



**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
KENYA
RAPID RESPONSE
DROUGHT 2017**

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 AAR took place on 2 November 2017, chaired by OCHA and attended by FAO, WFP and UNICEF

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

YES NO

- 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)? Colleagues from the Food, Health, Nutrition, Protection, WASH and Agriculture and Livestock sectors reviewed the report before final sharing with the CERF Secretariat.

YES NO

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response:		
Breakdown of total response funding received by source	Source	Amount
	CERF	10,329,268
	COUNTRY-BASED POOL FUND (2017 Kenya Flash Appeal)	121,975,000
	OTHER (bilateral/multilateral)	3,827,109
	TOTAL	111,645,732

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 27/03/2017			
Agency	Project code	Cluster/Sector	Amount
FAO	17-RR-FAO-017	Livestock	1,500,000
UNFPA	17-RR-FPA-019	Health	171,531
UNFPA	17-RR-FPA-018	Sexual and/or Gender-Based Violence	200,041
UNICEF	17-RR-CEF-037	Health	217,211
UNICEF	17-RR-CEF-034	Nutrition	1,500,048
UNICEF	17-RR-CEF-035	Water, Sanitation and Hygiene	1,800,128
UNICEF	17-RR-CEF-036	Child Protection	290,184
WFP	17-RR-WFP-024	Nutrition	4,000,132
WHO	17-RR-WHO-014	Health	649,993
TOTAL			10,329,268

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	7,733,090
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	2,335,616
Funds forwarded to government partners	260,562
TOTAL	10,329,268

HUMANITARIAN NEEDS

The drought affected 2.7 million people across 23 of the 47 counties in pastoral and marginal agricultural counties (with the lowest development indicators and the highest poverty levels in the country). The most vulnerable are the poorest households who received no harvest in 2016, lost their animals due to acute water shortage and diseases, fodder shortage and faced difficulty accessing food in the markets due to high and increased food prices.

The outlook for the March – May 2017 long rains season predicted depressed rainfall over most parts of the country. The persistent dry spell led to a further deterioration in the already high malnutrition levels, health situation across all arid and semi-arid lands (ASAL) counties in 2017. The CERF funds were used to fund integrated life-saving activities in nutrition, health, WASH, livelihood support and GBV and child protection to an estimated 748,283 of the most vulnerable people in 11 of the most severely affected counties. This assisted in avoiding further deterioration of the humanitarian situation while complementing the Government-led drought response plan.

Kenya, alongside other countries in the Horn of Africa, has faced a severe food crisis for most of 2017 due to the recurrence of drought in shorter cycles, negating efforts to reduce vulnerability. The Government of Kenya declared drought a national disaster on 10 February 2017 and a humanitarian Flash Appeal was launched in March 2017. Kenya continues to face high levels of vulnerability to shocks including drought, flood, internal and cross border civil strife, especially amongst marginalized communities. Below average performance of the 2016 short and long rains has led to a severe drought in the ASAL, resulting in more than double the number of food insecure population. In March, 2.7 million people were identified in need of relief assistance, increasing from 1.3 million in August 2016 and a trebling since the same time in 2016 when 640,000 people were classified in crisis.

II. FOCUS AREAS AND PRIORITIZATION

The most affected people by the drought were the poor and vulnerable households living in 11 counties located in the Arid and Semi-Arid Lands (ASAL) including Mandera, Turkana, West Pokot, Wajir, Garissa, Baringo, Kilifi, Marsabit, Tana River, Samburu, Lamu, and Isiolo counties, which were the focus of the targeted CERF response. The majority of the most vulnerable were the elderly, the sick, pregnant and/or lactating women and children under five years of age.

Nutrition:

Increasing rates of acute malnutrition: The number of acutely food insecure increased from 2.7 million to 3.4 million people after August 2017 following the poor long rains (April – June 2017) performance which had a direct impact on increasing rates of acute malnutrition especially in pastoral areas. The Integrated Phase Classification (IPC) for Acute Malnutrition conducted in February 2017 presented a very critical nutrition situation. In North Turkana, North Horr (Marsabit County) and Mandera, the GAM rates were more than 30 per cent while in East Pokot (Baringo County), Isiolo and Turkana South, West and East between 15.0-29.9 per cent GAM rates were recorded. Tana River County registered 10.0-14.9 per cent, Tharaka Nithi County recorded more than 5-9.9 per cent and Kitui, Kilifi and Lamu were within acceptable rates of less than 5 per cent. The nutrition situation had deteriorated across all ASAL counties since June 2016 due to below normal rainfall and reducing household food access. The nutrition sector caseload in the ASAL counties was 343,559 (268,549 MAM and 75,010 SAM) which after adjusting for population level changes accounted for a 32 per cent increase in total numbers of boys and girls over a period of 12 months. With such high levels of acute malnutrition, an urgent scale up of a package of life-saving essential nutrition actions was required particularly in the 11 most severely affected counties. The Ministry of Health requested UNICEF and WFP to mobilize resources to cover the urgent needs for nutrition commodities (RUTF and RUSF which are used in the treatment of severe and moderate acute malnutrition. This allowed treatment to continue without interruption while the Government provided additional RUSF and CSB for the ASAL counties using internal government emergency resources.

WASH:

In affected areas, access to safe drinking water became increasingly limited with daily per capita access reducing to 5-10 litres from the average 15- 20 litres. Distances to water for livestock were generally longer than usual. Increasing pressure at water points meant that waiting times increased and watering frequency and amounts reduced. 2.7 million people were affected and in urgent need of safe drinking water. In parts of Marsabit County (North Horr and Loiyangalani), Mandera (South and Banisa) and Garissa County (Fafi and Ijara), where water points had completely dried up, people had to walk exceptionally long distances (more than 25 km) to find water. According to UNICEF data, even before the drought, between 30 and 40 per cent of rural water points were non-functional, meaning there was significant pre-existing water stress. Water points reportedly broke-down due to the increased demand while many households were unable to pay for water at community water points because the prices increased. People and animals shared water points, increasing the risk of disease outbreaks. The impact of the water shortage on the livelihoods of the affected people is likely to continue long after the drought is over as shown by the recent Long rain assessment.

Livelihoods:

Livelihoods in the (Agro) pastoralist areas are so closely tied to livestock and the condition of livestock is directly correlated to malnutrition – i.e. if livestock are unproductive owing to poor forage availability and condition, it is likely to affect nutrition status, impacting the health especially of children and pregnant and lactating women. The link has been shown by comparing figures from FAO's Predictive Livestock Early Warning (PLEWS) tool, which assesses the condition of available forage to predict drought impact on human populations, with long-term malnutrition data collected by the National Drought Management Authority. This comparison showed that over a period of 16 years, there is a 95 percent confidence interval in the correlation between malnutrition and poor forage condition. Targeted communities were those with remaining livestock assets in areas most affected by the drought in the target counties of Turkana, Marsabit, Mandera, Garissa, Tana River and Samburu. Terms of trade in these areas deteriorated with milk prices per litre rising from USD 0.4-0.5 to almost 0.8 -1.0 per litre, a rise of about 100 per cent while Livestock prices plummeted from an average high for cattle from USD 250-300 to USD 40-100, a 300-400 per cent drop and goats from high of USD 60 to 80 to USD 15 and in some cases lower than USD 10. This translated to over 400 per cent drop. The above scenario worsened malnutrition among the children and women left behind at the homesteads. Livestock in these counties were migrating in search of water and pasture, with movements dependent on traditional ties and pasture availability. In the target areas, one of the key drivers of malnutrition is the fact that many livestock move in search of water and pasture, leaving a limited number of vulnerable milking animals at home to provide for the women and children who generally do not move. As these animals that remain at the homestead die due to lack of pasture, malnutrition rates among children spike. The primary beneficiaries of this project were therefore the women and children (and the elderly) that remained behind when the main herd moved. Projected forage conditions for April 2017 depicted and revealed that worst-affected counties include, among others, Turkana, Marsabit, Mandera, Garissa, Tana River and Samburu. These are the counties that were targeted by the CERF request and were the counties in which the funds were used.

Health

Disease outbreaks: The rapid health assessments conducted revealed that an estimated 102,250 people were affected and in need of urgent lifesaving medical interventions, management of communicable diseases and severe malnutrition complications treatment. Priority counties were identified as Samburu, Tana River, Mandera, Marsabit and Turkana. Of the children under five years, women and people living with disabilities who fall ill, the majority were not able to access lifesaving services from the few health facilities in those areas. This highlighted the critical need to urgently increase access to lifesaving emergency health services in the affected counties. These counties continue to experience disease outbreaks (cholera, measles, visceral leishmaniasis (VL), also known as kala-azar. People and livestock affected by the drought were forced to migrate and were particularly vulnerable to disease outbreaks that have the potential to travel across borders. Epizootics escalated, affecting all types of animal on all sides of the Kenya, Somalia and Ethiopia borders. With critical low availability of grazing and water, livestock immune systems broke-down making them more susceptible to disease. In addition, migration brought animals into more frequent contact with other herds, increasing the incidence of disease. Due to low skill birth attendants in these counties (Turkana – 23 per cent, Marsabit – 26 per cent, Samburu – 29 per cent, Mandera – 39 per cent and Tana River at 62 per cent), UNFPA planned to facilitate trainings and referrals to deliveries under skilled care and emergency obstetric including printing posters for distribution in health centres to enforce health care protocols in the labour wards.

