

**Information Note of IR-EMOP Project Document-Delegation of Authority to
Country Directors**

TO: Calum Gardner, Chief, RMBB

DATE: 7th March 2017

PAGE 1 OF 4

(Information Note- 2 pages; EMOP
Budget- 2 pages)

FROM:

Annalisa Conte, Country Director, Kenya

CC:

Valerie Guarnieri, Regional Director, Regional Bureau Nairobi

Denise Brown, Director of Emergencies, OSE

James Harvey, Chief of Staff

[Advance Financing Mailbox--wfp.advancefinancing@wfp.org]

**IMMEDIATE RESPONSE EMERGENCY OPERATION
KENYA [EMOP 201069]
TREATMENT OF MALNUTRITION RESULTING FROM DROUGHT**

PART 1: INFORMATION NOTE

Nature of Emergency

1. Severe drought in Kenya is resulting in rapidly increasing levels of food insecurity and acute malnutrition. The Government of Kenya (GOK) declared drought a national disaster on 10 February 2017 and requested the international community to support and supplement national response measures.

Location

2. Arid and semi-arid lands (ASALs) of Kenya comprising 23 counties.¹ Of these, 13 counties are currently classified in drought phase “alarm” and 10 in “alert”.
3. Global Acute Malnutrition (GAM) prevalence is above the emergency threshold of 15% in 5 counties². Of these, Mandera County, Turkana North sub-country (Turkana County), and North Horr sub-county (Marsabit County) have very critical GAM rates of 30% or higher.

Cause:

4. Drought; a below average 2016 long rain season was compounded by a severe drought during the short rains. Rainfall was just 25-50% of normal in north-western and coastal areas. This severe weather shock is exacerbating high levels of chronic poverty and vulnerability in the ASALs.

¹ The 23 counties in the ASALs are Turkana, Wajir, Mandera, Garissa, Marsabit, Samburu, Laikipia, West Pokot, Tana River, Isiolo, Kajiado, Baringo, Narok, Makueni, Kwale, Kilifi, Kitui, Taita Taveta, Mbeere, Tharaka, Meru North, Kieni and Lamu.

² Turkana, Mandera, Marsabit, Baringo (East Pokot) and Isiolo.

Effects:

5. Drought is having devastating effects on agricultural production and livestock conditions, reducing access to nutritious food and driving malnutrition.
6. Analysis of food price trends in the major urban markets³ reveals that wholesale maize prices are gradually increasing, and will be between 10 – 25 percent above the long-term average in most of these markets by the middle of 2017⁴.
7. Some coastal regions recorded 75% reduction to total harvest failure, and will not receive a major harvest until early 2018.
8. Livestock prices have dropped to 25% below average. Lack of pasture and browse is leading to irregular migration patterns and livestock deaths in some areas. Milk production, which is critical for child nutrition in pastoral communities, is 30% less than normal, while milk prices have doubled and consumption has halved.
9. In the absence of relief assistance, the food security and nutrition situation will undoubtedly deteriorate over the coming months. The long rains in mid-year may bring some improvement in livestock and crop production. However, long range forecasts are for below average rains. In which case any respite would be short lived, followed by even more severe and widespread needs. Comparisons are being drawn with the 2011 Horn of Africa drought.

Total number of affected population in need of emergency food and nutrition assistance:

10. The recent short rains assessment indicates that 2.6 million people will be food insecure and in need of assistance over the coming months. This is equivalent to 20% of the population in pastoral areas and 18% in marginal agricultural areas. In drought affected counties approximately 343,559 children aged 6-59 months are suffering from acute malnutrition. Of these, 75,010 are severely acute malnourished, and 268,549 are moderately acute malnourished.
11. This IR-EMOP seeks specifically to meet needs of the nutrition sector by supporting the treatment of 134,000 moderately acute malnourished children aged 6-59 months (based on coverage target of 50% in line with the SPHERE standards) in drought affected counties. Furthermore, nutrition programme information estimates that there are 37,000 moderately acute malnourished pregnant and lactating women in drought affected counties.

