COUNTRY STRATEGIC PLAN REVISION

REVISION

Kenya Country Strategic Plan Revision 04

Gender and age marker code: 3

	Current	Change	Revised
Duration	1 July 2018–30 June 2023	No change	1 July 2018–30 June 2023
Beneficiaries	2,465,800	758,200	3,224,000
Total cost (USD)	998,973,969	94,346,953	1,093,320,922
Transfer	804,427,289	85,653,047	890,080,336
Implementation	79,046,128	4,836,017	83,882,145
Direct Support Costs	54,530,311	- 1,659,516	52,870,794
Sub-total	938,003,727	88,829,548	1,026,833,275
Indirect Support Costs	60,970,242	5,517,405	66,487,647

Gender and age marker*: 3 ¹

Kenya Country Strategic Plan Revision 04

1. RATIONALE

- 1. This budget revision reflects the scaling up of operations by WFP in the context of the COVID-19 crisis to provide life-saving food assistance to additional food-insecure and vulnerable populations and aligns planning with operational realities. The timeframe of the budget revision is from 01 September 2020.
- 2. As of 30 August 2020, Kenya has registered a total of 34,057 COVID-19 cases; 574 have died, while 19,688 have recovered. Nairobi continues to have the highest number of cases (57 percent), while the elderly account for 43 percent of total COVID-19 related deaths in Kenya. The Government has taken several measures to curb the spread of the virus, including implementing a curfew and restricting people's movement while making efforts to preserve the movement and delivery of essential goods and services. Nonetheless, the impact of trade and movement restriction measures has exacerbated existing vulnerabilities and created new populations of concern, particularly in urban areas. Many populations living in informal settlements rely on informal and daily wage labour and have lost their jobs because of the economic downturn, resulting in 1.7 million people projected to be affected.²

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 $[\]underline{\ ^*\ http://gender.manuals.wfp.org/en/gender-toolkit/gender-in-programming/gender-and-age-marker/}$

¹ Gender and age marker rating of 4 attained during CSP period.

² Kenya Food Security Steering Group April 2020

- 3. The pandemic is occurring against a backdrop of increased humanitarian needs, including back-to-back drought, floods and a locust upsurge, and has exacerbated existing vulnerabilities across Kenya. The June 2020 Food Security Outlook³ concludes that COVID-19 control measures and flooding from the above-average March to May long rains have driven widespread 'stressed' (IPC Phase 2) outcomes, and an increase in populations in rural and urban areas in 'crisis' (IPC Phase 3) since February. An estimated 3 to 3.5 million people are projected to be food-insecure in Kenya as the needs peak in August-September 2020. Malnutrition already compromises immunity, and ensuring nutrition services are consistently available, with good coverage to ensure those eligible for support are able to access services is critical. Analysis of the findings from the government-led, interagency Long Rains Assessment is currently ongoing. Once completed, the assessment will indicate the impact of COVID-19 on food security and nutrition outcomes.
- 4. The current situation exceeds national response capacities. WFP has been requested by the Government of Kenya to supplement its relief response for vulnerable Kenyan urban populations and expand nutrition services. The proposed budget revision maintains alignment with the national response plans and the Kenya UNDAF (2018-2022), as well as WFP's Medium-Term Programme Framework (MTPF) for responding to the development emergency caused by COVID-19.
- 5. Kenya continues to host 500,000 refugees from the Great Lakes and Horn of Africa regions displaced by conflict and political instability. Numbers have not declined as initially foreseen due to a slower than anticipated repatriation of Somali refugees in Dadaab. Meanwhile, the cost of food has increased with implications for refugees' purchasing power.
- 6. As the Government of Kenya ordered the closure of all learning institutions in the Country in mid-March 2020, the national school meals programme was suspended leaving some 1.6 million learners without government-supported daily school lunches.
- 7. Analysis of nutrition data shows that nutrition services remain uninterrupted following the Government's efforts to ensure that essential services are not disrupted. However, there are reports of a decline in health centre visits and utilization of some services due to the perceived risk of exposure to COVID-19 at health facilities.

2. CHANGES

Strategic orientation

- 8. The budget revision maintains the strategic orientation of the CSP.
- 9. Under Strategic Outcome 1, Activity 1, a proposed revision of the wording of output 6 reflects an increased focus on self-reliance as a strategy towards the achievement of the Global Compact on Refugees.

