\$1,600,000
Terre des Hommes (TDH)	Protection	Dadaab	\$1,572,000
UN Humanitarian Air Service (UNHAS)	Humanitarian Air Service	Countrywide	\$1,000,000
Office of the UN High Commissioner for Refugees (UNHCR)	Protection and Refugee Assistance	Countrywide	\$36,364,664
World University Service of Canada (WUSC)	Education	Dadaab, Kakuma	\$272,182
TOTAL STATE/PRM FUNDING			\$55,748,878
TOTAL USG HUMANITARIAN FUNDING FOR THE COUNTRY RESPONSE IN FY 2019			\$121,646,005

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds; USG funding represents publicly reported amounts as of September 30, 2019.

² Estimated value of food assistance and transportation costs at time of procurement; subject to change.

³ State/PRM funding includes assistance to Somali and South Sudanese refugees who are sheltering in Kenya, which is also included in the regional USG response totals for Somalia and South Sudan.

PUBLIC DONATION INFORMATION

The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.

USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.

More information can be found at:

- USAID Center for International Disaster Information: www.cidi.org.
- Information on relief activities of the humanitarian community can be found at www.reliefweb.int.

USAID/OFDA bulletins appear on the USAID website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>