Protection:

UNFPA and partners identified unmet needs of multiple Sexual and Reproductive Health (SRH) and Gender Based Violence (GBV) prevention and response as reported by the health sector and county gender desk officers. Consequently, with limited health services, girls and women of reproductive age were at risk of death and illness and in urgent need of basic, lifesaving emergency obstetric neonatal care, family planning and from increased risks of contracting HIV and other sexually transmitted infections. UNFPA prioritized to conduct integrated outreaches to provide information and SRH and GBV services to vulnerable women and adolescent girls, men and boys. Due to limited functional health facilities and mobile population due to drought, UNFPA prioritized provision of medical outreaches targeting pregnant and lactating women with antenatal care services and screening for malnutrition. With breakdown of protection systems in northern Kenya counties, women and girls at risk of sexual violence and in need of clinical management of rape and psychosocial support were assisted.

Child protection risks in the drought-affected areas increased. UNICEF reported an estimated 480,000 children (12 per cent of potential 4 million people at risk by April 2017) negatively affected by the drought. There was an observed increase in the number of children on the streets in urban centres, as well as an increase in cases of child abuse being reported to the police. For instance, in Lodwar (Turkana County), the Department of Children Services counted 500 children (one third girls) on the street between 6:00 pm and 11:00 pm in February 2017, compared to under 60 children in March 2017. With increased movements of people in search of water and pasture, one of the key child protection concerns was the risk of children being separated from their families. The Kenya Red Cross report increasing

cases of attacks (looting and sexual violence) on female-headed households in the drought affected areas. Others were forced to adopt negative coping strategies such as trading sex for food and other basic commodities to fend for their families. The 2016 SRA revealed that in the north-west region of Kenya, women and girls were traveling 10 -20 kms to and from water points. Travelling these long distances creates overlapping protection concerns. Often girls leave their homes late at night to arrive at water points early in the morning to avoid long lines. Fights are becoming more and more frequent at water points due to long wait times and lack of water. Anecdotal evidence suggested that while these late-night treks for water reduced protection risks at water points they were increasing women and girls' exposure to gender-based violence (GBV) (particularly sexual violence) along the route. Further, the increased price of water exacerbates women and girls risk of sexual exploitation and abuse by male community members who control access to the water sources. Data from UNICEF and partners child protection rapid data assessment clearly demonstrated increasing child protection risks in Turkana, Garissa, Mandera, Tana River and Wajir counties. The protection sector, as suggested by the 2011 Horn of Africa crisis, as well as in 2007 post elections: strengthened existing protection mechanism to provide comprehensive services which will include an effective surveillance, reporting and response mechanism or GBV prevention strategy to girls and women.

III. CERF PROCESS

The activities identified in the CERF application were prioritised based on lifesaving criteria. In addition, the activities were chosen with the aim of complementing the government response effort in the same targeted counties. This ensured integrated interventions at various service delivery points, in the most affected areas and livelihood groupings. The OCHA Regional Gender expert was consulted in the process.

Nutrition:

The prioritization of the CERF allocation was informed by the analysis of available resources and identification of key life-saving criteria that require urgent resource allocation to allow appropriate humanitarian response. Consultation was undertaken within nutrition sector partners to agree on priority areas for CERF funding. WFP logistical capacity was considered in this response as it has comparative advantage to get moderate acute nutrition supplies (RUSF) as rapidly as possible to avoid a pipeline break especially from the government side. Besides, UNICEF has a drought preparedness and response plan that outlines key emergency interventions and partners who have already been consulted and standby partnership agreements put in place. This ensured that the CERF funds were immediately applied to assist the target population with the priority on ensuring a smooth pipeline to deliver lifesaving intervention.

Health:

The CERF funds were used to compliment ongoing interventions by the WHO, UNICEF, UNFPA in collaboration with the government to scale up the lifesaving health activities for the drought response in the hard to reach geographical areas. These also included five of the most deprived counties identified by the NDMA: Samburu, Turkana, Mandera, Marsabit and Tana River. The CERF funds were used to target children below 5 years (boys and girls), women, pregnant and lactating women, and people living with disabilities. WHO's priority actions included scaling up management of medical complications of SAM, cholera, diarrhoea, kala azar and measles outbreaks interruption in the five counties. Furthermore, early warning for large scale disease outbreaks both at health facility and community levels, replenishing of essential drugs and critical health commodities and ensuring integrated accelerated measles interventions in pockets of measles outbreak areas were also scaled up. These priority actions addressed the gaps outlined in the revised SRA assessments that showed dramatic increases in humanitarian needs. These were done through maintaining the surge capacity, through making available one emergency epidemiologist to cover the five targeted counties, replenishing the minimum life-saving medical supplies, materials and laboratory diagnostics based on the local infectious diseases profile and maintenance of viable cold chain according to the MOH and Health sector minimum package. WHO also carried out accelerated mass measles vaccination campaigns in areas of pocket outbreaks targeting 46,013 children less than 5 years (boys and girls) in the five counties. UN Agencies together with Government Ministry of Health prioritised interventions for rapid response based on the following factors: 1) Level of vulnerability of communities, age groups affected and gender dimensions; 2) Existing gaps 3) Key disease burden related to drought 4) Specific life-saving interventions for specific aged groups and gender.

WHO, UNICEF and UNFPA enjoy a strong relationship with the Ministry of Health (MOH), the county health teams and the health sectors partners implementing in the affected areas which facilitated the rapid scaling up of the emergency response. UNFPA actions responded to the national and county task force recommendations for the need for increasing access to lifesaving basic package of emergency obstetric and new-born care (EmONC). These included needs to increase number of integrated outreaches to address access to safe and clean delivery from trained staff, provision medical supplies and equipment for service providers to respond to complications arising during pregnancy and/ or childbirth largely due to increased distances covered during droughts.

WASH:

The 2016 short rains assessments in the affected counties and the nutrition situation assessment in ASAL counties in February 2017, provided critical trends on the worsening drought situation in the ASAL counties. The Kenya Meteorological Department (KMD) rainfall data analysis for the November – December 2016 short rains underlined the poor performance of the short rains. The KMD forecast for the 2017 April - May long rains further predicted less than average rainfall in the ASAL counties. County-specific reports by the NDMA in January 2017 (<http://www.ndma.go.ke/>) were also an important source of data for the assessment. These were supplemented by county government assessment reports that showed walking distances to viable water points had increased from 2.4km in December to 5.4km in January 2017; exceptionally, some distances were reported to be 20–24km. Waiting time at water points was between 60 to 120 minutes, compared to the normal 20 to 30 minutes; exceptional high waiting times of 2 to 4 hours were reported also. Approximately 80 per cent of the open water pans were dry. None of the pans had recharged fully in the 2016 short rains season. One of the most important WASH sector forums for consultation and information sharing was NGO WESCOORD co-chaired by UNICEF. Government and non-government partners met regularly (monthly) to review situation updates, resource availability, progress and gaps.

Livelihood:

The livelihoods off-take interventions were linked to the WFP and Government food assistance services. Integrated health and nutrition services were provided to children under 5 during nutrition screening. The launch of the flash appeal provided the strategy for prioritising the key lifesaving intervention identified in the CERF proposal. FAO used its Predictive Livestock Early Warning System (PLEWS) with its strong correlation to malnutrition rates, to target areas with the highest dependence on livestock and the worst forage condition scores.

Protection

UNFPA, through its implementing partner Kenya Red Cross (KRCS) had several ongoing interventions. This means that protection and GBV related activities and their rapid implementation directly benefited from the large-scale presence of KRCS in the affected communities. Furthermore, UNFPA has a logistics management information system in place, which was used to track and monitor procurement and distribution of the post rape treatment kits. From the monthly county drought monitoring and response bulletins, critical gaps existed with limited information on GBV and thus, support was needed to technical county health teams to coordinate GBV prevention and response. There was an urgent need for Community Sensitization sessions focused on messages on GBV prevention and response as well as violence prevention looking at other forms of violence, reporting and referral mechanisms for medical, psychosocial support, legal and judicial services

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 2.7 million									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Child Protection	11,535	0	11,535	12,700	0	12,700	24,235	0	24,235
Health	41,212	15,780	56,992	34,685	6,348	41,033	75,897	22,128	98,025
Livestock	47,274	31,516	78,790	47,273	31,515	78,788	94,547	63,301	157,578
Nutrition	95,648	37,223	132,871	94,885	0	94,885	190,533	37,223	227,756
Sexual and/or Gender-Based Violence	1,951	2,938	4,889	1,025	1,538	2,563	2,976	4,476	7,452
Water, Sanitation and Hygiene	716,048	660,960	1,377,008	687,960	635,040	1,323,000	1,404,000	1,296,000	2,700,000

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 FUNDING ²			
	Children (< 18)	Adults (≥ 18)	Total
Female	716,048	660,960	1,377,008
Male	687,960	635,040	1,323,000
Total individuals (Female and male)	1,404,008	1,296,000	2,700,008

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.

