

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
KENYA
UNDERFUNDED EMERGENCIES
ROUND 1 2016**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After-Action Review (AAR) was conducted and who participated.

The After-Action Review (AAR) was conducted in May 2016 and involved the participation of all agencies (WFP, UNICEF, UNHCR, UNFPA, WHO) involved in the CERF response to refugees in Kakuma Camp.

- b. Please confirm that the Resident Coordinator (RC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

The report was discussed in the Kenya Humanitarian Partners Team (KHPT) meeting in May 2017.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

A final approved version was shared for review after discussion in the KHPT in May 2017.

I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$) | | |
|--|---|--------------------|
| Total amount required for the humanitarian response: USD 165,700,000 | | |
| Breakdown of total response funding received by source | Source | Amount |
| | CERF | 3,998,746 |
| | COUNTRY-BASED POOL FUND (if applicable) | |
| | OTHER (bilateral/multilateral) | 11,208,561 (UNHCR) |
| | TOTAL | 15,207,307 |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$) | | | |
|--|---------------|----------------|------------------|
| Allocation 1 – date of official submission: 15/02/2016 | | | |
| Agency | Project code | Cluster/Sector | Amount |
| UNICEF | 16-UF-CEF-014 | Nutrition | 350,000 |
| UNICEF | 16-UF-CEF-015 | Health | 248,775 |
| WFP | 16-UF-WFP-005 | Food Aid | 1,500,004 |
| UNFPA | 16-UF-FPA-008 | Health | 249,972 |
| UNHCR | 16-UF-HCR-008 | Multi-sector | 1,400,000 |
| WHO | 16-UF-WHO-007 | Health | 249,995 |
| TOTAL | | | 3,998,746 |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|--|------------------|
| Type of implementation modality | Amount |
| Direct UN agencies/IOM implementation | 2,206,710 |
| Funds forwarded to NGOs and Red Cross / Red Crescent for implementation | 1,753,535 |
| Funds forwarded to government partners | 38,500 |
| TOTAL | 3,998,746 |

HUMANITARIAN NEEDS

Nutrition UNICEF

While previous nutrition surveys conducted in Kakuma camp between April 2010 and November 2014 indicated steady decline in the global acute malnutrition (GAM) rates, the results of the survey conducted in November 2015 indicated a deterioration in the nutrition situation with a Global Acute Malnutrition (GAM) rate of 11.4 per cent, compared to 7.4 per cent in November 2014. Although the deterioration was not statistically significant, there was an increase in the point estimate which led to an overall increase in the estimated caseloads for Severe Acute Malnutrition (SAM) which is developed from the point estimate. The increase in the SAM caseload required further scale-up of life saving nutritional treatment since severely malnourished children are 9 times more likely to die if they do not receive timely and appropriate treatment.

Health UNICEF

Turkana County is in Northwest Kenya with an estimated population of 855,399 (Male 52 per cent; Female 48 per cent) people¹ that includes 185,984 (Female 46.1 per cent; Male 53.9 per cent) refugees in Kakuma refugee camp². Both groups have large adolescent (10-19 years) populations, estimated at 31 per cent (approx. 300,000) and 27 per cent (approx. 50,000) of the host and refugee populations respectively. HIV prevalence is estimated to be at 7.6 per cent of the total population in Turkana County (national average 6 per cent). Most new HIV infections are concentrated in hot-spot towns along the Kitale-Lodwar-Lokichoggio-South Sudan transport corridor due to cultural and sexual interactions between host and camp populations. In the Kakuma refugee camp, the HIV prevalence is estimated to be 1.2 per cent, however transmission among key populations, such as sex workers (SWs) and men having sex with men (MSMs) is much higher at 17 per cent³. Approximately 5,736 children and adolescents <14 years in Turkana are living with HIV.⁴ There have been minimal efforts in both the host community and refugee programs to support index testing for family members of persons living with HIV, despite higher possibilities and risks to HIV. In 2015, an estimated 6,347 people (5,621 adults and 726 children) were estimated to be living with HIV. Of this amount, only 1,604 (25 per cent) were identified as HIV positive through HIV Testing and Counselling. This infers a huge gap in identification of people living with HIV as 75 per cent of the stated population were not identified.

Food Security

Refugees are largely dependent on humanitarian aid with limited opportunities for self-reliance. Kenya's encampment policy limits refugees' ability to work outside camps, gain employment and engage in other forms of livelihoods. The fact that the refugees have limited livelihood opportunities compounded with the realization that Kenyan government policy is less likely to change, necessitates the need for WFP to provide food assistance to the refugees. In 2016, the number of refugees arriving in Kakuma from South Sudan increased. They cited insecurity as the main reasons for fleeing. The International Rescue Committee (IRC) continued screening newly arrived children and PLW at the Kakuma reception centre. Those identified with acute malnutrition were referred to the appropriate treatment programme. The targeted supplementary feeding programme had adequate capacity to treat new arrivals identified with malnutrition. While the situation stabilized between April and June 2017, it went up from July 2017 following fresh outbreak of violence in parts of South Sudan. By the end of 2016, close to 26,604 additional refugees had been registered by the Government of Kenya and UNHCR in Kakuma, of whom 22,358 were from South Sudan the majority of whom were women and children. The CERF funding was critical in addressing a resource gap within WFP in ensuring life-saving food assistance to the refugees. The CERF funding supported general food distributions to the refugee population in Kakuma Refugee camp and as well as treatment for the moderately malnourished pregnant and lactating women.

Health UNFPA

In Kakuma, there are multiple unmet protection concerns especially among new female arrivals as they are unable to reliably access sufficient minimum services including health, water, sanitation facilities, shelter and food. All these factors contribute to increasing women and girls' vulnerability to experiencing GBV. Violence against women and girls continue to be pervasive and the exact prevalence and incidence is difficult to capture accurately as the majority of cases remain unreported neither by refugee and host community populations. However, during the first half of 2015, a total of 51 sexual assault survivors presented to the camp hospital and 97 per cent

¹ According to the 2009 Kenya Population and Housing Census

² UNHCR population statistics Feb 2016

³ Service statistics from the Key Population clinic 2015

⁴ Kenya County HIV Service Delivery profiles, 2014

received post-rape treatment including post exposure prophylaxis (PEP) within 72 hours. Continued low levels of reporting could be an indication of a lack of awareness as to what constitutes SGBV; fear of reprisal and stigma; and cultural norms. Additionally, inadequately trained and insufficient numbers of available service providers to meet the needs of survivors including quality treatment, care and support present major challenges to actors' abilities to effectively address GBV and meet the needs of survivors. Ultimately, immediate and appropriate prevention and response to GBV reduces the risk of negative impact of the event including unwanted pregnancies, Sexually Transmitted Infections (STIs), HIV, Post Traumatic Stress Disorder (PTSD), stigmatization and death.

Refugees

In 2016, UNHCR continued to receive new arrivals from South Sudan who were fleeing the country as a result of war. By the end 2016, the operation had received about 22,972 refugees of South Sudanese origin, 4,246 other nationalities and 708 transfers from Dadaab and Nairobi. A greater number of those arriving were children and women. All the 26,604 refugees who arrived in Kakuma including 4,439 new born babies were registered. 4,164 under 12 months old children were issued with birth certificates. This brought the population of Kakuma camp to 154,947 as at the end of the year. The newly arriving refugees were first provided with immediate assistance at the Nadapal border town before being provided with transport to Kakuma camp where they were accommodated at the transit centre prior to being issued with plots of land in Kalobeyei settlement. The health and nutrition status of the refugees was poor and there was a need to provide life-saving interventions from the onset. Sanitation facilities were urgently set up in order to ensure proper disposal of human waste and to mitigate against the spread of diseases caused by poor hygiene.

Health

Turkana West Sub County has one of the highest burden of communicable diseases (meningitis, yellow fever, measles, and with high number of AFP (acute flaccid paralysis) and acute watery diarrhoeal diseases) in the country. The disease outbreaks (e.g. cholera outbreak in recent months) and surveillance system capacity is weak and incapable of rapidly detecting and responding to disease outbreaks, with limited logistical capacity to conduct active case search especially for AFP and other diseases. Its health system is overstretched and characterized by shortage of health workers, essential medical supplies vaccines, and essential drugs in the few and sparsely distributed existing health facilities. Epidemiological outbreaks of cholera, malaria, hepatitis E virus (HEV), measles, and other diseases such as visceral Leishmaniasis (kala-azar) and GW have high potential of crossing borders as well as into the refugee camps. The vaccination coverage for measles, meningitis, and yellow fever in South Sudan was also below the epidemic threshold as such, there was high risk of cross-border spread of these diseases to the children less than five years already in the refugee camp. In addition, because of the unlimited access to the refugee camp by the immediate host community, diseases in the host community were frequently transmitted to the refugee camps and the vice versa. Cross-border movement of refugees to the refugee camps from South Sudan and from the refugee camp back to South Sudan continued to be reported. WHO complimented integrated activities with UNHCR, UNFPA, UNICEF, IRC, and Turkana County Health team and other partners contributing directly to the critical health needs of the refugees and the host community to prevent, and respond promptly to the many inevitable communicable diseases threats and outbreaks by targeting children under 5 years of age and pregnant mothers.

II. FOCUS AREAS AND PRIORITIZATION

Nutrition

The arrival of new South Sudanese refugees in Kakuma had overstretched the health system beyond its capacity. The high numbers of children in the nutrition programmes (including in the Blanket supplementary feeding programme) was beyond the capacity of the staffing and facilities, which led to compromising on the quality of services, more so in monitoring the growth of children from birth to five years of age. Additionally, the chronic food insecurity situation in Turkana County was projected to have a spill-over effect on the existing refugee caseload since the health and nutrition partners in the camp also serve the host community. The field reports indicated that more than 50 per cent of the inpatient admissions within the Kakuma refugee hospital were from the host community. This meant there was need to a) strengthen delivery of life saving Integrated Management of Acute Malnutrition programmes with effective linkage to growth monitoring

and ensure proper utilization of products, b) scale-up infant feeding in emergencies program implementation and ensure it is integrated in health and nutrition programmes and c) ensure timely and active screening and referral of children with symptoms of acute malnutrition among children 6-59 months.

