

COUNTRY STRATEGIC PLAN REVISION

REVISION

Kenya Country Strategic Plan Revision 07

Gender and age marker code:3

| Transmittal Slip Table - BUDGET OVERVIEW | | | |
|---|--|--------------------|--|
| | Current | Change | Revised |
| Duration | 1st July 2018-31st June 2023 | No change | 1st July 2018-31st June 2023 |
| Beneficiaries | 3,224,000 | 1,170,000 | 4,394,000 |
| Total cost (USD) | 1 094 570 575 | 119 916 352 | 1 214 486 928 |
| Transfer | 891 280 336 | 110 347 099 | 1 001 627 435 |
| Implementation | 83 936 145 | 2 249 828 | 86 185 973 |
| Direct Support Costs | 52 870 794 | 0 | 52 870 794 |
| Sub-total | 1 028 087 275 | 112 596 927 | 1 140 684 202 |
| Indirect Support Costs | 66 483 300 | 7 319 425 | 73 802 725 |

Kenya Country Strategic Plan Revision 07

1. RATIONALE

1. The CSP envisaged traditional relief operations in Kenya based on seasonality patterns, mainly drought in the Arid and Semi-Arid Lands (ASALs) counties. However, in the duration of the CSP, Kenya has moved from responding to the COVID-19 pandemic (2020-2021), to a desert locust response (2019-2022), and the country is now experiencing the ongoing impacts of a historic drought. This is the most protracted drought experienced in over 40 years, not only for Kenya but the whole Horn of Africa, which includes Somalia and Ethiopia. After five consecutive failed rainy seasons in Kenya, humanitarian needs have escalated beyond what was envisioned and planned for in the current CSP.
2. The Long Rains Assessment (LRA) conducted in July 2022 put the affected population facing high levels of acute food insecurity (Integrated Phase Classification – IPC 3 and 4) at 3.5 million. This figure was projected to reach 4.4 million between October to December 2022¹. With the continued drought situation, this entire population in need rolled over to 2023. The January 2023 Short Rains Assessment is currently underway and the population in need is projected to further increase.
3. Crop production from the short rains season in 2022 was below normal, with some counties experiencing total crop failure. Livestock productivity reportedly declined with livestock deaths reported in most pastoral counties. Localized resource-based conflict and insecurity in the pastoral northwest and northeast has compounded the worsening food and nutrition security. Therefore, purchasing power of pastoral households is limited as the prices of staple food commodities continue to rise².
4. The deteriorating food security has put children 6-59 months, particularly at risk given inadequate access to nutritious diets. Pregnant and lactating women (PLW) are also at

¹ [Kenya Food Security Outlook October 2022 to May 2023](#)

² [Kenya Food Security Outlook October 2022 to May 2023](#)

elevated risk of mortality during childbirth, as well as giving birth to underweight and immune-compromised children, due to nutritional deficiencies.