WFP IR EMOP:

12. This IR-EMOP focuses exclusively on the procurement and delivery of Ready to Use Supplementary Food (RUSF) for the treatment of Moderate Acute Malnutrition among children 6-59 months. This reflects the isolation of the most important and time critical response priority and **responds directly to a request from the Ministry of Health for WFP to undertake the procurement and delivery of these commodities**. More broadly, WFP is developing plans and mobilising resources to scale up food and nutrition assistance in consultation with Government and partners. This includes further (than this IR-EMOP) resources for MAM treatment and prevention.
13. The treatment of acute malnutrition is critical to reduce morbidity and mortality and central to WFP's mandate in emergency response. The current drought has pushed the number of children suffering from acute malnutrition to over 340,000,

³ Nairobi, Mombasa, Kisumu and Eldoret

⁴ KFSSG 2017 Short rains assessment report

of whom over 260,000 are MAM cases in ASAL Counties. Meanwhile, the national pipeline of Ready to Use Supplementary Food (RUSF) breaks in March for 3 months, before further government procured supplies arrive in June. The total March – October treatment requirement for Moderate Acute Malnutrition (MAM) is \$12.8 million. Following government allocations of \$7.43 million the financing gap is \$5.37 million. The \$1.5 million from the IR-EMOP reduces the gap to \$3.87 million, and allows for immediate action while WFP continues to seek funds from bilateral donors, CERF and the UN Joint Drought Appeal.

14. Failure to fill this gap in the pipeline and ensure continuity of MAM services in health facilities will lead to increased risk of morbidity and mortality of those with MAM and also cause an increase in the prevalence of severe acute malnutrition (SAM).
15. The duration of assistance will be 2 months from March to April 2017. The maximum IR-EMOP allocation of USD 1.5 million will be sufficient to procure 502mts of RUSF that will treat 134,000 children across the 23 counties of the ASALs. Commodities are currently available in the region and can be delivered to health facilities to resume treatment within 3 weeks of funding receipt.
16. WFP will procure and deliver the commodities to health facilities in 8 arid counties.⁵ An agreement between WFP and the Kenya Medical Supplies Authority (KEMSA) for the transportation of RUSF will be expanded to include the 16 semi-arid counties.⁶ Once delivered, health workers in facilities will administer the commodities as part of MAM services. With the support of nutrition specialised agencies, outreach and mobile services in hard to reach areas will also provide MAM services with government oversight and supervision.
17. The ration will be 1 sachet of RUSF per day for a maximum 120 days of treatment of Moderate Acute Malnutrition per child, according to government guidelines.
18. MAM treatment of Pregnant and Lactating Women will be covered by GOK and WFP and is therefore not included in the IR-EMOP. GOK has procured commodities for MAM treatment of pregnant and lactating women which WFP will compliment with vegetable oil.

PART 2: EMOP BUDGET

Cost Components			USD
Food Tool	MT	Rate/mt	
RUSF	502.00	2,431.00	1,220,362
Total Food Transfers			1,220,362
External Transport		110.00	55,220
LTSH		181.49	91,109
ODOC Food		25.90	13,000
<i>Describe ODOC costs here</i>			
<i>ODOC costs include the cost of contracting KEMSA to transport RUSF to the 16 semi-arid counties. These funds will also be used for partner operations including communication and vehicle running and maintenance expenses.</i>			

⁵ Turkana, Wajir, Mandera, Garissa, Marsabit, Samburu, Tana River and Isiolo

⁶ West Pokot, Baringo, Laikipia, Kajiado, Narok, Makueni, Kwale, Kilifi, Kitui, Taita Taveta, Mbeere, Tharaka, Meru North, Kieni and Lamu.

Total Food DOC			\$1,379,691
Cash and Voucher Tool		% of Transfers	
Total Cash and Vouchers Transfers			
C&V Related costs			0
<i>Describe C&V Related costs here.</i>			
N/A			
Total C&V DOC			\$ 0
Capacity Development & Augmentation Tool			
<i>Describe CD&A costs here.</i>			
N/A			
Total CD&A DOC			\$1,379,691
Total Direct Operating Costs (DOC)			\$ 1,379,691
Direct Support Cost (DSC)			15,600
<i>Describe DSC Related costs here.</i>			
<i>DSC will be used to support WFP field security and communication requirements, as well as provision of office supplies and rental space.</i>			
Total WFP direct project costs			1,395,292
Indirect Support Costs (ISC)		7%	97,670
TOTAL WFP COSTS			\$ 1,492,962
PART 3: EMOP APPROVAL			

- 1) IRA funding is available to cover EMOP budget

Calum Gardner, Chief, RMBB (signature):

Date: --/--/----

- 2) EMOP is approved

Annalisa Conte, Country Director, Kenya (signature):

Date: --/--/----

or

Valerie Guarnieri, Regional Director, RBN (signature):

Date: --/--/----

or

Denise Brown, Director of Emergencies, OSE (signature):

Date: --/--/---

Annex 1 – Budget Summary