Health

In the provision of care for the different categories of people living with HIV, there were a number of major challenges, gaps and challenges identified including a high defaulter rates and limited follow up of a highly mobile host community and refugee population: Under the Elimination of Mother to Child Transmission (eMTCT) programme: due to limited staff capacity, there were gaps in quality testing during antenatal care (ANC) visits resulting in limited identification and referral of expectant mothers living with HIV from the local and refugee community to health centres; Caring for Adolescents Living with HIV: There have been major gaps in provision of quality adolescent care in Turkana West County and Kakuma refugee camp where youth-friendly facilities are non-existent. The result is a marginalized group of adolescents and young people aged between 10 and -24 years who are vulnerable to HIV. Furthermore, different partners use different indicators concerning adolescent population. This presents a challenge as the data collected is not comparable;

The community lacks awareness on HIV prevention, care and treatment. Inadequate capacity at the community health centres and schools have also inhibited efficient community mobilization. Currently, primary schools are not adequately supported to provide HIV care and prevention services for learners. The children in secondary schools are mainly engaged in sporting activities in a bid to reduce their vulnerability to HIV infections as well as provide peer support while playing sports. There is a conflict in the school program as emphasis is on the examinable subjects, thus sessions on HIV prevention and care receive little to no attention. Coordination and collaboration among partners is an area that requires strengthening in order to provide better adolescent care. Currently, there are no structures set within partners primarily targeting adolescent care. CERF funding was useful to meet the needs above and ensure that coordination, collaboration and effectiveness towards achieving HIV treatment and care results for children, adolescents and their families was realized.

Food security

The 2015, Food Security Outcome monitoring showed a deterioration in Kakuma refugee camp food security situation compared with December 2014. The 2015 annual nutrition survey had revealed a significant increase of Global Acute Malnutrition levels from 7.4 in 2014 to 11.4 in 2015 while Severe Acute Malnutrition increased from 0.7 in 2014 to 1.3 in 2015. These malnutrition levels were the worst reported since 2010. The deterioration had partly been attributed to a reduction of general food rations by 30 percent since June 2015 due to inadequate funding. Other possible contributors to the malnutrition levels were poor feeding practices and an increase in watery diarrhoea, malaria, upper respiratory tract infections which were precipitated by heavy rains. Refugees are restricted to the camps and are not allowed to work outside of them. This lack of integration leaves refugees totally dependent on humanitarian assistance, including for basic food needs. In the light of this context, the Kakuma refugee camp was prioritized despite existing advocacy efforts, WFP Kenya had been forced to put into effect a 30 percent ration cut from June 2015 with young children and women at risk of food and nutrition insecurity. Without additional resource mobilization, the situation was expected to worsen which would have had life threatening consequences, including camp instability and deterioration of coping strategies for refugees. With the deterioration of coping strategies in the camp, further aggravation would have possibly resulted in gender-based violence as the severely food insecure groups would have adopted riskier coping strategies.

Health

New arrivals, majority of whom are settled in the new Kakuma 4 section of the camp, are faced with numerous health challenges due to their increased vulnerability, low utilization of health services, and overstretched health services. The antenatal care (ANC), hospital delivery and postnatal care (PNC) utilization in this target group in Kakuma 4 is still low, with complete ANC attendance at 50 per cent compared to other camps where ANC attendance is above 80 per cent. In addition, despite the rising contraceptive prevalence rate in Kakuma (40%), CPR among new-arrivals remains very low due to local myths regarding contraceptive use. A high turnover of staff in this setting also means that regular updating of new staff is essential to ensure provision of high quality services. A general lack of awareness and information on maternal health and Sexual and Gender-based Violence (SGBV) response services among the new arrivals further compound the situation. Therefore, awareness raising activities are a key component in addressing the factors that affect demand for and access to reproductive health (RH) services. These include provision of information about services available and location of service points, addressing socio-cultural barriers and lack of demand from the beneficiaries. Camp assessment reports indicate marked differences in RH awareness between newly arrived beneficiaries and those who have been in the camp longer (maternal health service utilization is also lower among newly arrived beneficiaries). Therefore, a vigorous approach consisting of

demand creation interventions regarding RH and SGBV services, ensuring access to quality services, community health education and engaging both men and boys in SGBV prevention is critical to improve the maternal health status as well as respond effectively to SGBV.

Due to the high number of refugees coming into the county at the time, the capacity of County Health team and the health sector partners to respond to the additional needs were overstrained hence the need for urgent support from WHO and health sector partners. WHO used the CERF funds to sustain the critical, lifesaving services being provided at the Nadapal border entry point, Lopiding Referral Hospital, the Kakuma refugee camp as well as minimal health packages for the immediate host community. WHO focused on providing technical and logistical support to the partners for the continuity of life-saving primary health care, control of infectious and communicable diseases as well as ensuring prompt investigation of alerts and rumours and their confirmation and timely response. WHO supported screening of the new arrivals at Nadapal border crossing, maintained strong primary health and disease control capacity in the refugee camps where staff turnover was very high. The Organization also supported minimal capacity to the Lopiding referral facility, which served as the first referral point for the refugees from Nadapal border post. WHO replenished and maintained the surge capacity through making available the minimum life-saving medical supplies, materials and laboratory diagnostics based on the local infectious diseases profile and maintained viable cold chain from the Sub-County to the refugee camp according to the MOH and Health sector minimum package standards.

Because of consultations with other key stakeholders, in its interventions, UNHCR focused on the health and sanitation sectors for new arrivals in Kakuma camp and Kalobeyei settlement in Turkana West Sub-County, Turkana County. UNHCR activities were implemented as planned within the location and interventions were in line with the CERF proposal.

III. CERF PROCESS

Nutrition

According to the nutrition sector response plan developed jointly between UNHCR, UNICEF, IRC and WFP, the nutrition sector funding was at 52 per cent of the funding requirement for 2015/2016 with uncertainty in funding for complete humanitarian response. The coverage for nutrition interventions in Kakuma was below the SPHERE standards and based on the Joint assessment, all partners acknowledged the need for continued response for Nutrition. The major funding gaps identified for 2016 were for supplies and technical support to enhance the effectiveness of service delivery. Support from CERF was requested to target priority lifesaving interventions including treatment of acute malnutrition, micronutrient supplementation and infant feeding in emergencies. The immediate gap for nutrition response were particularly on procurement of essential supplies and to ensure sustained operational capacities for nutrition targeting treatment of 2,000 severely malnourished children under 5 years of age (1,100 male and 900 female). UNICEF partnered with IRC, the only health and nutrition implementing partner in the refugee camp whose partnership with UNICEF for nutrition programming in the refugee camp has grown significantly over the last six years.

Health

HIV prevention, treatment and care services in the larger Turkana County has been affected adversely as a result of change in PEPFAR's prioritization of financial support. While some funding for regular ART provision was mobilized from UNHCR and other development partners as part of the health sector, and UNICEF's bridging support to HIV prevention, care and support interventions among adolescents and other persons to adhere to HIV treatment and patient tracking were reduced. In addition to funding changes, a change in HIV testing algorithm in 2015 also led to reported shortages of HIV test kits especially in the refugee camp. As of March 2016, the camp was operating on buffer stock for HIV test kits, which without immediate replenishment will greatly interrupt diagnosis of HIV infection, voluntary counselling and testing, and prevention of mother to child transmission of HIV. To build on the recommendations from a previous December 2015 assessment and noting the continued challenges in declined funding, high burden of HIV, low testing rates, low retention, low referral and high mortality rates, support from CERF was used to prevent lifesaving treatment interruption among children, adolescents, pregnant and lactating women and their families. Strengthening longer time financing through county and partner advocacy for diversified sources including domestic resources for HIV interventions in the host community was also a major target through this emergency catalytic funding.

Emergency health coordination structures existed at the refugee camp, at the Turkana county and sub county health levels as well as at the national MOH. The disease profiles of the refugee camp are also integrated into the county and national epidemic profile. From the weekly and monthly compiled situation reports, critical gaps were identified for CERF funding. The County health teams were supported to take leadership on technical support. The specific CERF funds for the CHT like others were requested to scale up interventions to fill

in gaps realized due to the increased needs from the huge influx of South Sudanese refugees. Targeted areas for support included provision of essential drugs and laboratory supplies, surge capacity support and in health promotion activities surrounding the refugee camp.

Food security

The Kenya Inter-Sector Working Group, and UNHCR-led inter-agency sector coordination meetings discussed priority sectors and allocation of the CERF grant. It was agreed the highest priority was to maintain food security and nutrition for refugees in Kakuma. WFP and UNHCR implemented the refugee programme through an annually reviewed joint plan of action. Monthly food co-ordination meetings were held at camp level with the participation of the refugee leaders. The forums provide a platform for discussing emerging issues related to health, food and nutrition. Food and Nutrition technical working group were held both at camp and Nairobi level specifically to address food and nutrition issues. WFP and partners ensured the information pertaining to the food basket composition and distribution dates were communicated in advance. During the food collection process, biometrics identity checks at the food distribution centres continued to ensure only the registered refugees and asylum seekers residing in the camp were able to collect the General food rations.