5. In September 2021, the Government of Kenya declared drought a national disaster and formally requested non-state actors to complement their drought response efforts. Since then, the Government has rolled out a robust drought response and impact mitigation actions. These efforts have been complemented by UN agencies and other non-state actors.
6. WFP has played a significant role in the drought response efforts. In the first phase of the response that commenced in July 2022, WFP has been providing food assistance to about 535,000 people in the ASAL counties, that is, 75 percent of people identified to be in IPC 4 contexts.
7. This revision will scale up food assistance to reach 960,000 people. WFP is complementing the Government of Kenya's ongoing relief response efforts. Other non-state actors, mainly local and international NGOs and faith-based organisations are also engaged in the response; thus, reaching most of the affected population.
8. WFP in partnership with the Ministry of Health and county governments (IPC 4 counties) also scaled up nutrition response actions to save lives and address the high malnutrition levels. This includes securing the nutrition pipeline for the treatment of moderate acute malnutrition, as well as implementing blanket supplementary feeding in regions with an extremely high prevalence of acute malnutrition (≥ 30 percent) to avert further deterioration.
9. Blanket Supplementary Feeding Programme (BSFP) is recommended to support optimal nutrition during the first 1,000 days of life for children aged 6-59 months and PLWs, support complementary feeding, as well as prevent further deterioration of the nutrition situation given the poor performance of the long and short rain seasons for the past three years. This budget revision will expand integrated management of acute malnutrition (IMAM) and introduce BSFP targeting 100,000 beneficiaries (80,000 children aged 6-59 months and 20,000 PLWs).
10. Kenya continues to host more than 500,000 refugees from the Great Lakes and Horn of Africa regions displaced by conflict and political instability. In 2022, WFP expanded refugee support reaching 547,000 refugees with food assistance, about 29 percent higher than what was initially planned for in the CSP. Refugee numbers rose steadily, with 100,000 arriving in 2022 in Dadaab, Kakuma and Kalobeyei and more than 100,000 new arrivals expected in 2023.
11. This budget revision proposes the following changes:
 - Include 960,000 beneficiaries under activity two as part of the drought response
 - Introduce BSFP for the prevention of acute malnutrition targeting 100,000 beneficiaries (80,000 children aged 6-59 months and 20,000 PLWs)
 - Increase beneficiaries for the treatment of moderate acute malnutrition from the current 90,000 beneficiaries (50,000 children aged 6-59 months, 40,000 PLWs) to 315,000 beneficiaries (210,000 children, 105,000 PLWs)
 - Increase refugee numbers from 400,000 to 600,000 to align with the increasing refugee numbers in the camps

2. CHANGES

Strategic orientation

12. The budget revision maintains the strategic orientation of the CSP.

Strategic outcomes (SO)

SO 1:

13. 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 number of refugees hosted in Kenya, reinforced by the Government’s intention to close the Dadaab refugee camp. The Government has, however, gone slow on the closure of the camps. Instead, drought, conflict and insecurity in Somalia have driven more people to seek refuge in Dadaab, leading to a significant increase of people in need.

14. Activity 2: “Provide food assistance and nutrient-rich commodities – complemented by SBCC – to vulnerable Kenyan populations to meet acute food needs”.

WFP will provide food assistance to targeted drought-affected populations, through a combination of in-kind and cash-based transfers. WFP will also introduce BSFP to prevent acute malnutrition and expand treatment of moderate acute malnutrition targeting children aged 6-59 months and PLWs in dominant IPC 4 counties.

Targeting and Transfer modalities

15. Under activity 1, WFP works in close collaboration with UNHCR and the Government of Kenya (Ministry of Interior and National Administration). Registration of refugees is undertaken by the Government of Kenya and UNHCR. WFP receives monthly refugee data that is used to identify those to be provided with food assistance, a biometric identity check is used in this process.

16. Under activity 2, WFP is working in collaboration with the National Government (Ministry of the East African Community, Arid and Semi-Arid and Regional Development) for relief response and the Ministry of Health for nutrition interventions. WFP is also working with the county governments in all targeted counties.

17. WFP plans to provide food assistance to up to 960,000 people under IPC 4 in all targeted counties. WFP will provide food assistance through a combination of in-kind and CBTs. Depending on market functionality and operational feasibility. In-kind food assistance will be based on IPC 4 recommended food rations (75 percent of the minimum food basket of cereals, pulses, and vegetable oil), while CBT rations will be based on IPC 4 Minimum Food Basket (MfB) as established by the Kenya Cash Working Group.

18. Blanket Supplementary Feeding will target 100,000 beneficiaries (80,000 children aged 6-59 months and 20,000 PLWs) in IPC 4 counties.