³ Kenya Food Security Outlook Update, June 2020 to January 2021

10. Under strategic Outcome 4, Activity 7 (SOLVE) has been phased-out and transitioned to longer-term actors.

Strategic outcomes

- 11. Strategic Outcome 1, Activity 1: "Provide food assistance and nutrient-rich commodities to refugees, along with SBCC and support for self-reliance activities in camps and settlement areas." The CSP had anticipated a reduction in the numbers of refugees hosted in Kenya, reinforced by the Government's intention to close Dadaab refugee camp. However, the refugee population has remained stable therefore planning projections are adjusted. WFP has been increasing the proportion of assistance provided through cash transfers to increase the local economic benefits of food assistance and increase refugee choice and dietary diversity. The cost of providing a minimum food basket (MFB) has increased, resulting in a significant increase in overall food assistance requirements. The MFB considers the inflation rates for staple commodities in the market and introduces foods such as vegetables and milk to increase the nutrition value of the food basket. Full school meals will be provided in schools when attendance is resumed (currently planned for January 2021), to ensure a safety net for vulnerable children in the context of protracted ration cuts since the outset of the CSP. WFP will work closely with UNHCR, RAS, partners and other stakeholders to ensure infrastructure is in place for safe preparation and provision of school meals, in line with the Ministry of Health guidelines. Additionally, S.O.P's and communications materials will be updated to incorporate COVID 19 measures. Double distributions are currently ongoing in the refugee operations to mitigate against exposure to COVID-19 during distributions.
- 12. Strategic Outcome 1, Activity 2: "Provide food assistance and nutrient-rich commodities complemented by SBCC to vulnerable Kenyan populations in order to meet acute food needs". Although the CSP includes a contingency plan for relief support, given the urban dimension of COVID-19-induced vulnerability and in particular the impact that movement restrictions and the economic downturn have had on Kenya's urban communities, WFP will introduce direct assistance to vulnerable groups at the Government's request. WFP will (i) expand the cash stipend programme that the government has initiated for affected urban populations; and (ii) scale-up nutrition services to cover increased demand in the arid and semi-arid counties (ASALs) and expand services to Nairobi. An additional contingency is included to enable WFP to complement Government relief support to other disaster affected communities.
- 13. Strategic Outcome 2, Activity 3: "Create assets and transfer knowledge, skills and climate risk management tools to food-insecure households". Adjusted food distributions and digitization of engagement with small-holder farmers and county government partners is ongoing in light of the COVID-19 pandemic. WFP has not been able to provide transfers to beneficiaries in semi-arid counties since the outset of the CSP due to resourcing challenges. Beneficiaries living in the arid areas are therefore prioritized, reducing overall requirements, with a further transition from in-kind transfers to CBT envisaged in line with national policy. Direct provision of micro-nutrient powders is suspended due to lack of resources, and alternative support is being explored through private-sector partnerships. Beneficiary numbers have been increased for the R4 component due to the increased

- demand for access to financial services, including micro-insurance and availability of cofinancing from the Ministry of Agriculture.
- 14. Strategic Outcome 2, Activity 4: "Facilitate access to markets and provide technical expertise in supply chain management to smallholder farmers and retailers". The budget for the Farm to Market Alliance⁴ component of this activity is reduced in line with a new multi-year strategy developed in 2020.

Targeting and Transfer modalities

- 15. Strategic Outcome 1, Activity 1: The revised minimum costs for a nutritious diet for refugees living in the two refugee camps in Kenya reflect prevailing market prices. The MFB value developed by the multi-agency cash working group that includes the Government of Kenya, has established the average cost as KES2,500 per person per month (USD25/p/m), which will be used as the new reference point to calculate the food assistance needs of refugees residing in the camps.
- 16. Strategic Outcome 1, Activity 2: The Government has requested support from partners to target urban poor populations living in informal settlements in Government declared hotspots within Nairobi, Mombasa, Nakuru, Kilifi and Kwale counties. In collaboration with other humanitarian actors, WFP will complement the efforts of the national and county governments to prioritize targeted communities with particular attention to households with members of high-risk groups, including those relying on informal livelihoods, with nutritionally vulnerable members and elderly, and persons with disability. WFP will provide CBT to eligible households on a monthly basis to meet up to half the MFB needs for an average family of four. The MFB for urban areas has been established as KES2,000 per person per month (USD20/p/m). Families targeted by WFP will receive the equivalent of USD 10 per person per month. Cash will be transferred via mobile telephones. The transfer value and delivery mechanism are fully aligned with the Government's COVID-19 cash stipend programme.
- 17. Additional populations have been prioritized for treatment of acute malnutrition as part of the COVID-19 response in Kenya. These include children (6-59 months⁵) and Pregnant and Lactating Women (PLWs). WFP will extend nutrition support to children under 5 years, pregnant and breastfeeding mothers and elderly people to underserved urban areas. Prevention and treatment rations have been adjusted to accommodate commodity packaging sizes and remain in line with international guidelines.