Refugee response coordination

UNHCR is a member of the UNCT and was actively involved in the discussions on the prioritisation of sectors for this CERF grant. In addition, to ensure complementarity amongst actors in Kakuma camp, UNHCR has instituted the Kenya Comprehensive Refugee Programme (KCRP), which continued to serve as a vehicle for coordination of all partners and funding contributions to the operation. It also served as a forum for strategic discussions on key priorities and operational challenges. Through this consultative process, UNHCR and partners were able to plan for the needs of the affected populations jointly and thus reduce duplication in budgeting. The Government of Kenya continued to deploy dedicated police force for security of the operations in all three operational areas under the umbrella of the Security Partnership Project (SPP) with UNHCR.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

| Total number of individuals affected by the crisis: | | | | | | | | | |
|---|---------------------|------------------------|----------------|--------------------|----------------------|----------------|------------------------|-------------------------|----------------|
| Cluster/Sector | Female | | | Male | | | Total | | |
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| Nutrition | 6, 121 | 13, 922 | 20, 043 | 6, 301 | 0 | 6, 301 | 12, 422 | 13, 922 | 26, 344 |
| Health | 81,038 | 48,653 | 129,691 | 85,498 | 38,631 | 124,129 | 169,617 | 83,477 | 253,094 |
| Food Aid | 20,589 | 17,706 | 38,295 | 25,175 | 18,824 | 43,999 | 45,764 | 36,530 | 82,294 |
| Multi sector Refugee Assistance | 25,283 | 14,969 | 40,252 | 32,398 | 12,333 | 44,731 | 57,681 | 27,302 | 84,983 |

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

| | Children (< 18) | Adults (≥ 18) | Total |
|--------------------------------|--------------------------------|---------------------------|----------------|
| Female | 81,038 | 48,653 | 129,691 |
| Male | 85,498 | 38,631 | 124,129 |
| Total individuals (F+M) | 166,536 | 87,284 | 253,820 |

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding this should, as best possible, exclude significant overlaps and double counting between the sectors.

In order to avoid double counting of beneficiary figures, the sector with the highest number of beneficiaries has been used.

CERF RESULTS

Nutrition

A total of 4,076 (203.7 per cent) severely malnourished boys and girls, 8,346 (128.7 per cent) moderately malnourished boys and girls and 309 (2.22 per cent) malnourished women in Kakuma refugee camp were reached with treatment for malnutrition between March and December 2016, achieving above 90 per cent coverage against target. During the implementation period, no stock out of essential commodities for management of acute malnutrition was reported. UNICEF supported procurement and distribution of 2,922 cartons of Ready to use Therapeutic Foods (RUTF), 60 cartons of F-100 Therapeutic milk, 40 cartons of F-75 Therapeutic Milk, 30 cartons of Resomal and anthropometric equipment. Up to 2,143 children under five were systematically screened for acute malnutrition of which 256 children with acute malnutrition were referred for treatment. Additionally, 90,535 children were screened through mass MUAC screening conducted in June 2016 of which 96 children with acute malnutrition were referred for treatment. A total of 634 pregnant and lactating women (PLWs) received education on complementary feeding practices through 23 mother-to-mother support groups (MTMSGs). The funds for ASAL response were transferred through a contract with the International Rescue Committee (IRC), through which UNICEF provided technical support and nutrition supplies for the scale-up of nutrition interventions in the refugee camp. This is in addition to support for coordination and information management in the camp to inform preparedness and response.

Health

The project enabled a total of 15,659 men, women, boys and girls in Kakuma refugee camp (12,129) and host community of Turkana West (3,530) to get tested and know their status. 3,443 pregnant and lactating women in Kakuma refugee camp were tested for HIV with their partners. Of those testing positive, 94 per cent in Kakuma and 50 per cent in the host community accessed post testing referral and linkages. 5000 HIV test kits and consumables were procured and utilized for HIV Testing Services (HTS); A Rapid Response Initiative (RRI) in 2016, targeting the new population from South Sudan reached 827 people (452 female, 375 male) and linked five newly identified HIV positive clients to care and treatment services. Newly recruited HIV Testing Service (HTS) providers provided HTS index testing to families of HIV positive patients and other priority populations including adolescents, female sex workers and Gender Based Violence (GBV) survivors at the County Referral Hospital wellness centre throughout this reporting period. The Counsellors tested 41 clients. 2 of the clients were HIV Positive (female sex workers aged 21 and 23 years old, and of a key population category), who were escorted and linked to the County and Referral Hospital Care and Treatment centre. One was successfully linked but the second client declined linkage. She is currently undergoing counselling at the wellness centre. Through the CERF funding in Kakuma camp, 465 (298 Female, 167 Male) people living with HIV and 95 (89 Female, and 6 Male) people living with HIV in the host community of Turkana West enrolled and reported adherence to continued treatment.

UNFPA contributed to increased access to information on BEmONC, SGBV, FP and RH services to 5,102 vulnerable women, girls and men from refugees and host communities. With this increased awareness 11 age and gender specific groups established and running, 172 women and girls accessed SGBV services including CMR and psychological support. IEC materials distributed to community members also increased awareness of and demand for reproductive health services. This resulted in 3,420 (242 per cent more than the target) women and girls accessing and basic emergency obstetric and neonatal care (BEmONC) services. With 121 clinical and community health workers trained and providing BEmONC services in the two supported and other health centres in the camp; more

refugees and vulnerable host community members will access these services in the future. With CERF funds, UNFPA was able to deploy a GBV coordinator that strengthened coordination and monitoring of GBV and RH service provisions in Kakuma.

WHO deployed a dedicated Epidemiologist to Turkana to provide technical support to Turkana County Health team and partners who facilitated joint planning and supported joint team monitoring of the emergency health activities at the border entry point, in the refugee camp, Lopiding hospital as well as in the immediate host community. Two full time nurses ensured all newly arrived refugees were screened for communicable diseases, treatment provided for minor illnesses, vaccination given against measles and other infectious diseases and nutritional status assessed at the point of entry before they were transported to the refugee camp. All new arrivals needing referral care services were catered for at the Lopiding hospital. Within six (6) months a total of 16,075 new refugees were screened. WHO replenished the following: minimum life-saving medical supplies, materials and laboratory diagnostics and at least 12 rumours and alerts of “strange diseases” were investigated per month. WHO supported the MOH and the county health teams to conduct two re-orientation modules on alerts, rumours, and disease outbreak investigation, confirmation and early response and maintenance of viable cold chain from the Sub-County to the refugee camp, according to the MOH standards. Finally, WHO facilitated the Turkana County and the Sub county health teams technically and provided logistical and financial support for community mobilization, primary health care for health promotion actions (to both host community and refugee population) to vulnerable groups especially women and pregnant mothers on malnutrition, common infectious diseases prevention and control. This led to increase in vaccine uptake in the host community.

Food Security

WFP purchased 2,702 MT of cereals, pulses, supercereal and vegetable oil through the CERF funding. This was done through WFP Global Commodity Management Facility (GCMF) which ensured that food reached refugees within the required timelines. WFP distributed food to thousands of refugees in Kakuma through monthly general food distributions (GFD) and supplementary feeding of the malnourished pregnant and lactating women. In addition to the general refugee populations, 61 moderately malnourished pregnant and lactating women were provided with specialized nutrition products alongside routine screening, health education and counselling. The meals were provided through the Lutheran World Federation at the Nadapal transit (border crossing point) and at the main reception centre in Kakuma. The rations included a hybrid of both cash-based transfers (CBTs) and in-kind food commodities. However, even with the CERF funding, WFP faced significant funding shortage and reduced ration by 50 percent from December 2016 in order to stretch food supplies further.

Refugees Multi sector response

The number of beneficiaries reached, both refugees and host populations, was 100,483 (15,500 host community). The figure was lower than the planned 117,239, which was due to population drop after the UNHCR population verification exercise that was conducted in 2016.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

CERF funding was received in a timely manner (in March 2016) which enabled UNICEF to support the implementation of critical lifesaving nutrition interventions through an existing partnership agreement with International Rescue Committee (IRC). The CERF first instalment transfer was undertaken in August 2016. Therapeutic supplies for treatment of severely malnourished children and anthropometric equipment were also procured by end March 2016 and distributed in May 2016. Through the CERF funding, UNICEF in partnership with IRC also supported coordination, training and on job mentorship, joint programme monitoring and logistical support for refugee response in Kakuma camp. Through the partnership with International Rescue Committee (IRC), the CERF funding further ensured enhanced rapid response to HIV treatment and care needs through scaled up essential HIV testing, treatment and care services in Kakuma refugee camp and the host community of Turkana West Sub County. WFP sourced most of the commodities funded from CERF through the Global Commodity Management Facility (GCMF). The GCMF is an innovative facility that allowed WFP to make advance purchases of food from local, regional and international markets, when prices were favourable, to support future programme needs. WFP's decisions on whether to buy locally, regionally or internationally was based on delivery and lead times, prices, food availability, donor conditions and the government's policy on food imports. CERF funds were instrumental for immediate delivery of urgently needed health services in Kakuma refugee's camp. With new influx of refugees, the already limited services were overstretched. This funding thus allowed vulnerable women and girls from the refugee camp and host communities' access better health services. CERF funding was provided in a timely manner and were some of the initial funds used by UNHCR to provide lifesaving services to

refugees. This ensured that sanitation and health services were delivered to refugees in Kakuma camp including for newly arriving persons of concern from South Sudan. Through the partnership with International Rescue Committee (IRC), the CERF funding further ensured enhanced rapid response to HIV treatment and care needs through scaled up essential HIV testing, treatment and care services in Kakuma refugee camp and the host community of Turkana West Sub County.

b) Did CERF funds help respond to time critical needs⁵?