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

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19. WFP will facilitate continuous engagement with beneficiaries to provide timely and relevant programme information such as entitlement amounts, transfer modalities, targeting criteria, distribution arrangements and available feedback channels. Information-sharing channels including FM radio services, bulk Short Messaging Service (SMS), and community meetings will be used to keep the beneficiaries informed and engaged. WFP has a well-established and resourced community feedback mechanism that will be scaled up to accommodate the new areas of expansion. This will be linked to the existing systems to facilitate continuous engagement with beneficiaries. The existing feedback channels include helpdesks in the refugee camps, a toll-free line, SMS, and email.
 20. WFP will continue to promote gender equality, protection, and disability inclusion outcomes by ensuring the equal engagement of men and women across different ages and diversities in beneficiary targeting, programme implementation, decision-making, monitoring and evaluation processes. WFP, CPs, county staff and other key stakeholders will continually be sensitized to effectively integrate gender and protection mainstreaming in programming. Community members will be sensitized on their rights and roles in promoting women's empowerment, equal access and joint decision-making over the use and benefit from WFP-related assistance.
 21. WFP will continue to invest in gender and protection assessment to analyse gender and protection risks, assess programme impact on gender equality, protection, and disability inclusion results, together with identification of feasible recommendations to inform improved gender equality, protection, and disability inclusion results in its operations. WFP will further develop and integrate mitigating measures that guarantee the safety and dignity of the affected populations including persons with disabilities, the elderly, pregnant and lactating women, and girls including prevention of sexual exploitation and abuse (PSEA) and Sexual and gender-based violence (SGBV) prevention at all levels of its programming.

Monitoring and Evaluation

22. For refugee operations, monitoring will continue as per the M&E systems put in place for the current CSP. For the drought response, a separate M&E system has been developed and is currently being implemented. The system includes: i) a targeting validation exercise to ensure targeting is done as per agreed criteria; ii) a baseline to provide benchmarks for performance assessment; iii) monthly process monitoring to ensure adherence to activity implementation requirements and beneficiary satisfaction; iv) outcome monitoring; and v) a final after-action review to collate and document lessons learnt. The drought response M&E system is in line with emergency response monitoring and evaluation requirements.

Risk Management

23. WFP has experienced multiple emergencies in the past three years, and inadequate resources including finances and other resources remain a key challenge to the implementation of all emergency response activities. Given the adverse and widespread nature of the current drought, targeting the most vulnerable is a challenge and poses a significant risk of exclusion and inclusion errors. In the current context, there are external factors that could disrupt supply chains resulting in pipeline breaks and material increases in programme costs due to price increases or exchange rate fluctuations.
24. WFP embeds risk management in all its processes and decision-making in the implementation of operations. In order to mitigate against the risk of exclusion and inclusion errors when targeting, WFP involves government and community structures in

the targeting process. In addition, WFP is utilising the government-enhanced social registry to eliminate duplication and mitigate targeting errors in the drought response.

| TABLE 1: DIRECT BENEFICIARIES BY STRATEGIC OUTCOME, ACTIVITY & MODALITY | | | | | | | |
|--|--|--------------------------|--------------------------|------------------------|---------------------------|--------------------------|--------------|
| Strategic Outcome | Activity | Period | Women (18+ years) | Men (18+ years) | Girls (0-18 years) | Boys (0-18 years) | Total |
| 1 | 1 (Refugees) | Current | 89,250 | 82,875 | 123,250 | 129,625 | 425,000 |
| | | Increase/decrease | 36,750 | 34,125 | 50,750 | 53,375 | 175,000 |
| | | Revised ³ | 126,000 | 117,000 | 174,000 | 183,000 | 600,000 |
| | 2 (Relief Assistance to Kenya population) | Current | 577,400 | 315,000 | 870,560 | 607,040 | 2,370,000 |
| | | Increase/decrease | 329,800 | 235,200 | 388,800 | 331,200 | 1,285,000 |
| | | Revised ⁴ | 907,200 | 550,200 | 1,259,360 | 938,240 | 3,655,000 |
| 2 | 3 (Resilience & Livelihoods) | Current | 73,724 | 36,686 | 158,709 | 159,881 | 429,000 |
| | | Increase/decrease | 0 | 0 | 0 | 0 | 0 |
| | | Revised ⁵ | 73,724 | 36,686 | 158,709 | 159,881 | 429,000 |
| TOTAL (without overlap) | | Current | 740,374 | 434,561 | 1,152,519 | 896,546 | 3,224,000 |
| | | Increase/decrease | 255,266 | 221,530 | 415,830 | 277,374 | 1,170,000 |
| | | Revised | 995,640 | 656,091 | 1,568,349 | 1,173,920 | 4,394,000 |