Country office capacity

18. WFP Kenya maintains an organisational structure and field presence that includes a network of nine field/sub-offices and dedicated technical teams that are able to accommodate the surge support outlined in this budget revisions. An end-of year review of this footprint will be conducted in light of longer-term needs.

⁴ The Farm to Market Alliance is a public-private consortium of 6 agri-focused organizations seeking to address value chain challenges to improve the productivity and profitability of smallholder farmers.

⁵ 143,000 with severe acute malnutrition and 423,000 with moderate acute malnutrition

Accountability to affected populations, protection risks, restrictions of gender and disabilities.

- 19. WFP will facilitate continuous engagement with beneficiaries to provide timely and relevant information on entitlements, transfer modalities, targeting criteria, logistics, distribution arrangements and protection risks. WFP has established a complaints and feedback mechanism for the new areas of expansion, linked to the existing systems.
- 20. WFP will continue to analyse gender and protection risks and to develop mitigating measures that guarantee the safety and dignity of the affected populations including persons with disabilities, the elderly, pregnant and lactating women and girls and the sick.
- 21. WFP will also take all necessary measures to avoid contributing to the spread of the COVID-19 outbreak, ensuring safety and protection of staff and the beneficiaries in line with the WHO and Ministry of Health guidelines in collaboration with partners.

Monitoring and Evaluation

22. Monitoring guidelines are being adapted for the COVID-19 context through the expansion of remote monitoring. The in-house call center has been decentralized to all field offices to increase coverage, ensuring all activities in all geographical areas are monitored accordingly. Market monitoring in informal urban settlements has commenced along with support to county governments in setting up situation rooms to monitor the food security situation.

Risk Management

23. WFP has updated its risk register and mitigation actions for COVID-19. Supply chain disruptions, increased food insecurity due to loss of livelihood, insufficient funding, staff health and safety, coupled with the threats of flooding and a resurgent locust outbreak are among the top risks for the country office.

1	TABLE 1: DIRECT BENEFICIARIES BY STRATEGIC OUTCOME & ACTIVITY								
Strategic Outcome	Activity	Period	Women	Men	Girls	Boys	Total		
			(18+ years)	(18+ years)	(0-18 years)	(0-18 years)			
		Current	89,250	82,875	123,250	129,625	425,000		
	Refugees	Increase/decrease	0	0	0	0	(
		Revised	89,250	82,875	123,250	129,625	425,000		
1		Current	298,736	105,000	535,758	360,506	1,300,000		
	Relief and Nutrition	Increase/decrease	278,664	210,000	334,802	246,534	1,070,000		
		Revised	577,400	315,000	870,560	607,040	2,370,000		
2		Current	170,382	133,344	214,833	222,241	740,800		
	Resilience & Livelihoods	Increase/decrease	-96,658	-96,658	-56,124	-62,360	-311,800		
		Revised	73,724	36,686	158,709	159,881	429,000		
		Current	558,368	321,219	873,841	712,372	2,465,800		

Increase/decrease

Revised

182,006

740,374

113,342

434,561

278,678

1,152,519

184,174

896,546

758,200

3,224,000

TOTAL

(without overlap)

⁶ The increase in beneficiaries accounts for 1 million new beneficiaries in 2021/2022 under the relief contingency, accounting for 500,000 new beneficiaries each year, and 70,000 new beneficiaries in 2021-2023 under the nutrition component, including 47,600 MAM treatment and 22,400 prevention cases.

TABLE 2: FOOD RA	ATION (g/person	/day) or CASH-BA	SED TRANS	FER VALUE (USD/person/day)	BY STRATEGIC	C OUTCOME A	AND ACTI	VITY
			Stra	tegic outcome 1					
			Activity 2						
	Refugees ⁷	Refugees PLWG - School PLWG - MAM children MAM MAM prevention - and people living with HIV, TB and chronic diseases			AM 6–23 months MAM treatment people g with FB and onic		Crisis affected households		
	CBT	Food	Food	Food	Food	Food		СВТ	Food
Cereals			150						300
Pulses			40						45
Oil			5						26
SuperCereal Plus		150		250	150	150	250		
Total kcal/day		1,278	1,990	728	984	591	984	1,478	1,478
% kcal from protein		11.5	12.3	13.2	16.6	16.6	16.6	10.6	10.6
Cash-based transfers (USD/person/day)	0.34							0.31	
Number of feeding days per year	365	195	195	365				90	90

⁷ CBT constitutes 50 percent of rations in 2020/2021 and 60 percent in 2022/2023. This is equivalent to USD 0.34/person/day in 2020/2021 and USD 0.40/person/day in 2022/2023 using MFB value. The rations for the food proportion remain as originally planned.