YES PARTIALLY NO

Procurement and dispatch of therapeutic nutrition supplies and disbursement of funds to IRC was undertaken on time hence contributing to timely response to the emergency. The CERF funding enabled UNICEF to procure HIV test kits at a time when there was looming shortage and use this to reach more than 15,000 persons with HIV testing and in the process, identify those who are HIV positive and link them to treatment and care. The funds were able to support the rehabilitation of moderately malnourished pregnant and lactating women in Kakuma as well as provide general food distributions to refugees. This ensured the refugee population was able to meet their food and nutrition requirements. The funds also provided critical support to new arrivals upon arrival at the transit centre at Nadapal, near the border with South Sudan before they were moved to Kakuma. Upon arrival in Kakuma, refugees received cooked meals at the reception centre in Kakuma. Through CERF funds, UNFPA was able to respond to urgent needs of vulnerable refugees with basic comprehensive emergency obstetric and neonatal care (BEmONC), RH, family planning services & GBV prevention and response. The sectors included in the proposal by UNHCR were life-saving; namely health and sanitation services. Critical gaps in the sector including provision of latrines and medical services were addressed through the CERF funds. The CERF funding enabled WHO to promptly start up the critical lifesaving activities especially the screening at the border post and capacitating the county health team to take over responsibility.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

Additional resources for nutrition response were ensured by UNHCR and IRC based on the response plan developed for the camp. The response was also supported by leveraged resources through USAID/FFP and Government of Japan funding. Through the CERF funding, UNICEF in partnership with IRC convened Government and partners at County and Sub County level with a view to enhance collaboration, coordination and leveraging for HIV and Sustainable Financing. Through this processes, best practices and progress were shared and challenges in the HIV response for children, adolescents and their families in Turkana County discussed from the viewpoint of resources and sustainability. The government and partners identified longer time financing solutions and high impact interventions for the county. WFP was able to mobilize resources from other donors, thus ensuring their continuity of support which ensured that Kakuma was on 100 per cent ration for the better part of the year. However, starting in December 2016, WFP was forced to reduce the general food ration to refugees by 50 percent in order to stretch food supplies further to the first quarter of January 2015. UNHCR was also able to demonstrate to its regular donors that efforts were being made to secure funds for the Kakuma programme which supported us in our fundraising actions including both governmental and EU donors. Through the CERF funding, WHO in partnership with IRC in the refugee camp convened Government and partners' meetings at County and Sub County level with a view to enhance collaboration, coordination. The Turkana County government increased funding for the CHT to support the refugee programme in the longer term.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF grant contributed to the improved coordination among implementing partners in the camp through regular nutrition coordination meetings and joint programme monitoring. The CERF grant contributed to the improved cross sectoral coordination among implementing partners in the camp and host community through regular HIV coordination meetings, joint programme assessments and monitoring. In general, the CERF supported the humanitarian community to ensure time-critical delivery of assistance and helped to garner further funding for the Kakuma operation. The food and nutrition assistance support resulted in improved provision basic needs of the refugees given the encampment policy that makes them dependent on humanitarian assistance. That funding was provided based on the needs prioritized by various humanitarian organizations played a critical role of ensuring enhanced coordination among humanitarian actors to ensure funds were well allocated to the most deserving programs. With CERF funds UNFPA was able to deploy a GBV coordinator that strengthened coordination and monitoring of GBV and RH service provisions in Kakuma. UNFPA and UNHCR was

⁵ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

able to jointly provide technical oversight for the protection and GBV sub sector. UNFPA also supported development of and implementations of GBV SOPs for Kakuma that guided design and monitoring of this project. Among the UN agencies who received CERF funds, and a result of the consultative CERF prioritisation process and improved coordination, there was no duplication of activities and agencies were able to respond in a timely manner to the emergency in Kakuma camp. In addition, due to the need to ensure that cross sectoral linkages were realised, there was an improvement in the coordination in the implementation of the project. The CERF grant contributed to the improved cross sectoral coordination among the County Health Team, the Sub County Health team and the implementing partners in the camp and host community through regular Coordination meetings, it also improved the alert, rumours communication and disease outbreak investigation and response channels among all the stakeholders.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

Funding was used for screening of children for malnutrition, especially of the new arrivals from South Sudan at the reception centres and for the procurement of life-saving nutrition supplies. The CERF process encouraged more agencies to get involved in prioritization of funding at the country level. Kenya not being an emergency country, most UN agencies work in development and the CERF process played a major role in bringing them to the humanitarian response and transitional activities in the refugee context. CERF is one of the key funding sources for emergency relief response for UNHCR and has been consistent in providing support to refugees in both the underfunded and rapid response windows. UNHCR continues to appreciate the generous and regular support provided to the refugee programme as this ensures that there is reliable funding for key sectors. In general, the CERF funds used for social mobilization have increased routine vaccination coverage at the health facilities. It has also led to increased hygiene practices among the general population. Health activities became prominent in the County government and received more funding.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
|---|---|-----------------------------|
| Nutrition UNICEF CERF Funds were disbursed in a timely manner which improved efficiency in implementation, thus ensuring that the urgent needs of beneficiaries were met and this greatly contributed to positive results in the nutrition status of affected children | Support from CERF and OCHA in the timeliness of the proposal process was greatly appreciated | CERF/UNOCHA |
| Health HIV Timely disbursement of funds enabled prompt procurement of test kits to support the intermittent supply in Turkana County. This ensured continuous provision of services. | Support from UNOCHA and CERF in the proposal process was greatly appreciated. | UNOCHA and CERF Secretariat |
| Refugees Multisector There is need to review the reporting template which is revised by CERF | Simplified reporting template due to duplications on the general sections above this table, one can therefore either further reduce the project results template or remove some of the subheadings above. | CERF |
| Health WHO Timely disbursement of funds enabled prompt procurement of essential drugs and supplies that were needed | High operational costs in the Arid and Semi-arid areas of Kenya due to insecurity and vastness of the counties | UNOCHA and CERF Secretariat |
| Health UNFPA and WFP | No observations | |

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
|--|---|--|
| <p>Nutrition Close partnership between UNICEF, WFP, UNHCR and IRC in continuous monitoring implementation and revision of maternal infant and young child nutrition IEC materials was key for enhanced behaviour change communication strategies</p> | <p>Use of the recent Knowledge Attitude and Practice (KAP) results to further enrich the MYCN materials in the refugee camp.</p> | <p>IRC/UNICEF/UNHCR</p> |
| <p>Health The highly mobile population of the area resulted in increased defaulter rates, especially among South Sudanese refugees and host community clients. Clients often use different names or give incorrect addresses, which makes tracing difficult.</p> | <p>The Comprehensive Care Clinic clinicians should fill out client locator forms for each patient enrolled in care to aid in tracing.</p> | <p>IRC/MOH/UNICEF</p> |
| <p>Refugees Multisector Need to ensure adequate representation during IASG meetings during discussions on CERF</p> | <p>Improved communication from coordinating agency.</p> | <p>CERF/UNHCR</p> |
| <p>Although the protection cluster has received increasing CERF funding globally, life-saving interventions that address GBV under the protection sector tend to receive low levels of funding for such CERF underfunded windows.</p> | <p>Protection sector to continue to lobby but also provide data that will influence these decisions</p> | <p>Protection sector/sub sectors and CERF in country Secretariat</p> |
| <p>Health WHO and WFP</p> | <p>No observations</p> | |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|---|--|---|--|--|--------------|-------------------------|
| 1. Agency: | | UNICEF | | 5. CERF grant period: | | 10/03/2016 - 31/12/2016 |
| 2. CERF project code: | | 16-UF-CEF-014 | | 6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded | | |
| 3. Cluster/Sector: | | Nutrition | | | | |
| 4. Project title: | | Strengthening integrated nutrition response to the South Sudanese refugee crisis in Kakuma refugee camp in Turkana County | | | | |
| 7. Funding | a. Total funding requirements ⁶ : | | US\$ 1,500,000 | d. CERF funds forwarded to implementing partners: | | |
| | b. Total funding received ⁷ : | | US\$ 690,000 | ▪ NGO partners and Red Cross/Crescent: | | US\$ 147,494 |
| | c. Amount received from CERF: | | US\$ 350,000 | ▪ Government Partners: | | US\$ 0 |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (< 18) | 3,820 | 4,668 | 8,488 | 6,121 | 6,301 | 12,422 |
| Adults (≥ 18) | 6,485 | 0 | 6,485 | 13,922 | 0 | 13,922 |
| Total | 10,305 | 4,668 | 14,973 | 20,043 | 6,301 | 26,344 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | | Number of people (Reached) | | |
| Refugees | 14,973 | | | 26,344 | | |
| Total (same as in 8a) | 14,973 | | | 26,344 | | |
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | | | The estimated number of beneficiaries reached included planning figures for the refugee influx. The population reached was higher by (41.2 per cent) and is attributed to sustained influx of South Sudanese refugees and a substantial relocation of non-Somali refugees from Dadaab refugee camp | | | |

⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁷ This should include funding received from all donors, including CERF.