³ All food and CBT beneficiaries

⁴ Total disaggregated by modality: 960,000 Hybrid In-kind and CBT, 415,000 Food only

⁵ Totals disaggregated by modality: CBT 251,000 and Food 178,000

Transfers

| Strategic outcome 1 | | | | | | | | | |
|---------------------------------------|-----------------------|---|-----------------|----------------------|--|--|----------------------|----------------------------|-------|
| | Activity 1 | | | | | Activity 2 | | | |
| | Refugees ⁶ | PLWG – MAM prevention –and people living with HIV, TB, and chronic diseases | School children | PLWG – MAM treatment | PLWG – MAM prevention –and people living with HIV, TB, and chronic disease | Children aged 6–23 months – MAM prevention | PLWG – MAM treatment | Crisis affected households | |
| | CBT | Food | Food | Food | Food | Food | | CBT | Food |
| Cereals | | | | | | | | | 315 |
| Pulses | | | | | | | | | 45 |
| Oil | | | | | | | | | 26 |
| SuperCereal Plus | | 150 | | 250 | 150 | 150 | 250 | | |
| Total kcal/day | | 1,278 | | 728 | 984 | 591 | 984 | 1,478 | 1,478 |
| % Kcal from protein | | 11.5 | | 13.2 | 16.6 | 16.6 | 16.6 | 10.6 | 10.6 |
| Cash-based transfers (USD/person/day) | 0.31 | | | | | | | 0.31 | |
| Number of feeding days per year | 365 | 195 | | 365 | | | | 90 | 90 |

| Food type / cash-based transfer | Current Budget | | Increase | | Revised Budget | |
|---|----------------|--------------------|---------------|-------------------|----------------|--------------------|
| | Total (mt) | Total (USD) | Total (mt) | Total (USD) | Total (mt) | Total (USD) |
| Cereals | 252 692 | 88 079 579 | 40 407 | 11 958 612 | 293 099 | 100 038 191 |
| Pulses | 62 082 | 43 915 211 | 6 956 | 5 484 843 | 69 038 | 49 400 054 |
| Oil and Fats | 31 294 | 36 488 365 | 4 030 | 4 835 958 | 35 324 | 41 324 323 |
| Mixed and blended foods | 89 662 | 78 641 488 | 11 267 | 22 174 763 | 100 929 | 100 816 251 |
| Other | 355 | 228 618 | 0 | 0 | 355 | 228 618 |
| TOTAL (food) | 436 085 | 247 353 261 | 62 660 | 44 454 176 | 498 745 | 291 807 437 |
| Cash-Based Transfers (USD) | | 333 566 349 | | 48 622 030 | | 382 188 379 |
| TOTAL (food and CBT value – USD) | 436 085 | 580 919 610 | 62 660 | 93 076 206 | 498 745 | 673 995 815 |

⁶ 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.

3. COST BREAKDOWN

25. Key changes in the direct support costs and implementation costs are related to staffing costs and a decrease in administrative costs.

| Strategic Result / SDG Target | 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 | 110 347 099 | 0 | 0 | 0 | 110 347 099 |
| Implementation | 2 249 828 | 0 | 0 | 0 | 2 249 828 |
| Direct support costs | | | | | 0 |
| Subtotal | | | | | 112 596 927 |
| Indirect support costs | | | | | 7 319 425 |
| TOTAL | | | | | 119 916 352 |

| Strategic Result / SDG Target | 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 | 693 415 488 | 259 182 879 | 20 421 794 | 28 607 273 | 1 001 627 435 |
| Implementation | 45 206 742 | 34 274 696 | 6 116 116 | 588 420 | 86 185 973 |
| Direct support costs | 34 878 773 | 15 099 677 | 1 390 717 | 1 501 627 | 52 870 794 |
| Subtotal | 773 501 003 | 308 557 251 | 27 928 628 | 30 697 320 | 1 140 684 202 |
| Indirect support costs | 50 277 565 | 20 056 221 | 1 815 361 | 1 653 578 | 73 802 725 |
| TOTAL | 823 778 569 | 328 613 473 | 29 743 989 | 32 350 898 | 1 214 486 928 |