****Livestock:** Estimation of beneficiaries was done through the NDMA bulletins, short rains assessment reports of 2017 and consultation with the county government CSG. This included setting up of criteria for selection and requesting for write ups from the county departments concerned with drought mitigation. The counties came up with total number of affected individuals and households as well as estimates of livestock populations at risk. Mapping out of each county was done and drought mitigation actors allocated their areas for intervention and the county came up with possible estimates of the affected people despite the situation at the time deteriorating and more individuals and households getting into the vulnerable bracket. Estimated population per allocated area available resources were critical in coming up with estimates. In each site, a list of beneficiaries was used and drawn up by the village committees constituted in the target villages.

CERF RESULTS

Nutrition:

Some 42,711 (76 percent of annual target) severely malnourished boys and girls, 87,045 (65 percent of annual target) moderately malnourished boys and girls and 48,976 (132 percent of annual target) malnourished women in ASAL were reached with treatment for acute malnutrition between January and September 2017, achieving an overall 78 percent of the coverage target. With the persistent high case load of acute malnutrition, the Ready to use Therapeutic Foods (RUTF) supply pipeline would have experienced a break, had it not been for the CERF allocation for procurement of this commodity. UNICEF subsequently supported the procurement and distribution of 28,458 cartons of RUTF against the original planned quantity of 24,223 cartons as savings were made due to reduced price of RUTF from 52 USD per carton to 45 USD following the negotiation between UNICEF supply division and suppliers. Some 384,202 children under five years were systematically screened for acute malnutrition of which 14,232 were identified as SAM and 86,767 identified as MAM and were referred for treatment. About 69,127 pregnant and lactating women were screen of which 20,442 were referred for treatment. In addition, 94,415 pregnant and lactating women (PLW) and 384,202 caregivers of children under 5 years of age received messages on Maternal Infant and Young Child Nutrition (MIYCN) through the screening and outreach activities. UNICEF provided technical support and nutrition supplies for the scale-up of nutrition interventions in the ASAL in addition to support for coordination and information management to inform preparedness and response.

Health:

Through UNICEF's support, a total of 56,238, of which 46,013 were children; 23,467 females, 22,546 males and 10,225 pregnant women were promptly reached with life-saving interventions focusing on community level emergency service delivery modes, targeting the unreached segments of population in each county. UNICEF implemented interventions through direct financial support to the five counties and oversight in the mapping of outreach sites, monitoring and supervision and coordination of implementation, which included 1)Timely procurement of adequate life-saving health supplies including ORS/ZINC, Kala Azar drugs and distribution to target counties; 2)Mapping hard-to-reach areas in each county, mapping target population and scheduling outreach sessions; 3) Establishing Enhanced Outreach Services (EOS) teams; 4)Facilitation of health facilities and Enhanced Outreach Services (EOS) to manage and coordinate Community Health Volunteers to provide promotive, curative and identify and refer critically sick children and pregnant women for treatment and 5)The conduct of Enhanced Outreach Services (EOS).

The World Health Organization (WHO) trained 35 clinicians; seven from each county comprising a mixture of paediatricians, nutritionists and medical officers, seven each from Marsabit, Turkana, Tana River, Isiolo and Mandera counties for the management of acute malnutrition with medical complications. The overall evaluation was that the training was very useful. They in turn managed 102 cases of severe malnutrition with medical complications in the health facilities. Re-orientation of the County Health teams on disease outbreak prevention, early detection and case management were also conducted for the same counties as well as for the national level rapid response teams focusing on cholera and other diarrhoea diseases, kala azar as well as measles. Similarly, the same counties were given re-orientation on early warning systems for rumours and alert investigation, prompt detection of disease outbreaks especially among boys and girls less than five years of age. More than 30 and rumour alerts and real outbreaks were investigated within 48 hours and timely responded to avert large scale outbreaks.

WHO, County Health Teams and Kenya Red Cross also carried out accelerated mass measles vaccination campaigns in the five areas of pocket measles outbreaks reaching 48,205 out of the targeted 46,016 (105 per cent) children less than 5 years in the 5 counties. Fifty two percent (52 per cent) were girls and 48 per cent were boys. WHO provided technical, financial support to the MOH to conduct regular media briefs, publications and TV and radio spots for targeting different audiences including the communities on the risk factors and what actions to be taken at the various levels. In addition, for Cholera, the response messages were translated into local languages such as Swahili, Turkana, Somali, Kamba, Masai and Shenge as well as English and broadcast over national TV and radios, and community radios and regional radios. In addition, a high level MOH and WHO regular press briefings were held the product was increased government contributions to the response. These messages on prevention, risk factors and how to seek help were one singular activity that reached a very large audience even outside the targeted areas.

With CERF funds, UNFPA was able to provide emergency lifesaving sexual reproductive health services, supplies and information to 25,728 boys, girls, men and women in five counties. UNFPA and partner distributed emergency reproductive health kits to 16 health facilities with 647 drought affected women giving birth under skilled care and 944 women receiving skilled antenatal care.

Protection:

UNICEF, through CERF funding, complemented with internal resources succeeded in directly reaching 24,235 (11,535 girls/12,700 boys) children with protection services in six counties. In addition to the direct beneficiaries, the affected communities benefitted from advocacy and awareness creation on child protection. UNICEF partners worked with the affected communities, specifically children and their families and coordinated with other partners, a process that resulted in enhanced capacity of stakeholders in identification of and response to protection risks children affected by drought are vulnerable to.

To address the breakdown of protection systems and reporting of GBV, UNFPA/KRCS established 12 community-based women's protection networks to reduce women and girls' exposure to life-threatening acts of GBV, thus, benefiting 771 women and girls. Some 92 women were trained as watch group champion members who supported community awareness sessions and strengthening the reporting mechanism at the community level by conducting dialogues with the administrative and religious leaders. At least 190 community awareness sessions were conducted in the target counties reaching a total of 7,452 (4,889 female and 2,563 male). In response to survivors of GBV, UNFPA/KRCS trained 92 health workers on clinical management of rape with 166 GBV survivors receiving medical and psychological attention and support. The trained health workers were sensitized on reporting of GBV cases to ensure they are recorded into the Department of Health Information System (DHIS). About 138 volunteers were also trained in psychological first aid, with, a total of 1,108 (987f, 121m) reached with Psychological First Aid services.

WASH:

Reached over 243,100 people (123,900 women and 119,200 men) in eight drought-affected ASAL counties ensuring access to safe water at 7.5-15 litres of water per/p/day (critical for life-saving); while another 358,000 received critical WASH related information for the prevention of childhood illnesses. CERF support further enabled 47,000 school children in 163 public primary schools to remain in school and continue learning amid the drought emergency.

Livestock:

The Agriculture and Livestock sector reached a total of 251 people with livestock feeds, fodder seeds, animal treatment, meat and sale of livestock belonging to vulnerable families. Additionally, collectively, the six counties of Mandera, Samburu, Garissa, Marsabit, Turkana and Tana River received funds totalling \$424 million for slaughter and destocking and weak animals for purchase and slaughter.

From the post distribution monitoring conducted, beneficiaries of meat distribution reported an improvement in their health status. Through observation, those reached through the meat distribution in Samburu were happy, an indication of improved health conditions. Families reported improved income. According to the people interviewed, the money earned from sale of livestock has enabled them to purchase essential items such as water, food and pay for their children's school fees. The funding helped improve the animal health status and their mortality rate reduced, for example in Samburu mortality rates has reduced from 40-50 per cent to 27-32 per cent. The

destocking intervention helped improve the livestock market price and help save the animals from dying due to drought. It was indicated that the project enhanced some capacity of unity among the community members as they helped each other. Predetermined amount of feed per Tropical Livestock Unit (TLU) was beneficial in Samburu as it explained and followed the targeting criteria. This also set the standard as there were no set SOPs for such interventions within the county.

CERF's ADDED VALUE

Nutrition: CERF funding was used for timely procurement of Ready-To-Use Therapeutic Food (RUTF) which is critical in the treatment of severe acute malnutrition, thus, contributing to lowering mortality risk given severely malnourished children are 9 times more likely to die if they do not receive timely and appropriate treatment.

Health: CERF funds enabled UNICEF to swiftly act to respond to the suffering of children and women, resulting in increased community access to lifesaving interventions, saving lives, and reducing the magnitude of vulnerability. Due to sustained drought in the country, the support to rapid response by CERF relieved communities of their suffering. UNICEF therefore mobilized additional funding internally from EMOPS, German Government, and Australian Government which led to engagement of Kenya Red Cross Society to continue supporting the same interventions as well as expansion to five more counties. Additionally, because of the drought, malaria upsurges were experienced in Marsabit, Turkana and Baringo, which led to UNICEF engaging the NGO MENTOR Initiative to provide lifesaving malaria response interventions focusing on case management, vector control and community mobilization.