| CERF Result Framework | | | |
|------------------------------|--|--|---|
| 9. Project objective | Contribute towards the nutrition wellbeing of vulnerable women and children in Kakuma refugee camp through scale up of life saving nutrition interventions | | |
| 10. Outcome statement | Improved nutritional status and survival of children under five years of age, pregnant and lactating women in Kakuma refugee camp | | |
| 11. Outputs | | | |
| Output 1 | Increased coverage and quality of treatment for acute malnutrition in Kakuma refugee camp | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | % of children under-five years systematically screened and referred for treatment of acute malnutrition | 22,750 (100%) | 2,143 children under five were systematically screened for acute malnutrition, of which 256 children with acute malnutrition were referred for treatment. Additionally, in June 2016, a mass MUAC screening exercise was conducted. A total of 90,535 children aged between 6-59 months were screened, of which 96 children with acute malnutrition were referred for treatment. |
| Indicator 1.2 | Performance indicators for management of acute malnutrition maintained within the sphere standards | > 90% coverage, >75% recovery rates, < 15% default rates and <10% death rates for SAM and <3% for MAM | Coverage for Treatment for severe acute malnutrition (SAM): 203.7% Coverage for Treatment of moderate Acute Malnutrition (MAM): 128.7%. Recovery rates SAM: 75.8% Defaulter rates SAM :7.9% Death rates SAM: 11.8% Recovery rate MAM: 82.3% Defaulter rates MAM: 1.2% Death rates MAM: 0% |
| Indicator 1.3 | % of stock out of therapeutic supplies and micronutrients (Vitamin A and iron folate) | 0% | 0% stock outs of essential supplies reported |
| Indicator 1.4 | % of health posts that have fully integrated package of essential nutrition services | 100% (7 clinics + 1 Hospital) | 100% of health facilities are fully integrating essential nutrition services |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Technical and logistics support for partners to | IRC/UNICEF/UNHCR | 7 national staff from |

| | | | |
|----------------------------|---|---------------|---|
| | conduct adequate screening, referral and treatment of acute malnutrition, provision of micronutrient supplementation and counselling support for mothers | | <p>International Rescue Committee (IRC) stationed at the stabilization centre trained on inpatient management of severe malnutrition and bi-weekly On Job Training (OJT) sessions held. This contributed to increased number of trained staff providing 24-hour coverage in the stabilization centres.</p> <p>9 International Rescue Committee staff trained on 5-day SMART Nutrition survey</p> <p>Monthly community leaders' meetings conducted. Key issues discussed included; a) early identification and referral of malnutrition by community members and b) social support for beneficiaries admitted to the stabilization centre. A total of 56 leaders have attended the meetings.</p> <p>Joint support supervision exercise carried out in Kakuma refugee camp in the month of July 2016.</p> |
| Activity 1.2 | Provision of essential nutrition supplies and anthropometric equipment for treatment of acute malnutrition | UNICEF | UNICEF: 2,922 cartons of RUTF, 60 cartons of F-100 Therapeutic milk, 40 cartons of F-75 Therapeutic Milk, 30 cartons of Resomal and anthropometric equipment were procured and distributed in Kakuma refugee camp. No stock outs were reported during the implementation period. |
| Output 2 | Improved delivery of Infant feeding in emergency (IFE) interventions in Kakuma refugee camp | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | % of pregnant and lactating women receiving education on appropriate infant and young child feeding practices through the mother to mother support groups | 40% (2,450) | 634 pregnant and lactating women (PLWs) received education on complementary feeding practices through 23 mother-to-mother support groups (MTMSGs) |

| | | | |
|----------------------------|--|--|--|
| Indicator 2.2 | % of community support group facilitators sensitized on MIYCN, including infant feeding in emergencies | 80% (75) | 75 community support group facilitators sensitized on MIYCN, including infant feeding in Emergencies |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Support and promotion of adequate infant and young child feeding through community and facility level structures for counselling, practical help and support to breastfeeding mothers. | International Rescue Committee /UNICEF | 634 PLWs received education on complementary feeding practices through 23 mother-to-mother support groups (MTMSGs) |
| Activity 2.2 | Sensitize community support group facilitators on MIYCN including; infant feeding in emergency for effective provision of services that offer practical help to mothers to care for their children optimally | International Rescue Committee | 75 community support group facilitators were sensitized on MIYCN, including infant feeding in Emergencies |

| | |
|---|---|
| 12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons: | |
| <p>The estimated beneficiaries' targets included planning figures for the refugee influx. The population reached was higher than the estimated numbers for the reporting period. In 2016, the civil unrest in South Sudan resulted in refugee influx to Turkana County and largely strained an already overcrowded Kakuma refugee camp. A total of 14,817 (6822 female) refugee children (less than 18 years of age) arrived in Kakuma between January and December 2016, with 1201 (17.6 per cent) of the newly arrived children under-five in 2016 malnourished. This surpassed UNHCR projected arrival of 4,500 refugee children (in Kakuma) for 2016. The plans by Kenyan government to close Dadaab Refugee Camp also led to pressure for the expansion of Kakuma, with a reported relocation of up to 30,000 non-Somali refugees by the end of 2016. About 80 per cent of those registered are children and women. This increased the demand for social services including health care. Due to the congestion in the camp, newly arrived refugees were directly settled in Kalobeyei settlement camp with minimal basic infrastructure and social services. The resultant increase in immunization and other health coverage indicators to over 100 per cent in the last quarter of 2015/2016 FY were attributed to this.</p> | |
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: | |
| <p>The targeted population was involved throughout the programme period. The community leaders were continuously engaged through monthly meetings to discuss programme issues including early identification and referral of malnutrition by community members and social support for beneficiaries admitted to the stabilization centres. In addition, Community health promoters (CHPs) and refugee incentive staff provided community level nutrition prevention and referral services. The mother-to-mother support groups were also involved in the implementation of appropriate maternal, infant and young child nutrition (MIYCN) practices.</p> | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| UNICEF has not planned for a formal evaluation, although monitoring and support supervision was done throughout the project period that provided the necessary information on the performance of the project. Also, WFP and UNHCR will undertake the Joint Assessment Mission in mid-2017, which will cover the period of the CERF contribution. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | | |
|---|--|---|--------------|--|-----------------------------------|-------------------------|---------------|
| 1. Agency: | | UNICEF | | 5. CERF grant period: | | 10/03/2016 - 31/12/2016 | |
| 2. CERF project code: | | 16-UF-CEF-015 | | 6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded | | | |
| 3. Cluster/Sector: | | Health | | | | | |
| 4. Project title: | | Enhancing the HIV treatment and care response to the South Sudanese refugee crisis in Kakuma Refugee camp and host community | | | | | |
| 7. Funding | a. Total project budget: | | US\$ 248,775 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | | US\$ 248,775 | ▪ NGO partners and Red Cross/Crescent: | | US\$ 196,050 | |
| | c. Amount received from CERF: | | US\$ 248,775 | ▪ Government Partners: | | US\$ 0 | |
| Beneficiaries | | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | | |
| <i>Direct Beneficiaries</i> | | <i>Planned</i> | | | <i>Reached</i> | | |
| | | <i>Female</i> | <i>Male</i> | <i>Total</i> | <i>Female</i> | <i>Male</i> | <i>Total</i> |
| <i>Children (below 18)</i> | | 0 | 0 | 0 | 2,712 | 5,509 | 8,221 |
| <i>Adults (above 18)</i> | | 3,900 | 1,700 | 5,600 | 2,455 | 4,983 | 7,438 |
| Total | | 3,900 | 1,700 | 5,600 | 5,167 | 10,492 | 15,659 |
| 8b. Beneficiary Profile | | | | | | | |
| <i>Category</i> | | <i>Number of people (Planned)</i> | | | <i>Number of people (Reached)</i> | | |
| <i>Refugees</i> | | 4,000 | | | 12,129 | | |
| <i>Host population</i> | | 1,600 | | | 3,543 | | |
| Total (same as in 8a) | | 5,600 | | | 15,659 | | |
| <p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p> | | <p>Through consultative meetings with International Rescue Committee and partners, decisions were made to intensify identification and linkage through a rapid response initiative and targeted outreaches, moonlight testing and treatment especially when the schools are closed, and in location specific hot spots, border areas and road networks resulting in an unprecedented spike in numbers tested, identified, linked, treated and retained on care.</p> | | | | | |

| CERF Result Framework | | | |
|------------------------------|--|---|--|
| 9. Project objective | Enhanced HIV Treatment and Care Response to the South Sudanese refugee crisis in Kakuma Refugee Camp and Host Community of Turkana West Sub County | | |
| 10. Outcome statement | Prevent HIV Testing Interruption | | |
| 11. Outputs | | | |
| Output 1 | Prevent HIV treatment and care interruption in Kakuma Refugee Camp and Host Community | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | % of HIV rapid test kits procured | 5,000 test (kits) | 18,200 alere (a brand of HIV testing kits) determine actual kits, 29,700 actual first response kits; 30,000 actual Human Syphilis RPR test kits |
| Indicator 1.2 | # of female/male adolescents in Kakuma knowing their status and those who need getting appropriate referrals and linkages living with HIV on continued treatment | 1,500 (800F/700M) | 2,093 (1,048F, 1,045M) adolescents knew their HIV status through access to HIV testing services and they received further services through referrals and linkages as needed. |
| Indicator 1.3 | # of female/male living with HIV on continued HIV treatment | 600 (400F/200M) | 560 (384F/176M) on uninterrupted ART treatment; 236 persons living with HIV (127F, 109M) received community health dignity prevention messages |
| Indicator 1.4 | # of adolescents and young people living with HIV reached through support groups | 50 | 82 (65F, 17M) adolescent and youth sex workers reached through Pyscho-Social Support groups (PSSGs) at different facilities. 52 adolescents (33M, 19F) joined and remained active cohesively in adolescent support groups including attending bi-monthly adolescent fun circles. |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procure 5000 HIV rapid test kits | UNICEF and International Rescue Committee | With continued shortage that would hamper service provision, UNICEF procured kits that would enable more than 15000 actual HIV tests to happen. Additional supplies (vaccine carriers, cold boxes, ice packs, spirit, prikers, cotton wool, syringe needles, etc.) were procured and facilitated delivery of HTS services in both the camp and host community. |
| Activity 1.2 | Carry out intensive campaigns to promote knowledge of HIV status among 5000 individuals while providing | International Rescue Committee and UNICEF | Through various approaches and strategies, 12,129 men, women, boys and girls in Kakuma and host community |

