



# WFP Kenya Country Brief

February 2018

## In Numbers

8,358 mt of food assistance distributed

US\$6.1 m cash based transfers made

US\$17.99 m six months (March-August 2018) net funding requirements.

1.73 m people assisted

46%



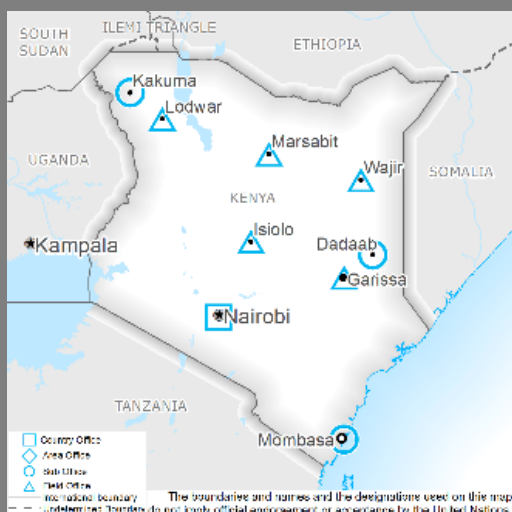
54%



## Operational Context

Kenya has diverse natural resources and a highly varied terrain. Agriculture remains the main economic driver but is highly dependent on seasonal rainfall and 80 percent of Kenya is either arid or semi-arid. Value chains tend to be long, inefficient and unresponsive to farmers' needs.

In 2014, the World Bank reclassified Kenya's economy as lower-middle income. However, poverty, food insecurity, under-nutrition and income inequality remain high; 46 percent of Kenyans live below the national poverty line. The most severe conditions exist in the arid north, which is underdeveloped, drought-prone and often disrupted by local conflicts. There is high undernourishment with global acute malnutrition among children aged 6 - 59 months often exceeding the "critical" threshold of 15 percent. Stunting is above 25 percent in some counties. Net enrolment in primary education in arid counties is still below 50 percent. Kenya hosts thousands of refugees in camps located in Garissa and Turkana counties.



Population: 50.5 million (est)

2016 Human Development Index: 146 out of 188

Income Level: Lower middle

Chronic malnutrition: 26% of children between 6-59 months

## Operational Updates

The assessment of the October-December 2017 short rains season conducted in February 2018 established that 2.55 million Kenyans in the 23 arid and semi-arid counties face acute food insecurity; a 25 percent reduction from the July 2017 findings. The rainfall season started on time in most parts of the country but ended unusually early in many areas. While food security conditions in most counties stabilised or improved, Isiolo, Garissa, Kajiado, Mandera, and Tana River worsened as rainfall distribution was poor. The overall nutrition situation significantly improved in parts of Turkana and Marsabit, which is mainly attributed to improved food access, large-scale interventions such as the prevention of acute malnutrition, and increased access to health and nutrition.

WFP reached 40,000 households with cash-based transfers to cover family food gaps for households with either a child or a pregnant/breastfeeding woman identified with acute malnutrition in Turkana, Marsabit and Mandera. Households in Wajir and parts of Mandera will receive their entitlements in March. Preparations to provide similar assistance in Baringo, Garissa, Isiolo, Samburu, Tana River and West Pokot have also started.

WFP and its partners in the Farm to Market Alliance profiled 25,000 smallholder farmers from 478 farmer organizations in seven counties to allow expansion of this initiative during the March-May 2018 season. The initiative has successfully tested the key components of the farmer development model: pre-planting forward delivery contracts; farm input packages offered on credit and tied to mandatory crop loss insurance; trainings on good farming practices, post-harvest handling; and use of a digital application to access information.

WFP, together with the ministries of education, health and agriculture trained 570 cooks and school health patrons (55 percent female) in Baringo and West Pokot on nutrition and hygiene to be observed when preparing school meals. The goal was to reduce morbidity associated with diarrhoea among school going children.

Main Photo

Credit: WFP/Martin Karimi  
Caption: A woman and her children after receiving ready-to-supplementary foods to treat malnutrition in Dadaab refugee camps.

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## Challenges

Due to funding constraints, WFP has not been providing full entitlements to refugees since October 2017.