Protection: With CERF funding, UNICEF reached more children in some of the remote parts of the drought-affected counties through partnership with civil society organizations and the Department of Children Services at the county level. UNICEF surpassed the child protection target by 10 per cent (2,235 children). The additional children reached were boys, majority of whom were identified as displaced and living in the streets. UNFPA was able to address the breakdown of protection systems and reporting of GBV, through established community-based women's protection networks to reduce women and girls' exposure to life-threatening acts of GBV. UNFPA conducted five GBV coordination meetings at national and county (three counties) that profiled issues of GBV at county steering group meetings.

WASH: CERF funding allowed critical WASH emergency supplies to be distributed to drought affected households, reaching more than 53,200 households (266,000 women, girls, boys and men) using unsafe water sources. CERF support helped prevent waterborne illnesses such as cholera, diarrhoea and skin diseases among these populations. WASH emergency supplies such as jerrycans, buckets, aqua tabs, PUR and soap were distributed allowing households to practice and adopt household water treatment techniques for safe water access.

Livestock: There has been a multiplier effect of the money received from CERF used for offtake and meat distribution injected directly into the local economy and used for purchase of water, food and education. Meat distributed was used as food in the homes that received it, which helped reduce the time spent in search of food as would otherwise be the norm. In addition, the fresh food (meat) distributed was locally produced and bought for \$424,000. The animal treatment intervention provided an opportunity to have the animals de-wormed as the de-wormers were provided by the Ministry. The livestock interventions were an opportunity for the villagers to meet the livestock officers who are never able to access some of the remote areas where the intervention was carried out. The communities used the opportunity to seek expert advice from the livestock officers.

Health: Agencies focusing on health deployed experts to areas of disease outbreaks to supervise, monitor and report on progress of humanitarian response. The experts also produced and distributed technical guidelines and other tools to the counties. Training of clinicians, paediatricians, nutritionists and medical officers was also a large component of the added value in the response. The county health teams were also re-oriented on disease outbreak prevention, early detection and case management focusing on cholera, diarrhoea, kala azar and measles. With CERF funds UNFPA was able to provide emergency lifesaving sexual reproductive health services, supplies and information to 25,728 boys, girls, men and women in five counties.

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

YES PARTIALLY NO (required)

The CERF funding proved to be critical in jumpstarting the response. The government of Kenya declared the emergency drought in February 2017 and requested UN and humanitarian partners support as the situation was deteriorating quite rapidly after the third consecutive failed rainy season. There was an urgency to provide assistance to the most vulnerable people in the eleven most affected counties. Through the CERF funding, critical lifesaving intervention in nutrition, water, livestock, health, protection were implemented to boost the response.

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

YES PARTIALLY NO (required)

Yes, the funding allowed for the address of the most critical needs through (for example) accelerated nutrition response in ASAL and Urban informal settlements including support to treatment of Moderate Acute Malnutrition (MAM) among Children 6-59 months, and Pregnant and Lactating Women, livestock offtake (and consequently the provision of meat to the most vulnerable), purchase of animal feed and treatments to control livestock diseases.

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

YES PARTIALLY NO (required)

The initial CERF allocation has been critical in mobilising additional funding by a variety of donors including organisation internal resources or appeals. US\$ 6.4 million was raised by July 2017 to respond to the drought outside the CERF grants. For instance, the coordination support ensured updated response plans for the affected 23 counties further enabled counties to successfully apply for the Government Drought Contingency Funds (DCF) for nutrition emergency response. Some 12 affected counties (Marsabit, West Pokot, Baringo, Tana River, Isiolo, Laikipia, Taita Taveta, Tharaka, Kajiado, Mandera, Samburu) were supported to leverage the Kenya Government DCF from the National Disaster Management Authority for mass screening and referral of acutely malnourished children and outreach activities for treatment to the tune of Ksh19.8 million - approximately \$200,000 million.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO (required)

CERF funds were used to support coordination amongst partners both at national and county level. Kenya humanitarian coordination was dormant as development actors were mainly coordinated through line ministries. The CERF funding contributed to the resumption of sector coordination mechanism and Kenya Humanitarian Partnership Team (KHPT) meeting in which Head of UN agencies, NGOs representative, government National Drought Management Authority and humanitarian donors had a platform to identify a collective response strategy and discuss operational challenges. Coordination between UN agencies and country governments greatly improved because of complementarity among UN agencies and implementation arrangements. Meetings among humanitarian workers and local authorities also took place at county level to coordinate response.

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

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
It is important to consider sectors like Livestock as a crucial underlying lifesaving sector of a drought situation – particularly in this case where the majority of the affected areas were predominately pastoralist communities.	CERF Secretariate to consider this as a priority sector in future	CERF/UNOCHA

Need for more time after CERF call for submission to allow for better/stronger proposals in future	CERF to increase the window for proposal submission	CERF/UNOCHA
CERF Funds were disbursed in a timely manner which improved efficiency in implementation, thus ensuring that the urgent needs of beneficiaries were met and greatly contributing to positive results in the nutrition status of affected children	Support from CERF and OCHA in the timeliness of the proposal process is greatly appreciated	CERF/UNOCHA
CERF secretariat's insensitivity towards country context of UN Agencies' support to governments/ states based on comparative advantage, and the fact that community life-saving interventions are cost effective, and easily owned by communities who are first responders needs to be reviewed	CERF to understand country contexts and allow agencies to submit proposals jointly	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Mainstreaming	Inter-Sector approach to effectively mainstream child protection in emergency assessments and response activities is required	NDMA/All Sectors
Availability of gender disaggregated data is crucial to assist in prioritization and provides evidence for the otherwise not considered life-saving sectors	More gender disaggregated data to be readily available before application for such funding in future.	All sectors
Integrated approach in response is very important to avoid obvious overlaps, collective data sharing, ease of reporting in the end and wholesome response to affected people.	This needs to be further discussed at Inter-Sector Working Group level in the future on how best to approach it.	All Sectors/OCHA
Close partnership between UNICEF, WFP, and	Support for joint mobilization of resource and targeting of interventions addressing household food access (food	MoH/UNICEF/WFP/Implementing partners

<p>implementing partners in the mobilization of resources for the procurement of supplies for the treatment of malnutrition (mainly ready to use supplementary foods) was key in reducing gaps that would have affected the treatment programme and risk of severely malnourished children not being treated on time.</p>	<p>response, cash response, BSFP) to enhance food security.</p>	
<p>Devolved health is a constraint to emergency and disaster management, more so to rapid response. The consistent industrial action by health workers proved a huge challenge to sustaining the gains of CERF supported lifesaving interventions</p>	<p>More and better collaboration with other partners like Kenya Red Cross Society will assist in circumventing such challenges in future</p>	<p>All Sectors</p>
<p>The Kenya general election was a major bottleneck to response due to handover/takeover by County Executive Committee members and Chief Officers of Health. To date, some counties have not filled the two executive posts in the department of health</p>	<p>Such challenges must be taken to account for better planning</p>	<p>All Sectors</p>
<p>Relatively weak health systems in ASAL counties require longer support to equip county managers and stabilize to manage emergencies and disasters, including contingency plans that are resourced</p>	<p>More support and capacity building needed</p>	<p>All Sectors</p>
<p>Community-based lifesaving interventions are cost effective, and easily owned by communities who are the first responders and this should be encouraged to promote resilience-building and sustainability.</p>	<p>More capacity building for communities in all aspects for sustainability</p>	<p>All Sectors</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	10/04/2017 - 09/10/2017		
2. CERF project code:	17-RR-CEF-034		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Accelerate nutrition response to the drought emergency in ASAL					
7. Funding	a. Total funding requirements ¹ :	US\$ 3,484,640	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ² :	US\$ 3,979,160	▪ NGO partners and Red Cross/Crescent:			US\$ 0
	c. Amount received from CERF:	US\$ 1,500,048	▪ 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)	95,648	94,885	190,533	95,081	89,538	184,619
Adults (≥ 18)	37,223		37,223	71,588	0	71,588
Total	132,871	94,885	227,756	166,669	89,538	256,207
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	0			0		
IDPs	0			0		
Host population	0			0		
Other affected people	227,756			256,207		
Total (same as in 8a)	227,756			256,207		

¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

² This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

112 per cent of the target beneficiaries reached as of 31st December 2017.