| | | | |
|--------------|---|---|---|
| | 100% active referral for those infected and at high risk | | knew their status with 100% referrals. Of those referred, 94% in Kakuma and 50% in host community actively received the services they were linked to. In December 2016, the International Rescue Committee conducted HTS RRI in December 2016, targeting the new population from South Sudan. The activity reached 827 people (452F, 375M) and linked five newly identified HIV positive clients to care and treatment services |
| Activity 1.3 | Empower 100 service providers (teachers, peer educators, community health workers) for outreach services aimed at improving paediatric HIV treatment outcomes | International Rescue Committee and UNICEF | 5 HIV Testing Service (HTS) Providers (4M, 1F), 2 HTS Counsellors were recruited to offer treatment sensitive services; 18 refugee HTS providers were trained on the new HTS curriculum; 16 peer volunteers recruited and trained on community health dignity prevention outreach and later supported in community education and psycho-social support groups. Their additional support enhanced home visitation and defaulter tracing of TB/HIV patients for both host and refugee populations. 15 youth facilitators of “My Health My Choice” evidence-based HIV intervention were recruited and trained to offer HIV-friendly, stigma-free facilitation in and out of schools. |
| Activity 1.4 | Supporting 10 adolescent HIV positive support groups in Kakuma Refugee Camp and Host Community | International Rescue Committee and UNICEF | 12 adolescent support groups with a membership of 181 (87F, 94M) members were supported for 3 monthly meetings. These groups conducted community health dignity prevention outreaches with reaching 471 (139M, 332F) individuals and considerably enhancing retention to HIV treatment. |

| |
|--|
| <p>12. Please provide here additional information on project’s outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</p> |
| <p>Regarding indicator 1.2, more beneficiaries reached adolescents81 knew their HIV status through access to HIV testing services and they received further services through referrals and linkages as needed.</p> |
| <p>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</p> |
| <p>Adolescent HIV TWGs at County level and HIV stakeholders Meetings at Sub County level (for Kakuma and Turkana West) ensured genuine and meaningful engagement of adolescents, young people, persons living with HIV and their families are represented and have a say in key decisions concerning the design and progress of the project and other health and HIV outcomes. The interventions were also conducted in close consultations with established mechanisms within the social protection, child protection, school/education, health, sports and welfare units, where the affected population also lent their voice.</p> |

| | |
|---|--|
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| There was no planned evaluation for this project. However, regular monitoring happened and informed the design of, prioritization for, and adjustments made in the work so far. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | | |
|--|--|---|-----------------|---------------------------------|---|---|---------------|
| 1. Agency: | | WFP | | 5. CERF grant period: | | 14/03/2016 - 31/12/2016 | |
| 2. CERF project code: | | 16-UF-WFP-005 | | 6. Status of CERF grant: | | <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded | |
| 3. Cluster/Sector: | | Food Aid | | | | | |
| 4. Project title: | | Food Assistance to Refugees | | | | | |
| 7. Funding | a. Total funding requirements ⁸ : | | US\$ 34,000,000 | | d. CERF funds forwarded to implementing partners: | | |
| | b. Total funding received ⁹ : | | US\$ 16,000,000 | | <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 89,480 ▪ <i>Government Partners:</i> US\$ 0 | | |
| | c. Amount received from CERF: | | US\$ 1,500,004 | | | | |
| Beneficiaries | | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | | |
| <i>Direct Beneficiaries</i> | | <i>Planned</i> | | | <i>Reached</i> | | |
| | | <i>Female</i> | <i>Male</i> | <i>Total</i> | <i>Female</i> | <i>Male</i> | <i>Total</i> |
| <i>Children (< 18)</i> | | 26,000 | 31,000 | 57,000 | 20,589 | 25,175 | 45,764 |
| <i>Adults (≥ 18)</i> | | 21,000 | 22,000 | 43,000 | 17,706 | 18,824 | 36,530 |
| Total | | 47,000 | 53,000 | 100,000 | 38,295 | 43,999 | 82,294 |
| 8b. Beneficiary Profile | | | | | | | |
| <i>Category</i> | | <i>Number of people (Planned)</i> | | | <i>Number of people (Reached)</i> | | |
| <i>Refugees</i> | | 100,000 | | | 82,924 | | |
| Total (same as in 8a) | | 100,000 | | | 82,924 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | | While the influx of the new arrivals from South Sudan into the Kakuma refugee camp led to an increase the number of beneficiaries fed, continuous biometric deactivation of beneficiaries' not collecting food at the FDPs and population verification ensured that the population fed remained lower than planned. | | | | | |

⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁹ This should include funding received from all donors, including CERF.

| CERF Result Framework | | | |
|------------------------------|--|--|---|
| 9. Project objective | Meet the food and nutrition security needs of refugees living in Kakuma camps | | |
| 10. Outcome statement | Enable refugees to have acceptable food consumption | | |
| 11. Outputs | | | |
| Output 1 | Food distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries in Kakuma refugee camps. | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of women, men, boys and girls receiving food assistance, through general food distributions | 100,000 | 82,924 |
| Indicator 1.2 | Quantity of food assistance distributed, disaggregated by type, as % of planned | (1,800 MT of Cereals, 145 MT of Super Cereal, 129 MT of Veg Oil and 147 MT of Yellow split peas) | 2,008.485 MT of Cereals (maize), 412.177 MT of Super Cereal, 129.81 MT of Veg Oil and 149.85mt of Yellow split peas |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Purchase food from local, regional or international markets, taking into consideration efficiency and effectiveness | WFP | WFP |
| Activity 1.2 | Contract transport services to commercial service providers and ensure food it is transported on time | WFP | WFP |
| Activity 1.3 | Transport food from the suppliers' warehouses or the port of Mombasa to the stores in the refugee camps | Private sector | Private sector |
| Activity 1.4 | Distribute food, ensuring the distribution process is humane and sensitive to the interests of women, men, girls and boys including those with special needs | World Vision International (WVI) and Norwegian Refugee Council (NRC) | World Vision International (WVI) and Norwegian Refugee Council (NRC) |
| Activity 1.5 | Monitor food distributions, food security outcome monitoring | WFP, WVI and NRC | WFP, WVI and NRC |
| Project objective | Reduce malnutrition among pregnant and lactating refugee women through health and nutrition interventions | | |
| Outcome statement | Stabilized or reduced undernutrition among pregnant and lactating refugee women | | |
| Output 2 | Food distributed in sufficient quantity and quality and in a timely manner to targeted pregnant and lactating refugee women | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Number of women and girls receiving food assistance, through supplementary feeding programmes by category | Number of women and girls receiving food assistance, through supplementary | International Rescue Committee PLW MAM-61 |

| | | | |
|----------------------------|--|---|---|
| | | feeding programmes by category | |
| Indicator 2.2 | Quantity of food assistance distributed, disaggregated by type, as % of planned | Quantity of food assistance distributed, disaggregated by type, as % of planned | Super Cereal 1.373mt Vegetable oil 0.137mt |
| Indicator 2.3 | Proportion of women receiving nutrition counselling against proportion planned | 200 PLW | 46 PLW (76% of the 61 PLW reached) |
| Output 2 Activities | Description | Implemented by (planned) | Implemented by (Actual) |
| Activity 2.1 | Purchase food from local, regional or international markets, taking into consideration efficiency and effectiveness | WFP | WFP |
| Activity 2.2 | Contract transport services to commercial service providers and ensure food it is transported on time | WFP | WFP |
| Activity 2.3 | Transport food from the suppliers' warehouses or the port of Mombasa to the stores in the refugee camps | Natoot, Naipa, Napeimait, Ewala & Soloikan | Natoot, Naipa, Napeimait, Ewala & Soloikan |
| Activity 2.4 | Distribute food, ensuring the distribution process is humane and sensitive to the interests of women, men, girls and boys including those with special needs | International Rescue Committee | International Rescue Committee |
| Activity 2.5 | Provide nutrition counselling to women during distributions at SFP sites | International Rescue Committee | International Rescue Committee |

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The amount of food purchased was higher than the planned. This was due to a significant reduction of prices of some food commodities at the time of purchase compared to the time of CERF application. The cost of both external and inland primary transport was also lower at the time of purchasing food than it was at the time the CERF application was done. Thus, WFP made substantial savings, with which it was able to purchase more food than what was planned.

While Kakuma registered a significant number of new arrivals from South Sudan, the population fed through the general distributions remained within the planned figures due to the verification exercise that was conducted September as well as continuous biometric deactivation of refugees who failed to collect food for consecutive six distributions. The population of pregnant and lactating women reached was way below the planned figures since the planning figures were based on estimates.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The integration of refugee leaders in food distribution processes through the Food Advisory Committee ensured that the food distribution process and complaints were managed in a transparent manner. During the food collection process, biometrics identity checks were conducted at the food distribution centres to ensure only the registered refugees and asylum seekers residing in the camp were able to collect the family rations. Additionally, all agencies working in the food and nutrition sector work in partnership to ensure that there was no duplication of intervention and partners complement each other where there are no gaps.

| | |
|---|---|
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|---|--|--------------|---|---|--------------|--------------|
| 1. Agency: | UNFPA | | 5. CERF grant period: | 08/03/2016 - 31/12/2016 | | |
| 2. CERF project code: | 16-UF-FPA-008 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Health | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Provision of life-saving Reproductive Health Services for South Sudanese Refugees in Kakuma Camp | | | | | |
| 7. Funding | a. Total funding requirements ¹⁰ : | US\$ 620,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ¹¹ : | US\$ 258,191 | ▪ NGO partners and Red Cross/Crescent: | | US\$ 174,960 | |
| | c. Amount received from CERF: | US\$ 249,972 | ▪ Government Partners: | | US\$ 0 | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (< 18) | 1,200 | 200 | 1,400 | 686 | 13 | 699 |
| Adults (≥ 18) | 2,400 | 600 | 3,000 | 3,971 | 432 | 4,403 |
| Total | 3,600 | 800 | 4,400 | 4,657 | 445 | 5,102 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | | Number of people (Reached) | | |
| Refugees | 4,200 | | | 4,816 | | |
| IDPs | | | | | | |
| Host population | 200 | | | 286 | | |
| Other affected people | | | | | | |
| Total (same as in 8a) | 4,400 | | | 5,102 | | |
| <i>In case of significant discrepancy between</i> | UNFPA contributed to increased access to information on BEmONC, SGBV, FP and | | | | | |