Food distributions for the host communities have also not taken place for several months. Furthermore, from April 2018 onwards, WFP will run out of specialised nutritious foods given to refugee families through the general distributions, and in the prevention of acute malnutrition amongst children and women.

The International Rescue Committee, WFP's health and nutrition partner in the Kakuma refugee camp, reported 47 suspected cases of scurvy caused by a prolonged deficiency of vitamin C (ascorbic acid) in the diet. The cases were among South Sudanese boys aged 16-21 years living communally. UNHCR requested Center for Disease Control (CDC) to come on a mission to confirm the cases and the investigate the prevalence and causes. The affected were immediately given ascorbic acid.

## What WFP is Doing in Kenya

- WFP is working with the Government of Kenya to strengthen the capacity of national institutions and county governments to assess, analyse, prepare for and respond to food insecurity and undernutrition.
- WFP is supporting communities in arid and semi-arid areas to build productive assets. This promotes longer-term resilience by increasing farm productivity and allowing communities to grow more food, diversify incomes, have healthier livestock, and protect the environment. WFP also supports smallholder farmers to acquire the skills and tools they need to increase their yields, and increase incomes. This is done through linkages to structured markets, and trainings on collective bargaining, good farming practices and post-harvest handling.
- WFP and the Ministry of Education have run a school meals programme for nursery and primary school children since 1980. Since 2009, the programme has been transitioning to a nationally owned and financed school meals programme, which buys food from local traders and farmers, thus stimulating the local economy. The programme will be fully nationally owned from July 2018.
- WFP provides refugees with monthly food assistance – a hybrid of in-kind food and cash-based transfers. Using a specialized blend of fortified food infused with micronutrients, WFP treats and prevents acute malnutrition among children aged 6-59 months and pregnant and lactating women for Kenyans and refugees.

|   | Total Requirements (in USD) | Confirmed Contributions (in USD) | 6 Month Net Funding Requirements (in USD) * |
|---|-----------------------------|----------------------------------|---|
| <b>Country Programme Kenya</b>  |                             |                                  |   |
| CP 200680 (July 2014 – Jun 2018)                                      | 8.71m                       | Nil                              | Nil   |
| <b>Bridging Relief and Resilience in the Arid and Semi-Arid Lands</b> |                             |                                  |   |
| PRRO 200736 (May 2015 – Apr 2018)                                     | 54.59m                      | Nil                              | Nil   |
| <b>Food assistance for refugees</b>                                   |                             |                                  |   |
| PRRO 200737 (Apr 2015–Mar 2018)                                       | 49.38m                      | Nil                              | 17.99m                                      |

\*March – August 2018

## Monitoring

The country office monitored its ongoing activities both inside the refugee camps and elsewhere in Kenya – school meals, treatment and prevention of acute malnutrition, food and cash assistance for refugees and food assistance for assets.

The country office conducts monitoring through two mediums, face-to-face monitoring which is complemented by remote monitoring through mobile vulnerability assessment mapping (mVAM) that involves use of mobile phones to collect monitoring data. A total of 64 food assistance for assets sites were visited: 89 per cent of total planned sites. WFP visited a total of 58 schools, whilst schools in Mandera that are inaccessible due to insecurity were monitored using mobile vulnerability assessment mapping (mVAM) attaining a 73 percent monitoring coverage against the planned. In addition, to gather perceptions regarding our interventions and utilisation of assistance among assisted populations, WFP interviewed beneficiaries in refugee camps using the same modality of mVAM achieving a coverage of 78 percent. WFP could not achieve 100 percent coverage due to ongoing development of County Integrated Development Plans (CIDP) in most counties.

Complaints and feedback mechanism (CFM) through the country office's toll-free hotline, registered 2,479 calls (1,775 from females) mainly dealing with information and or queries across the programmes.

The country office finalized the review of WFP's country capacity strengthening activities, which positively highlighted the support in the design and implementation of key systems and processes and in facilitating policy discourse in disaster risk management and social protection. Also, a decentralised evaluation to assess the effects of cash-based transfers on local economies, food security and nutrition, income and social cohesion between refugees and their hosts is ongoing.

## Top 5 Donors

**CP 200680:** USA, Canada, Sweden, Private Donors, Germany  
**PRRO 200736:** USA, Sweden, Canada, Multilateral, UK