CERF Result Framework			
9. Project objective	Contribute towards the nutrition wellbeing of vulnerable women and children in the most severely drought-affected counties through scale up of life saving nutrition interventions.		
10. Outcome statement	Improved nutrition status and survival of children under five, pregnant and lactating women in ASAL		
11. Outputs			
Output 1	Increased coverage and quality of the treatment of acute malnutrition in the most severely affected counties		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% of targeted boys and girls in identified hotspot areas within the 23 ASAL	SAM: 18,753 MAM: 44,758	SAM: 14,232 MAM: 86,767
Indicator 1.2	Performance indicators for management of acute malnutrition maintained within the sphere standards	Above 50% for coverage rates, 75% recovery rates, less than 15% defaulter rates and less than 10% and 3% death rates for severe and moderate malnutrition respectively	Coverage for Treatment for severe acute malnutrition (SAM): 76% Coverage for Treatment of moderate Acute Malnutrition (MAM): 65% Recovery rates SAM: 79.5% Defaulter rates SAM :14.9% Death rates SAM: 0.8% Recovery rate MAM: 80.2% Defaulter rates MAM: 13.5% Death rates MAM: 0.4%
Indicator 1.3	24,223 cartons of Ready to use therapeutic food supplies	Zero stock out of therapeutic supplies	
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of therapeutic food supplies (RUTF) for treatment of severely malnourished children below five years old (28,458 cartons or RUTF procured)	UNICEF	UNICEF
Activity 1.2	Distribution of therapeutic food supplies (RUTF) to health facility) for treatment of severely malnourished children below five years old (28,458 cartons or RUTF procured and distributed through KEMSA)	UNICEF/MOH/KEMSA	UNICEF/ KEMSA
Activity 1.3	Technical support to the MoH and implementing partners for continued scale up of the full package of High impact nutrition interventions at health facility and community level. This will include screening and support for inpatient and outpatient	MoH/Implementing partners	Technical support provided to MoH and implementing partners (KRCS, CONCERN, International Rescue Committee, Save the Children, TDH, PSK, Action Contre la Faim,

	treatment of SAM		Food for the Hungry and World Vision, KRCS.)
Activity 1.4	Micronutrient supplementation to children below five years.	MoH/Partners	Children supplemented with micronutrients
Output 2	Improved delivery of Infant feeding and young child feeding in emergency (IFE) interventions in the most severely affected counties		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	No. of county level CHVs and newly recruited health workers trained on Infant Feeding in emergencies	180 Health workers 900 CHVs	103 Health Workers 743 CHVs
Indicator 2.2	% of pregnant women supplemented with iron folate	>80% (106,188)	Iron supplementation above 50% in most of the counties: Garissa (75.1%), Wajir, (63.8%), Isiolo (97.0%), Turkana (91.4%), Mandera (78.0%), North Horr (47.7%), Laikipia (79.2%), Tana River (88.4%), Laisamis (61.6%), Kitui (92.3%), Nairobi (85.8%), Samburu (77.0%), Kilifi (87.3%) and West Pokot (63.3%).
Indicator 2.3	No of Pregnant and lactating women and caregivers of children 6 – 59 months reached with messages on IYCF.	379,974 pregnant and lactating women 202,289 caregivers of children 6 – 59 months	95,214 pregnant and lactating women 384,202 caregivers of children 6 – 59 months
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	No. of county level CHVs and newly recruited health workers trained on Infant Feeding in emergencies	MoH and Implementing partners	MOH and (KRCS, CONCERN, International Rescue Committee, Save the Children, TDH, PSK, Action Contre la Faim, Food for the Hungry and World Vision, KRCS
Activity 2.2	Disseminate key messages on MIYCN.	MoH and Implementing partners	MOH and (KRCS, CONCERN, International Rescue Committee, Save the Children, TDH, PSK, Action Contre la Faim, Food for the Hungry and World Vision, KRCS
Output 3	Enhanced coordination and nutrition information systems are in place at both national and sub-national level for improved emergency programming and early warning.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	% of counties with response plans plan developed and disseminated	100% (23)	23 ASAL counties with response plans developed and disseminated.
Indicator 3.2	% of health facilities reporting on IMAM services	>70%	80%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Strengthen routine nutrition information management.	MoH/UNICEF and Implementing partners	MOH and (KRCS, CONCERN, International Rescue Committee, Save the Children, TDH, PSK,

			Action Contre la Faim, Food for the Hungry and World Vision, KRCS
Activity 3.2	Support nutrition sector coordination at national level and sub county level to ensure strategic, coherent and effective nutrition response	MoH/UNICEF and Implementing partners	Monthly emergency nutrition advisory coordination (ENAC) meetings to track progress in emergency response at national level. County and sub-county level nutrition technical fora.

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 project outcomes have largely been within the expected outcomes. However due to insecurity in parts of Mandera and Baringo from May-July 30 per cent of health facilities could not be restocked with RUTF and they did not provide services and staff were not available. This has since been reduced to 0 per cent.

The amount of RUTF procured exceeded the planned quantities (28,458 cartons of RUTF procured against planned quantities of 24,223 cartons) as savings were made due to reduced price of RUTF from \$52 per carton to \$45 due to negotiations between UNICEF Central supply division and the suppliers. This has since been distributed through KEMSA.

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

The targeted population, the community leaders have been involved throughout the programme period during the community outreach and dialogue sessions. The community health volunteers (CHVs) have also been involved in providing community level support for nutrition prevention and referral services. The mother-to-mother support groups have been involved in the implementation of appropriate maternal, infant and young child nutrition (MIYCN) practices.

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

EVALUATION CARRIED OUT

UNICEF has not planned for a formal evaluation, however monitoring and support supervision is continuously being ensured to provide adequate information on programme progress. UNICEF is also undertaking a real-time evaluation of the drought emergency and continuous feedback has been provided on opportunities and key areas of improvement.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	13/04/2017 - 12/10/2017		
2. CERF project code:	17-RR-CEF-035		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Water security for 200,000 people in drought-affected counties in Kenya					
7. Funding	a. Total funding requirements ³ :	US\$ 4,456,115	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁴ :	US\$ 1,800,128	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 840,727	
	c. Amount received from CERF:	US\$ 1,800,128	▪ <i>Government Partners:</i>		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).						
<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>	53,000	51,000	104,000	64,400	62,000	126,400
<i>Adults (≥ 18)</i>	49,000	47,000	96,000	59,500	57,200	116,700
Total	102,000	98,000	200,000	123,900	119,200	243,100
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	0			0		
<i>IDPs</i>	0			0		
<i>Host population</i>	0			0		
<i>Other affected people</i>	200,000			243,100		
Total (same as in 8a)	200,000			243,100		
<i>In case of significant discrepancy</i>	Targeted population was exceeded by 43,100 people or 21 per cent because programme intervention reached more people arising from population movements and					

³ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁴This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>concentration around rehabilitated water points.</p> <p>You may provide a sentence to explain the discrepancy (21per cent increase from the planned figure).</p> <p>programme intervention reached more people arising from populations movements and concentration around rehabilitated water points.</p> <p>There is no significant discrepancy in the population reached. Targeted population was exceeded by 43,100 people or 21 per cent.</p>
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CERF Result Framework			
9. Project objective	Ensure access to safe drinking water for 200,000 girls, women, boys and men affected by drought emergency in seven ASAL counties in Kenya		
10. Outcome statement	Drought affected girls, women, boys and men survive the drought emergency and are protected against waterborne infectious diseases		
11. Outputs			
Output 1	200,000 drought affected girls, boys, women and men in 10 ASAL Counties access 7.5 to 15 litres of safe water/person/day		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of girls, boys, women and men with access to between 7.5 and 15 litres of safe water per person per day (HFI)	200,000 people (girls 53,000; boys 51,000; women 49,000; men 47,000)	243,100 people (girls 64,400; boys 62,000; women 59,500; men 57,200)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification of strategic water points for repair/rehabilitation	UNICEF, NGO & County MoW	UNICEF, NGO & County Water Departments
Activity 1.2	Repair/rehabilitate an estimated 100 water points to serve 160,000 people	NGO & County MoW	GAA, Samaritan's Purse, World Vision, FCA, ACTED, PLAN, NRC, Caritas
Activity 1.3	Training of water user committees on O&M of water points	NGO	GAA, Samaritan's Purse, World Vision, FCA, ACTED, PLAN, NRC, Caritas
Activity 1.4	Procurement of emergency water treatment chemicals (Aqua tabs, PUR, Chlorine) and water storage materials (jerry cans and buckets) to serve 40,000 people	UNICEF	UNICEF
Activity 1.5	Distribution of emergency water treatment chemicals and water storage commodities to partners, for on-distribution to households, schools and health centres	UNICEF & NGO	GAA, Samaritan's Purse, World Vision, FCA, ACTED, PLAN, NRC, Caritas
Activity 1.6	Project monitoring and quality assurance	UNICEF	UNICEF; Quality Assurance

			Consultants
Output 2	200,000 drought affected girls, women, boys and men receive hygiene messages for the prevention of waterborne diseases		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# girls, boys, women and men receiving critical WASH related hygiene information	200,000 people (girls 53,000; boys 51,000; women 49,000; men 47,000)	358,000 people (girls 95,000; boys 91,200; women 87,600; men 84,200)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Design and production of key behaviour change messages	UNICEF	GAA, Samaritan's Purse, World Vision, FCA, ACTED, PLAN, NRC, Caritas
Activity 2.2	Train PHO and CHV on dissemination of hygiene messages	UNICEF, NGO & County MoH	GAA, Samaritan's Purse, World Vision, FCA, ACTED, PLAN, NRC, Caritas
Activity 2.3	Promotion of key hygiene messages through community health volunteers	NGO & County MoH	GAA, Samaritan's Purse, World Vision, FCA, ACTED, PLAN, NRC, Caritas
Activity 2.4	Project monitoring and quality assurance	UNICEF	UNICEF; Quality Assurance Consultants

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 drought emergency response also reached 47,000 school children in 163 public primary schools. Another 266,000 people were reached with temporary access to safe water through household water treatment. 79 per cent more people than targeted also received critical WASH related information for the prevention of childhood illnesses.