¹⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹¹ This should include funding received from all donors, including CERF.

| | |
|---|--|
| <i>planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | RH services to 5,102 vulnerable women, girls and men from refugees and host communities, an increase of 15 per cent from 4,400 planned. This was largely possible due to i) increased number of vulnerable refugees' populations into Kakuma during the year, ii) increase in information and service related to RH and GBV prevention and response utilization by vulnerable women and men in the Kakuma refugee camp and iii) Technical support and monitoring provided by UNFPA coordinator based in the field. |
|---|--|

| CERF Result Framework | | | |
|------------------------------|---|---|---|
| 9. Project objective | Improve access to life-saving quality reproductive health (RH) services including clinical management of sexual assault/rape for new South Sudanese Refugees in Kakuma Camp | | |
| 10. Outcome statement | Refugees in Kakuma camp have improved awareness of and increased utilization of Reproductive Health services | | |
| 11. Outputs | | | |
| Output 1 | Refugees have access to quality RH services including clinical support for survivors of sexual violence | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of health facilities with comprehensive emergency obstetric and neonatal care (CEmONC) | 2 | 2 |
| Indicator 1.2 | Number of clinical and community health workers staff updated on CEmONC protocols | 100 | 121 trained and providing BEmONC and where needed referral services in the two health facilities and in other centres within the camp |
| Indicator 1.3 | % stock-out rate for RH drugs and commodities | 0% | N/A: there were no RH kits procured and distributed with this funding. |
| Indicator 1.4 | Number of health facilities offering clinical management of rape (CMR) | 3 | 3 supported with 172 women and girls accessing SGBV services including CMR and psychological support |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Provide comprehensive emergency obstetric and neonatal care (CEmONC) including family planning services to women and girls | UNFPA/ International Rescue Committee | UNFPA/ International Rescue Committee |
| Activity 1.2 | Update 50 clinical and 50 community health workers staff on CEmONC protocols | International Rescue Committee | International Rescue Committee |
| Activity 1.3 | Procure and supply reproductive health drugs and commodities through interagency RH kits (refer Annex 1) | UNFPA | UNFPA |

| | | | |
|----------------------------|--|--|--|
| Activity 1.4 | Provide clinical support to survivors of sexual violence | International Rescue Committee | International Rescue Committee |
| Activity 1.5 | Update 30 staff on clinical management of rape protocols | UNFPA/ International Rescue Committee | UNFPA/ International Rescue Committee |
| Output 2 | Community members mobilised to increase awareness of and demand for reproductive health services | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Percentage increase in maternal health service utilization | 1,000 (98%) | 3,420 |
| Indicator 2.2 | Percentage of IEC materials distributed to 4,400 community members | 4,400 (100%) | 5,102 |
| Indicator 2.3 | Number of age & gender-specific groups sensitized on RH services | 10 | 11 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Carry out social mobilization campaigns to raise awareness on RH services | International Rescue Committee | International Rescue Committee |
| Activity 2.2 | Print and distribute IEC materials with BCC messages and RH information | International Rescue Committee | International Rescue Committee |
| Activity 2.3 | Conduct targeted age-specific reproductive health education | International Rescue Committee | International Rescue Committee |

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Activity 1.2: due to increased access to basic comprehensive emergency obstetric and neonatal care (BEmONC) including family planning services 121 (21 more) clinical and community health workers were trained and providing services in other health centres in the camp;

Activity 1.3: there were no reproductive health kits procured under this funding **as planned**. This has not significantly affected access to family planning as well as sexual based violence services to the planned target population. There were RH kits and commodities supplied to beneficiaries from other funding. **A total of USD 11,384.83 is unspent.**

Indicator 2.1: this indicator is exceeded by 242 per cent due to effective approaches by partner IRC in terms of training, mobilisation and distribution of IEC materials, which increased access to maternal health services.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNFPA and partner IRC ensured that beneficiaries were consulted and their needs considered as follows:

- These project activities were a scale up and response to increased needs with community structures already in place that guided priority settings; partner IRC has long been present with experience working with refugees in Kakuma
- Initial meetings were conducted with beneficiaries, community volunteers, health workers, community/block leaders,
- Tailor made discussions with specific groups such as in GBV one stop shop centres that allow women to provide feedback to project implementations;
- Monthly meetings with GBV working group also provided feedback and informed the design of the project as well as implementation and monitoring;
- UNFPA supported development of GBV SOPs for Kakuma that guided design and monitoring of this project.

| | |
|--|---|
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| No formal evaluation was conducted/required for this project. However, it's worth noting that UNFPA and UNHCR provided technical support to IRC, with quarterly bilateral meetings to discuss progress, challenges, lessons learnt and good practices. UNFPA can provide documentations for this process if needed/required. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|--|-----------------|---|---|----------------|---------------|
| 1. Agency: | UNHCR | | 5. CERF grant period: | 11/03/2016 - 31/12/2016 | | |
| 2. CERF project code: | 16-UF-HCR-008 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Multi-sector | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Primary Health Care and Sanitation Services for South Sudanese refugees in Kakuma camp. | | | | | |
| 7. Funding | a. Total funding requirements ¹² : | US\$ 49,543,634 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ¹³ : | US\$ 12,608,561 | ▪ NGO partners and Red Cross/Crescent: | | US\$ 1,145,551 | |
| | c. Amount received from CERF: | US\$ 1,400,000 | ▪ Government Partners: | | US\$ 0 | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (< 18) | 47,733 | 31,485 | 79,218 | 25,283 | 32,398 | 57,681 |
| Adults (≥ 18) | 22,000 | 16,021 | 38,021 | 14,969 | 12,333 | 27,302 |
| Total | 69,733 | 47,506 | 117,239 | 40,252 | 44,731 | 84,983 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | Number of people (Reached) | | | |
| Refugees | 102,239 | | 84,983 | | | |
| Host population | 15,000 | | 0 | | | |
| Total (same as in 8a) | 117,239 | | 84,983 | | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | Discrepancy between planned and reached beneficiaries was due to the verification exercise conducted between November and December 2016 to determine the actual refugee population in Kakuma. The verification exercise employed biometrics and led to the reduction of refugee population in Kakuma, including amongst the new arrivals | | | | | |

¹² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹³ This should include funding received from all donors, including CERF.

from South Sudan. This project also targeted 15,500 people from the host population on top of 84,983 refugees.

| CERF Result Framework | | | |
|------------------------------|--|---------------------------------|--|
| 9. Project objective | To ensure universal access to primary health care and sanitation services to South Sudanese refugees | | |
| 10. Outcome statement | Health and sanitation status of South Sudanese refugees in Kakuma camp improved | | |
| 11. Outputs | | | |
| Output 1 | Access to primary health care services provided or supported | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | # of health facilities per 10,000 population | 66 | We have 6 health facilities=0.49 facilities per 10,000 or 15,400/health facility |
| Indicator 1.2 | # of refugees who access the medical services (# of consultations per refugee) | 1.8 | 1.6 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Essential drugs procured and availed without any stock-outs for all health facilities (7) Essential laboratory services provided in all the camp based facilities-recruitment of laboratory staff and auxiliary staff/incentive staff | UNHCR/IRC | UNHCR/IRC |
| Activity 1.2 | Clinicians and qualified nurses on ground and providing services at outpatient clinics. Monthly HIS reports prepared and analysis done. Clinical management of communicable and non-communicable diseases. | UNHCR/IRC | UNHCR/IRC |
| Output 2 | Access to non-communicable disease programmes provided | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | # of full-time mental health staff | 3 | 2 |
| Indicator 2.2 | Monthly visits by consultant specialist including psychiatrist, surgeon, paediatrician and ENT surgeon. | 12 | 16 |
| Indicator 2.3 | # of persons of concern referred to secondary/tertiary medical care | 1,350 | 1,105 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Mental health services provided at the camp. Kakuma Refinto risk of DGBV in Kakuma Refugee Camp. em.r, GBV cases, Sexual and Gender based violence programming and day activities | UNHCR | UNHCR/IRC |

| | | | |
|----------------------------|---|--------------------------------------|--------------------------------------|
| Activity 2.2 | Elective surgical procedures supported at the Kakuma Mission Hospital as part of the reverse referral programme | UNHCR | UNHCR/IRC |
| Activity 2.3 | Refugees referred to Nairobi for secondary and tertiary medical services | UNHCR | UNHCR/IRC |
| Output 3 | Household sanitary facilities/latrines constructed | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | # HH latrines/facilities constructed | 5,566 (1,500 additional HH latrines) | 7,066 (1,500 additional HH latrines) |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Construction of household latrines | UNHCR/NRC | UNHCR/NRC |
| Output 4 | Refuse pits constructed or maintained | | |
| Output 4 Indicators | Description | Target | Reached |
| Indicator 4.1 | # of refuse pits that are constructed or maintained | 391 | 420 |
| Output 4 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 4.1 | Construction of refuse pits | UNHCR/NRC | UNHCR/NRC |
| Output 5 | Environmental health and hygiene campaigns implemented | | |
| Output 5 Indicators | Description | Target | Reached |
| Indicator 5.1 | # of persons reached by environmental health and hygiene campaigns | 50,000 | 50,000 |
| Output 5 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 5.1 | Hygiene campaigns conducted | UNHCR/NRC | UNHCR/NRC |
| Activity 5.2 | Cleaning kits purchased and distributed | UNHCR | UNHCR/NRC |

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

CERF funds allowed UNHCR to provide comprehensive primary health care services to the affected population. The crude mortality rate was reported as 0.2/1000/month while the under-five mortality rate was 0.8/1000/month both within UNHCR standards of 0.8/1000/month and 1.5/1000/month respectively. A total of 6 health facilities were operational in Kakuma including a new 180 bed capacity level for facility which was equipped to serve the increased refugee population as well as local host communities. The health coverage has therefore significantly improved during the project period. CERF funds also supported the provision of secondary health care at the Kakuma mission hospital. UNHCR in partnership with AMREF was able to have 16 visits to the camp by specialist doctors including paediatricians, surgeons, ENT surgeons, gynaecologist as well as radiologists. These served to reduce the big backlog of patients waiting for referrals to hospitals in Nairobi. By the end of the reporting period, the Level 4 hospital in Kakuma 4 was operational and thus reduced the cost of conducting operations in external facilities. Medical staff including qualified personnel and incentive/auxiliary staff were on ground to provide the much-needed services. Supplies and medical drugs were procured in a timely manner and there was no reported out of stock medicines. Mental health officers were on ground to provide services in addition to training other medical staff on the care of mental health patients.