TABLE 3: TOTAL FOOD/CASH-BASED TRANSFER REQUIREMENTS									
AND VALUE									
Food type / each based	Current Budget		In	crease	Revised Budget				
Food type / cash-based transfer	Total (mt)	Total (USD)	Total (mt)	Total (USD)	Total (mt)	Total (USD)			
Cereals	273,228	87,840,975	20,537	238,604	252,692	88,079,579			
Pulses	64,388	45,071,922	2,306	1,156,710	62,082	43,915,211			
Oil and Fats	32,246	37,630,803	952	1,142,438	31,294	36,488,365			
Mixed and blended foods	92,931	78,263,976	3,269	377,512	89,662	78,641,488			
Other	887	640,161	- 531	411,543	355	228,618			
TOTAL (food)	463,680	249,447,837	- 27,595	- 2,094,576	436,085	247,353,261			
Cash-Based Transfers (USD)		247,993,169		85,573,180		333,566,349			
TOTAL (food and CBT value – USD)	463,680	497,441,006	27,595	83,478,604	436,085	580,919,610			

3. COST BREAKDOWN

- 24. Key changes in the direct support costs and implementation budget are related to the alignment of staffing costs and administrative costs according to operational requirements.
- 25. Activity 5 staff costs for activity management and field offices have been increased in line with the evolution of the capacity strengthening portfolio. The increase will allow adequate staffing capacity in line with the increased technical assistance requirements to support institutions deliver especially at county level.

TABI	TABLE 4: COST BREAKDOWN OF THE REVISION ONLY (USD)								
	Strategic Result 1 / SDG Target 2.1	Strategic Result 4 / SDG Target 2.4	Strategic Result 5 / SDG Target 17.9	Strategic Result 8 / SDG Target 17.16	TOTAL				
Strategic outcome	01	02	03	04					
Focus Area	Crisis Response	Resilience Building	Root Causes	Crisis Response					
Transfer	120,269,649	- 35,604,812	988,210	-	85,653,047				
Implementation	1,164,516	2,359,962	1,270,039	41,500	4,836,017				
Direct support costs	(no figures in the grey cells)				- 1,659,516				
Subtotal					88,829,548				
Indirect support costs					5,517,405				
TOTAL					94,346,953				

TABLE 5: OV	ERALL CS	P COST BR	EAKDOWN (USD)	, FOLLOWI	NG THE REVISION
	Strategic Result 1 / SDG Target 2.1	Strategic Result 4 / SDG Target 2.4	Strategic Result 5 / SDG Target 17.9	Strategic Result 8 / SDG Target 17.16	TOTAL
Strategic outcome	01	02	03	04	
Focus Area	Crisis Response	Resilience Building	Root Causes	Crisis Response	
Transfer	583,068,389	259,182,879	20,421,794	27,407,273	890,080,336
Implementation	42,956,914	34,274,696	6,116,116	534,420	83,882,145
Direct support costs	33,961,109	15,932,017	1,447,115	1,530,553	52,870,794
Subtotal	659,986,411	309,389,592	27,985,026	29,472,246	1,026,833,275
Indirect support costs	42,899,117	20,110,323	1,819,027	1,659,180	66,487,647
TOTAL	702,885,528	329,499,915	29,804,053	31,131,426	1,093,320,922