The schools benefitted from pipeline repairs and extensions to schools near community water points which required minimal investments, while others collect water from the communal water points due to distance from the point to the school yard. In addition, schools benefitted from hygiene promotion including hand washing with soap interventions.

The emergency response also targeted communities without permanent water sources, with household water treatment increasing population accessing safe water albeit temporary. Consequently, hygiene promotion was linked to household water treatment allowing more people to be reached with critical hygiene information.

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

County Governments and NGOs present in the respective drought affected counties conducted assessments to identify most affected communities in consultation local community representatives and identified priority interventions for both communities

and institutions impacted by the drought emergency. County governments and communities in conjunction with NGOs identified priority water facilities for intervention to maximize benefits to communities reaching the most vulnerable. Local community leaders participated and managed the distribution of WASH emergency supplies for household water treatment and storage; giving priority to poor and most impacted households. Close monitoring of the interventions was carried out by UNICEF including the use of independent quality assurance consultants who conducted focus group discussions to get community feedback on the response.

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

EVALUATION CARRIED OUT

The findings by Brooklyn Consulting company revealed that: Interventions were effective in tackling the negative effects of the drought; beneficiary selection was effective and transparent; hardware aspects (rehabilitation of water facilities) of the intervention were balanced with the software component (hygiene promotion for behaviour change, capacity building for WASH committees); school interventions have improved retention and enrolments in drought affected schools.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	10/04/2017 - 09/10/2017		
2. CERF project code:	17-RR-CEF-036		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Child Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Enhancing the protection of children affected by drought in ten priority counties, Kenya					
7. Funding	a. Total funding requirements ⁵ :	US\$ 800,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁶ :	US\$ 640,184	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 125,982.15	
	c. Amount received from CERF:	US\$ 290,184	▪ <i>Government Partners:</i>		US\$ 98,121	
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).						
<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>	12,000	10,000	22,000	11,535	12,700	24,235
<i>Adults (≥ 18)</i>	0	0	0	0	0	0
Total	12,000	10,000	22,000	11,535	12,700	24,235
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	0			0		
<i>IDPs</i>	0			0		
<i>Host population</i>	0			0		
<i>Other affected people</i>	22,000			24,235		

⁵ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁶ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	22,000	24,235
<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>	The number of children reached by the project surpassed the set target by 10 per cent, i.e. 2,235 children. These were mainly boys, whereby a total of 12,700 boys were reached against a target of 10,000. Target on number of girls was under achieved by 4 per cent (465 girls) mainly because a significant number of beneficiaries were children who had been displaced from their homes and moved to urban areas. Majority of these children are boys.	

CERF Result Framework			
9. Project objective	Children affected by crises have access to protection services to enhance their physical and psychological safety and wellbeing, socialization, play and learning		
10. Outcome statement	22,000 girls and boys severally affected by drought receive lifesaving protection services and psychosocial support, including family tracing and reunification		
11. Outputs			
Output 1	Separation of children from families is prevented and addressed and family-based care is promoted		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% of separated girls and boys reunified with their families	85% (5,100 children)	75% (4,479 children)
Indicator 1.2	% of reunified children receiving reintegration support	100 % (6,000)	75% (4,479 children)
Indicator 1.3	% of children separated from family are placed in appropriate alternative temporary care while family tracing is conducted	15% (900 children)	20% (1,184 children)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification and documentation of children separated from their families	Department of Child Services (DCS) at county level, Child Welfare Society of Kenya (CWSK), Kenya Red Cross (KRCS) and other UNICEF Partners	15,549 children (7,989 girls and 7,560boys) DCS CWSK SAPCONE UDO
Activity 1.2	Tracing and reunification of separated children with their families	Department of Child Services (DCS) at county level, Child Welfare Society of Kenya (CWSK), Kenya Red Cross (KRCS) and other UNICEF Partners	4,479 children (2128 girls and 2,351boys) DCS CWSK SAPCONE UDO
Activity 1.3	Continuous follow-up and support of the child's family reintegration process, preventing further separation	Department of Child Services (DCS) at county level, Child Welfare Society of Kenya (CWSK), Kenya Red Cross (KRCS) and other UNICEF Partners	DCS CWSK SAPCONE UDO

Output 2	Violence, exploitation and abuse of girls and boys is prevented and addressed, including GBV, psychosocial support is provided to children and their caregivers		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Children at risk of/ or experiencing abuse, violence and exploitation because of the drought, including child survivors of GBV, receive adequate child protection care, and medical support within 72 hours as appropriate.	22,000 children	24,235 children (11,535 girls and 12,700 boys)
Indicator 2.2	No. of counties in which messages on CPIE are disseminated	6	Baringo Garissa Turkana Marsabit Wajir West Pokot
Output 2 Activities	Description	Implemented by (Planned)	Department of Children Services Baringo, Department of Children Services Garissa, Department of Children Services Turkana, St. Peter's Community Network, Department of Children Services Marsabit, Department of Children Services Wajir, Umoja Development Organization, Child Welfare Society of Kenya
Activity 2.1	Provision of counselling, referrals to medical, legal and education services, provision of dignity kits. Facilitation of temporary stay at rescue centres.	Department of Child Services (DCS) at county level, Child Welfare Society of Kenya (CWSK), Kenya Red Cross (KRCS) and other UNICEF Partners)	4,479 children (2128 girls and 2,351 boys) counselling, referral 1,000 dignity kits distributed (550 girls and 450 boys)
Activity 2.2	Development and dissemination of targeted child protection messages using various media (local radio, community outreach)	Department of Child Services (DCS) at county level, Child Welfare Society of Kenya (CWSK), Kenya Red Cross (KRCS) and other UNICEF Partners	Dissemination of key child protection messages done through community outreaches, sensitization radio spots and radio talk shows in six counties.

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:

Over 24,000 most vulnerable children received protection services, further protecting them from risk of harm, violence, abuse and exploitation. Children that had been separated from their families were reunified, ensuring appropriate home-based care and mitigation of protection risks. The capacity of stakeholders at the county level to identify, assess and support drought affected children has been enhanced.

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

implementation and monitoring:

The community members especially the representative of the local administration and community leaders were engaged from the beginning of the project and they were key in the identification of children adversely affected by drought. Following consultations, activities were directed to most affected areas of the county where few or no other partners were present. Community members further supported in conducting follow-up visits to the children and their families to keep track of the support issued and reported any issues arising to the implementing partners. Children too were engaged throughout the process and they helped in highlighting the various forms of violence, abuse, exploitation that they faced during the drought and suggested appropriate ways in which implementing partners could support through the funding received. The children also played a key role in identifying fellow children affected as well as reporting to the authorities and local organizations whenever they witnessed any child experiencing abuse, violence and exploitation within the community. For instance, representatives of children assemblies in school's engagement with the school management to identify and refer children dropping out and/or at risk of dropping out of school. Children in Marsabit County also participated in radio talk shows to disseminate key messages on child protection.

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

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF UNFPA WHO		5. CERF grant period:	20/03/2017 - 19/09/2017 (UNICEF) 20/03/2017 - 19/09/2017 (UNFPA) 20/03/2017 - 19/09/2017 (WHO)		
2. CERF project code:	17-RR-CEF-037 17-RR-FPA-019 17-RR-WHO-014		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Health Response to drought disaster in five counties in Kenya					
7. Funding	a. Total funding requirements ⁷ :	15,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁸ :	5,112,851	▪ <i>NGO partners and Red Cross/Crescent:</i>		249,056	
	c. Amount received from CERF:	1,038,735	▪ <i>Government Partners: (UNICEF)</i>		162,441	
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). UNFPA. WHO.UNICEF						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	27,556	28,681	56,237	41,212	15,780	56,992
Adults (≥ 18)	23,467	22,546	46,013	34,685	6,348	41,033
Total	51,023	51,227	102,250	75,897	22,128	98,025
8b. Beneficiary Profile						
Category	102,250 Number of people (Planned)		98,025 Number of people (Reached)			
Refugees						
IDPs						
Host population						

⁷ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁸ This should include both funding received from CERF and from other donors.