By the end of the reporting period, there were 28,436 usable latrines in the camp comprising of 21,634 household latrines and

6,802 communal latrines. This represented a coverage of 58.7 per cent for household latrines. During the reporting period, 3000 family and 332 communal latrines were constructed which improved the coverage to 81.7 per cent. (This could also be attributed to the drop in the population as a result of the verification exercise that was completed in 2016). CERF funds contribution provided enabled the construction of 1,500 latrines (5,000 individuals). Environmental health and hygiene campaigns were conducted and refugees in Kakuma 4 were reached with the appropriate messaging.

In environmental health and hygiene campaign, a total of 84,983 persons of concern were reached. Solid waste management continued across the camp with excavation of 55 pits bringing the total to 420 with a pit to user ratio of 1:370 as compared to 1:523 at the beginning of the year.

In regard to vector control, two indoor residual spraying were carried out and disease surveillance of WASH related diseases was done in collaboration with the health partner.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNHCR conducts its planning together with the beneficiaries through a participatory assessment that uses age gender and diversity mainstreaming process. UNHCR conducts regular performance monitoring of projects using a multi-functional team comprising of sector leads and staff from other functional units. Financial monitoring of partner expenditure is conducted on a quarterly basis. Final audits for some partners are being conducted in March 2017 by external auditors. Both financial and performance monitoring seeks to compare the achievements and related financial expenditures under respective sectors. Monitoring activities are carried out at various levels (camp, household) by partners and agencies implementing subprojects, UNHCR Branch Office, Sub Office and Field Offices. Situation reports are submitted by all UNHCR Field Offices to their respective Supervising Office on a monthly basis.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

UNHCR undertakes a rigorous monitoring and verification process as part of its normal programme cycle. Evaluations are only carried out when required and are normally managed by UNHCR HQs.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|---|---------------|---|---|---------------|--------------|
| 1. Agency: | WHO | | 5. CERF grant period: | 28/03/2016 - 31/12/2016 | | |
| 2. CERF project code: | 16-UF-WHO-007 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Health | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Health Response for South Sudan Refugees in Kenya | | | | | |
| 7. Funding | a. Total funding requirements ¹⁴ : | US\$ 650,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ¹⁵ : | US\$ 100,000 | ▪ NGO partners and Red Cross/Crescent: | | US\$ 0 | |
| | c. Amount received from CERF: | US\$ 249,995 | ▪ Government Partners: | | US\$ 38,500 | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (< 18) | 18,900 | 13,700 | 32,600 | 21,001 | 13,119 | 34,120 |
| Adults (≥ 18) | 8,300 | 9,100 | 17,400 | 10,600 | 7,600 | 18,200 |
| Total | 27,200 | 22,800 | 50,000 | 31,601 | 20,719 | 5,320 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | | Number of people (Reached) | | |
| Refugees | 47,000 | | | 48,564 | | |
| IDPs | | | | | | |
| Host population | 3,000 | | | 3,736 | | |
| Other affected people | | | | | | |
| Total (same as in 8a) | 50,000 | | | 52,320 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either</i> | | | | | | |

¹⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁵ This should include funding received from all donors, including CERF.

| | |
|---|--|
| <i>the total numbers or the age, sex or category distribution, please describe reasons:</i> | |
|---|--|

| CERF Result Framework | | | |
|------------------------------|--|---------------------------------|--|
| 9. Project objective | To contribute to reduction of morbidity and mortality among South Sudan refugees and host communities especially vulnerable boys and girls, and pregnant women | | |
| 10. Outcome statement | Health and nutrition status assessed for all arrived new refugees | | |
| 11. Outputs | | | |
| Output 1 | New refugees including children have screened and have access to health services on arrival | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | New refugee arrivals screened, treated and vaccinated upon entry | 9,000 | 5,122 |
| Indicator 1.2 | 24-hour life-saving health services available upon entry | 2 | 2 |
| Indicator 1.3 | Morbidity and mortality rates due to communicable disease outbreaks among new refugees reduced to or below international emergency accepted standards | TBD | 0% |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Hire 2 nurses for twenty-four-hour screening, case management and vaccination at Nadapal entry point | WHO and County Health Team | WHO hired 2 nurses |
| Activity 1.2 | Procure essential drugs, consumables and basic equipment for new refugees Nadapal health post screening point | WHO | MOH Emergency standard drugs procured and supplied |
| Activity 1.3 | Logistics support for Nurses at the point of entry (lighting, stationery, basic examination kits etc.) | WHO | Logistics (enablers) procured and used |
| Output 2 | At least 47,000 refugees and 3,000 host community members out of population 115,000 have direct access to life saving health services for epidemic diseases | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Planned Essential drugs and other emergency supplies for communicable diseases control for refugees available | 0% stock out | 0% stock out |
| Indicator 2.2 | Infectious diseases laboratory diagnostics (reagents) and basic equipment for refugees and host community available | 0% stock out | 0% stock out |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Procure and transport essential drugs and supplies, laboratory reagents, consumables and basic diagnostic kits for Lopiding hospital for infectious | WHO | WHO procured Essential drugs, reagents etc. for |

| | | | |
|----------------------------|--|---------------------------------|--|
| | diseases and emergency obstetrics care etc. | | the Lopiding hospital |
| Activity 2.2 | Provide support for specimen transportation and quality control and confirmation from the County health team | CHMT | All outbreaks were adequately confirmed |
| Output 3 | Support County Health Team and Health Partners for health promotion on hygiene practices | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | Number of people and their caregivers receive information on polio, measles vaccination and life-saving services | 9,000 | 9,100 |
| Indicator 3.2 | Percentage increase in primary health care services | 70% | 82% |
| Indicator 3.3 | Number of pregnant lactating women access antenatal care; Percent of communities accessing life-saving interventions (ORS) | 5,000 | 4,100 |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Provide health promotion materials to partners | WHO MOH | Relevant IEC materials were printed and disseminated |
| Activity 3.2 | Support health promotion campaigns in the refugee camp and immediate host communities | CHT | WHO monitored all CHT activities in the camps |

| | |
|--|---|
| 12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons: | |
| N/A | |
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: | |
| The targeted population was involved throughout the programme period. The community leaders were continuously engaged through outreach programs and meetings to discuss health issues. County health teams and community health workers were also engaged as linkages between the program and the community. | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| There was no planned evaluation for this project. However, regular monitoring happened and informed the design of, prioritization for, and adjustments made in the work so far. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Partner Type | Total CERF Funds Transferred to Partner US\$ |
|-------------------|---------------------------------|--------|--------------|--|
| 16-UF-CEF-015 | Health | UNICEF | INGO | \$196,050 |
| 16-UF-CEF-014 | Nutrition | UNICEF | INGO | \$147,494 |
| 16-UF-HCR-008 | Multi-sector refugee assistance | UNHCR | INGO | \$290,002 |
| 16-UF-HCR-008 | Multi-sector refugee assistance | UNHCR | INGO | \$855,549 |
| 16-UF-FPA-008 | Health | UNFPA | INGO | \$174,960 |
| 16-UF-WFP-005 | Food Assistance | WFP | INGO | \$55,478 |
| 16-UF-WFP-006 | Food Assistance | WFP | INGO | \$34,002 |
| 16-UF-WHO-007 | Health | WHO | GOV | \$38,500 |

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|--------|---|
| AFP | Acute Flaccid Paralysis |
| AIDS | Acquired Immuno-Deficiency Syndrome |
| ALHIV | Adolescent(s) Living with HIV |
| ANC | Ante Natal Care |
| CHLHIV | Child(ren) Living with HIV |
| CSI | Coping Strategy Index |
| eMTCT | Elimination of Mother to Child Transmission |
| ENT | Ear, Nose and Throat |
| GAM | Global Acute Malnutrition |
| GCMF | Global Commodity Management Facility |
| GFD | General Food Distribution |
| IRC | International Rescue Committee |
| IRC | International Rescue Committee |
| KCRP | Kenya Comprehensive Refugee Programme |
| MAM | Moderate Acute Malnutrition |
| MIYCN | Maternal Infant and Young Child Nutrition |
| MTMSG | Mother to Mother Support Group |
| MUAC | Mid Upper Arm Circumference |
| NRC | Norwegian Refugee Council |
| PEP | Post Exposure Prophylaxis |
| PLHIV | Person Living with HIV |
| PLW | Pregnant and Lactating Women |
| PLWs | Pregnant and Lactating Women |
| PNC | Post Natal Care |
| PTSD | Post-Traumatic Stress Disorder |
| RUTF | Ready to Use Therapeutic Foods |
| SAM | Severe Acute Malnutrition |
| SSP | Security Partnership Project |
| Tx | Treatment |
| UNHCR | United Nations High Commission for Refugees |
| UNICEF | United Nations Children's Fund |
| WASH | Water, Sanitation and Hygiene |
| WFP | World Food Programme |
| AFP | Acute Flaccid Paralysis |