APPENDIX 1: CSP LINE OF SIGHT

KENYA CSP 2018–2023 -- Budget Review 02 - August 2020 SR5 – Capacity strengthening (SDG Target 17.9) ision 2030: Sodal, Economic & Political Pillars SR 8 - Enhance global partnerships (SDG 17.16) SR4 – Sustainable food systems (SDG Target 2.2) Vision 2030: Economic Pillar SR1 - Access to food (SDG Target 2.1) Vision 2030: Social Pillar CRISIS RESPONSE RESILIENCE STRATEGIC OUTCOME 2 solder producers, food-insecure and vulnerable from more sustainable, inclusive food system sold shocks to meet food and RESILIENCE BUILDING ROOT CAUSES CRISIS RESPONSE STRATEGIC OUTCOME 1 Refugees & asylum seekers living in camps/settlements & populations affected by natural & man-made disasters have access to adequate food to meet their food & nutrition needs throughout the year. Budget SO1: USD 719.564,449 Budget SO3: USD 328,521,499 Budget SO3: USD 29,853,347 OUTPUTS 1. Food-insecure refugees (Tier 1) receive moditional in kind or cash-based resource transfers (Output category A1) to meet their food & nutrition needs; Refugee children 6-59 months, pregnant/lactating women/girls & Hiv/TB patients (Tier 1) receive fortified and/or specialized nutritions foods & social and behaviour change communication (SBCC) (Output category B) to prevent & treat acute mainturition; 1. Trappeted communities in book interest areas, including youth and religies host communities in book interest areas, including youth and religies host communities and a case of the communities of the c OUTPUTS OUTPUTS OUTPUTS Clients of national & county safety nets (Tier 3) benefit from inclusive and integrated, effective, well-coordinated and transparent programmes (Output category C) to reduce poverty & Budget SO3: USD 31,095,122 1.Refugees (Tier 3) benefit from access by air transport to & from refugee camps for humanitation workers & stable-diders such humanitation workers & stable-diders such humanitation workers & stable-diders such implementation of refugee assistance (Output category H). 2. Clients of health centres (Tier 2) benefit from an improved health commodities supply chain (Output category H) for improved health centre (Fier 2) benefit from an improved health centre and and private sector. (Deactwest and early and private sectors. Observations are services for the safe transportation of humanitarian services for the safe transportation of humanitarian workers and stableholders to and from project implementation sites well-coordinated and transparent programmes (Coupur category C) to reduce powerly & Coupur category C) to reduce powerly & Coupur category C) to reduce power of the Coupur category C) to reduce power coupur category control to the Coupur category C) to reduce the Coupur category C) to reduce the Coupur category C) to meet their basic humanitarian needs. The Coupur category C) to the Coupur category C) to meet their basic humanitarian needs and the Coupur category C) to the Coupur category C) to meet their basic humanitarian needs and the Coupur category C) to meet their basic humanitarian needs and their coupur category C) to the Coup malnutrition;). Caregivers of children in stabilization centres and inpatients (Tier 1) receive unconditional food transfers (Output category A1) and SBCC in order to meet unconditional food transfers (Output category A1) and SBC (in order to meet their food and nutrition needs; 4. Refugee primary school children (Tier 1) receive school meals everyday they attend schools (Output category A2) to meet their food and nutrition needs in order to improve school errorilment and attendance; order to improve school errorilment and attendance; receive conditional food transfers everyday they attend the vocational Transing (Output Category A2) in order to gain skills to strengthen livelihoods in camps & host communified. Bedgee and host community members (fire 1) receive capacity hulding & Lechnical Support to Ordiput actingony (SAI) for increased self-relained. Rechnical Support to Ordiput actingony (SAI) for increased self-relained. Rechnical Support Oldriput category (1) per promote access to affordable & appropriate foods in markets. 8. Food-insecure Kenyan households (filer 1) affected by natural & man-made disasters receive unconditional cach-based resource transfers (Ordiput category A1) in order to meet their basic food & nutrition needs. 9. Kenyan children 6-95 months, pregnantifactating women/girls & ARTITB DDTS clears (filer 1) receive formled and/or specialized nutritious foods and messaging of the control ACTIVITY 6: Provide humanitarian air services for partners. (Activity category 10, Service provision & platforms activities) ACTIVITY 7: Provide health supply chair services for partners (Activity category 10, Service provision & platforms ACTIVITY 5: Engage in the strengthening of capacities of national & county institutions in the areas of disaster risk management, food assistance programmes, nutrition services and social safety nets. (Activity category 6, 8, 9 and 12, modality capacity strengthening). ACTIVITY 1: Provide food assistance & nutrient-rich commodities to refugees, including SBCC. & support to self-reliance activities in the camps. & settlement, areas. |Activity category 1. modality food/cash/capacity strengthesis | ACTIVITY 2: Provide food assistance & nutrient-rich commodities to vulnerable Kernap nopulations to meet acute food needs, including SBCC. (Activity category 1, modality food/cash/capacity strengthening ACTIVITY 3: Create assets & transfer knowledge, skills and climate risk management tools to food-insecure households. (Activity category 2, 3, 8. modilly: food/cash/CS) ACTIVITY 4: Facilitate access to markets and provide technical expertise in supply chain to smallholder farmers and retailers. (Activity category 6, 7, 9. modality; CS) activities) ACTIVITY 8: Provide humanitarian air services in support of DG-ECHO Funded projects (Activity category 10, Service provision & platforms activities) TOTAL BUDGET: USD 1,109,034,416