<i>Other affected people</i>	102,250	98,025
Total (same as in 8a)	102,250	98,025
<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>During the emergency response, planned medical outreaches by UNFPA/KRCS were reduced following health workers' strike that resulted in the closure of several health facilities across the country, negatively impacting service provision. Due to the vastness of the areas affected and extremely difficult terrain coupled with displacements due to drought, UNFPA and Kenya Red Cross Society encountered low turnout of people in some of the outreaches, due to pastoralists movements/migration due to water and pasture, thus resulting in lower than planned achievement of the targets.</p> <p>For UNICEF supported activities, the industrial action by health workers caused minimal effect on outreach events. County departments of health quickly managed to negotiate with the health workers to implement the sessions as planned. UNICEF used additional resources from the German Government to engage KRCS in a partnership agreement (PCA) to mitigate the impact of the nurses' strike, focusing on 10 Arid and Semi-Arid Counties (Turkana, Mandera, Tana River, Marsabit, Isiolo, Samburu, West Pokot, Baringo, Wajir and Garissa) to implement life-saving interventions from October to mid-December 2017. The focus was to operationalize high volume health facilities that were closed due to strike, and taking essential lifesaving maternal, new-born and child health interventions through outreach services. When nurses resumed duty, the strategy was to accelerate outreach service delivery. Key results expected to be achieved are increase in pentavalent 3, measles 1, antenatal care and increased community demand for lifesaving interventions. Implementation of the PCA has enabled increased access of communities to life-saving interventions.</p> <p>WHO was supporting MOH and partners in 18 counties for cholera, kala azar outbreaks with the county health teams' partners including KRCS. WHO thus engaged the KRCS who had been supporting the cholera outbreak response in the counties including Nairobi to scale up the vaccination of children below the age of five years in the five affected counties. Through an MOU, KRCS conducted the campaign in the five counties with Technical and monitoring support from WHO and implementation supervision from the County health teams of the affected counties.</p>	

CERF Result Framework			
9. Project objective	Emergency Health Response to drought disaster in five counties in Kenya		
10. Outcome statement	To reduce excess morbidity and mortality due to the impact of drought and its complications on health especially on children less than five years in the five most affected counties.		
11. Outputs			
Output 1	Lifesaving medical interventions for health facilities on management of communicable diseases, epidemics and severe malnutrition with medical complications scaled up for 102,250 people		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of people accessing lifesaving medical interventions	102,250	98,025
Indicator 1.2	Case fatality for epidemic diseases reduced to national standards	National and International Standards	1.6% (cfr. For the cholera outbreak)

Indicator 1.3	Non-stock out of essential lifesaving drugs	0%	0%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Print guidelines for the management of these diseases	WHO	WHO
Activity 1.2	Reorientation for health workers on the management of these diseases and SAM	MOH	MOH
Activity 1.3	Provision of essential lifesaving drugs and non-drug consumable items	WHO	WHO
Output 2	Support County Health teams to respond to cholera and measles outbreaks and other disease rumours, alerts and outbreaks		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Weekly monitoring and reports available No of cases confirmed timely	100%	100%
Indicator 2.2	Percentage of children less than five years at risk covered by measles vaccination	>95%	90%
Indicator 2.3	Number of communicable diseases outbreaks responded to within 48 hours monthly	100%	100%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provide technical guidelines	WHO	WHO
Activity 2.2	Provide reorientation on rumours, outbreak investigation, confirmation and timely response	MOH	WHO
Activity 2.3	Provide logistical and financial support to the 5 county health teams	WHO	WHO
Output 3	Communicable and epidemic diseases diagnostics enhanced in the five counties		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Proportion of health workers infected during an outbreak	0%	0%
Indicator 3.2	No stock out of or critical reagents	0%	0%
Indicator 3.3	Number of disease outbreaks investigated within 48 hours	80%	100%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provide reorientation for County, sub county teams and health facilities	MOH and CHT	MOH and CHT
Activity 3.2	Provide technical guidelines and basic equipment	WHO	WHO
Activity 3.3	Provide Logistical support to county health teams for investigation and confirmation	WHO and CHT	MOH and CHT
Output 4	Adequate life-saving medicines procured and available for treatment at health facilities and through Enhanced Outreach Services (EOS) for 46,013 children U5 and 10,225 pregnant women directly affected by drought		
Output 4 Indicators	Description	Target	Reached

Indicator 4.1	Percent of life-saving basic essential health supplies including ORS/ZINC, Kala Azar drugs procured to treat 46,013 children and 10,225 pregnant women	100% (56,238)	109% (61,500)
Indicator 4.2	Percent of assorted life-saving basic essential health supplies including ORS/ZINC, Kala Azar drugs distributed and used to treat 46,013 children and 10,225 pregnant women at health facilities and through Enhanced Outreach Services (EOS)	100%	150%
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Procurement of medical supplies for 46,013 children U5 and 10,225 Women	UNICEF	UNICEF
Activity 4.2	Distribute and utilize medical supplies for the treatment of 46,013 children U5 and 10,225 Women	UNICEF	UNICEF
Output 5	Enhanced Outreach Services (EOS) established to ensure life-saving health interventions are accessible to 46,013 children U5 and 10,225 pregnant women directly affected by drought		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Number of drought affected children accessing essential health services through Enhanced Outreach Services (EOS)	46,013 Children Under Five 10,225 Pregnant lactating women	51,213 Children Under Five 10,287 Pregnant lactating women
Indicator 5.2	Percent of communities accessing life-saving interventions at health facilities and through Enhanced Outreach Services (EOS)	80%	110%
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Establish Enhanced Outreach Services (EOS) teams	UNICEF	UNICEF through County Governments (Departments of Health)
Activity 5.2	Facilitate Health facilities and Enhanced Outreach Services (EOS) to manage and coordinate CHVs to provide promotive, curative and identify and refer critically sick children and pregnant women for treatment	UNICEF	UNICEF through County Governments (Departments of Health)
Output 6	Increased access to quality life-saving integrated sexual and reproductive health services in Samburu, Turkana, Mandera, Marsabit and Tana River Counties		
Output 6 Indicators	Description	Target	Reached
Indicator 6.1	Number of health facilities receiving emergency RH kits	20	16 (80%)
Indicator 6.2	Number of RH Kits procured	10	10 (100%)
Indicator 6.3	Number of health care workers including community midwives oriented on EmONC	100	101 (101%)
Indicator 6.4	Number of drought affected women receiving	800	944 (118%)

	skilled antenatal care		
Indicator 6.5	Number of drought affected women giving birth under skilled care	400	647 (162%)
Indicator 6.6	Number of health facilities receiving emergency RH kits	20	16 (80%)
Output 6 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 6.1	Procure emergency reproductive health drugs and commodities through inter-agency RH kits (refer Annex 3).	UNFPA	UNFPA
Activity 6.2	Distribute emergency RH kits and supplies to health facilities in Samburu, Turkana, Mandera, Marsabit and Tana River Counties	KRCS	KRCS
Activity 6.3	Orient 100 health care workers on key life-saving EmoNC interventions in Turkana, Tana River and Samburu counties	KRCS	KRCS

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:

UNFPA contributed to increased access to information on EmONC, FP and RH services to 25,728 (approximately 25.16 per cent targeted by the sector) vulnerable women, girls, boys and men from drought affected communities. This was largely possible due to i) increased number of vulnerable drought affected populations and displacements reached during outreaches with SRH and GBV information especially IDPs in Baringo County during the response period, ii) increase in dissemination of information and services related to SRH and GBV prevention and response utilization by vulnerable girls, boys, women and men in the targeted counties iii) integration of SRH and GBV services that ensured more beneficiaries reaches during outreaches and vi) Technical support and monitoring provided by UNFPA and KRCS coordinators based in the Counties. With CERF support, UNFPA reached 944 drought affected women receiving skilled antenatal care (118 per cent more than target) and 647 drought affected women giving birth under skilled care (162 per cent more than target) respectively. This was largely due to access to displaced populations at IDP camps in Baringo county.

With the CERF support, WHO, MOH and partners responded to several rumours, alerts and potential communicable diseases (malaria, dengue, meningitis) outbreaks and could undertake response measures which would otherwise have resulted in large scale outbreaks and cause illness and deaths among children less than five years. The radio messages in the various local languages reached a lot more people even outside the targeted audience. This had a significant effect on their health seeking behaviour. WHO, as a result, could mobilize more funds from the CERF two times during the implementation period. The Government of Kenya also increased their resources for health response during the period.

UNICEF: The support to rapid response by UNICEF using CERF funds alleviated suffering for affected communities. Communities were able to access lifesaving interventions nearer to their settlements. This strategy however needed to be sustained due to the protracted drought. UNICEF therefore mobilized additional funding internally from EMOPS, German Government, and Australian Government which led to engagement of KRCS to continue supporting the same interventions as well as expansion to five more counties. Additionally, because of the drought, malaria upsurge was experienced in Marsabit, Turkana and Baringo, which led to UNICEF engaging the MENTOR Initiative to provide lifesaving malaria response interventions focusing on case management, vector control and community mobilization. The implementation of recovery interventions by Kenya Red Cross I is ongoing as well as MENTOR.

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

implementation and monitoring:	
<p>UNFPA/KRCS conducted initial meetings with beneficiaries directly and through community based volunteers, health workers, community/ village leaders and county officials on project activities, and agreed on activities. Information on project targets was also discussed through the implementation period. UNFPA/KRCS provided integrated health and GBV services thus access to information on project and services provided thereof. This was a scale up by UNFPA/KRCS with community structures already in place that guided priority settings with their long presence and experience working with communities in these four counties. UNFPA and KRCS conducted, monitoring visits that allowed for beneficiary feedback.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>No formal evaluation was conducted/required for this project. However, it's worth noting that UNFPA provided technical support to KRCS, with quarterly bilateral meetings to discuss progress, challenges, lessons learnt and good practices. UNFPA can provide documentations for this process if needed/required.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	FAO		5. CERF grant period:	12/04/2017 - 11/10/2017		
2. CERF project code:	17-RR-FAO-017		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Livestock			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency livelihood response to support drought-affected (agro) pastoralists					
7. Funding	a. Total funding requirements ⁹ :	30,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁰ :	2,600,000	▪ NGO partners and Red Cross/Crescent:		688,983	
	c. Amount received from CERF:	1,500,000	▪ Government Partners:		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)	47,274	47,273	94,547	78,517	72,478	150,995
Adults (≥ 18)	31,516	31,515	63,031	52,345	48,318	100,663
Total	78,790	78,788	157,578	130,862	120,796	251,658
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees				0		
IDPs				0		
Host population				0		
Other affected people	157,578			251,658		
Total (same as in 8a)	157,578			251,658		
<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>	There is a significant discrepancy in the total number of both household and individuals reached by almost 100,000 individual beneficiaries more due to the following reasons: Mandera County undertook livestock procurement and slaughter as a one-off activity per targeted village instead of the preselected beneficiaries at 2kg per week for eight weeks. (Flexibility was required due to the the security situation and risk of AlShabaab interference in the operation; this was agreed by th eCounty governmnet and accepted by FAO who was supervising the intervention). This implied each one-off slaughter had more beneficiaries than if done on same households for eight weeks. Security was the major reason for this approach.					

⁹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁰ This should include both funding received from CERF and from other donors.

	<p>i. Garissa and Dadaab area conducted one off slaughter in target villages due to security fears as at the time security towards the Dadaab refugee camp had deteriorated. This too increased direct beneficiaries.</p> <p>ii. Turkana did a distribution of once per 4 weeks and this also increased number of direct individual beneficiaries.</p> <p>iii. Feed distribution: The CSG in Turkana reduced the feed household allocation to benefit more vulnerable households but with reduced feeding time as proposed in the project. More households received animal feeds as a result.</p> <p>The above reasons led to a significant increase in individuals benefiting from the project as all beneficiaries were recorded even in the one-off slaughter.</p>
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CERF Result Framework			
9. Project objective	To safeguard livestock-based livelihoods and improve the food security and nutrition status of drought-affected households.		
10. Outcome statement	Food and nutrition status and livelihoods of drought affected households protected and improved through emergency purchase and slaughter of droughted stock and distribution of meat to needy families with remaining breeding stock provided with animal feed and health inputs.		
11. Outputs			
Output 1	Livelihood assets of agro-pastoral households are protected.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of core breeding animals receiving feed and surviving the drought	Feed provided to 1,649 cattle and 8,245 small ruminants, 90% of which are expected to survive.	13,110 cattle and 34,483 small ruminants
Indicator 1.2	Number of households benefiting from animal feed support	1,210 households (7,260 individuals)	2,447 HH (14,682 individuals)
Indicator 1.3	Numbers of animals receiving animal health support	26,107 cattle and 779,323 small ruminants	578,057 small ruminants vaccinated among them 428,918 benefiting from deworming, 359,332 pest controls and 21,088 from treatment for various diseases.
Indicator 1.4	Number of households benefiting from animal health support	10,800 households (64,800 individuals)	3708 HH (22,248 individuals)
Output 1 Activities	Description	Implemented by	Implemented by

		(Planned)	(Actual)
Activity 1.1	Identification of target households	FAO and county governments	FAO, KRCS and County Government through CSGs
Activity 1.2	Procurement of livestock feed (hay and ranch cubes), animal health inputs (veterinary drugs, vitamins, equipment)	FAO	FAO
Activity 1.3	Distribution of livestock feed	FAO/county government/selected NGO (see below)	KRCS, County Government supported by FAO
Activity 1.4	Provision of animal health services	FAO/county government/selected NGO (see below)	FAO, County Government (Vet Services and KRCS)
Activity 1.5	Monitoring of project activities and provision of technical support	FAO/county government/selected NGO (see below)	FAO and County Government relevant departments responsible Livestock band Vet services
Output 2	Pastoralists' income boosted and nutrition status of community members improved.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of pastoral households receiving cash for livestock	6,769 households (40,614 individuals)	8,709 HH (52,254 individuals)
Indicator 2.2	Amount of cash provided to vulnerable pastoralists ¹¹	USD 426,000	USD 423,977 (At Ksh 103 per USD)
Indicator 2.3	Livestock slaughtered	12,910 small ruminants and 314 cattle	13,206 small ruminants and 270 cattle
Indicator 2.4	Amount of meat distributed	128,560 kg	141,189 Kgs
Indicator 2.5	Number of households receiving 2 kg of meat per week	7,507 households (45,042 individuals)	7062 (42,372 Individuals) plus 19205 HH (115,230 individuals on 1-off meat distribution)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identification of target pastoral households for purchase and community members to receive meat	FAO and county governments	KRCS, County Government through CSGs and FAO

¹¹ Depending on what type of animal is purchased, pastoral households will receive either USD29 for a sheep or goat and USD172 for a cow. FAO expects to purchase one to two small ruminants per household, or one cow per household.

Activity 2.2	Purchase of livestock from pastoralists and facilitation of local slaughter	FAO/county government/selected NGO (see below)	KRCS and County Government
Activity 2.3	Distribution of meat to community members	FAO/county government/selected NGO (see below)	KRCS and County government
Activity 2.4	Monitoring of project activities and provision of technical support	FAO/county government/selected NGO (see below)	FAO, County Government relevant technical departments and KRCS coordinators
Output 3	Food security, nutrition and income improved through enhanced local access to and availability of feeds.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of households growing fodder	1,187 households (7,122 individuals)	812 HH (4872 individuals)
Indicator 3.2	Amount of fodder seed distributed	6,601 kg Cenchrus ciliaris seed and 4,400 kg Eragrostis superba seed (enough to plant about 563 ha)	3,570 kg Cenchrus ciliaris seed and 2,250 kg Eragrostis superba seed (Enough for 283 ha)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Identification of target households	FAO and county governments	KRCS and County Government relevant departments
Activity 3.2	Procurement of fodder seed	FAO	FAO
Activity 3.3	Development of fodder management plans with the target households	FAO/county government/selected NGO (see below)	KRCS and County Governments

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 project was well implemented with most targets, outcomes and objectives met. However, the following observations on outcomes can be described:

- i. High number of livestock received feeds and household beneficiaries. This is due to some counties reducing allocations set in the project document to cover more households. However, this reduced period of feeding from the recommended two months to weeks.
- ii. Livestock health: The implementation targeted small ruminants mostly as these were the ones left near homesteads as cattle had moved in search of pasture. Vaccines purchased were for sheep and goats, PPR (Peste des petite ruminants) and hence these were the ones presented and received vaccination, deworming, pest control and treatment of the sick. The households achieved were less as most persons presenting livestock in pastoral areas does so for households in same manyatta and mostly combined for 3-4

- households/homesteads. Some 3,708 households recorded at the treatment centre will convert to 11, 124 households at 3 households for every recorded pastoralist presenting livestock for vaccination and treatment.
- iii. Cash from livestock sales: beneficiaries increased due to conversion of cattle to small ruminants in areas where cattle were not availed for purchase. This meant more households benefitted from presentation for sale of at least one sheep or goat. Hence the increase of beneficiaries from 6,769 (40,614 individuals) to 8,709 (52,254 individuals).
 - iv. Fodder seeds: There was a discrepancy which was informed by county concern that the quantity might be too much for areas that have not been fully capacity built in grass farming. The cost of seeds went up beyond planned budget allocation and hence to cater for the same within budget, quantity was reduced as per county observations and budgetary constraints.
 - v. An additional 796 households (4,776 Individuals) were reached through their membership in destocking and meat distribution committees among other committees formed to ease beneficiary selection.
 - vi. Indicator 1.4 – Due to the elections no disbursements were made to counties by the State government, so some counties did not have resources to implement, so KRCS and FAO had to step in.
 - vii. Indicator 3.1 - Fodder seeds were less available and more expensive than budgeted.

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

At design level, accountability to the affected populations was ensured through the involvement of the counties through Kenya Food Security assessment reports, predictive forage condition index per counties, NDMA monthly bulletins and consultation with relevant departments on county needs. At implementation; FAO and partner NGO engaged the County Steering Group responsible for drought intervention consisting of all the development actors in the counties for introduction of project and activities including available funding, mapping and targeting vulnerable communities. At community level, direct engagement with communities through community based implementation committees in each target village. In total, 143 committees were formed made of 752 members (315 F and 437 M) to guide identification of vulnerable community members based on vulnerability index criteria provided and who the communities through public participation agreed on. Distribution of feeds, procurement of livestock for slaughter, meat distribution and fodder seeds was done openly based on equity, fairness and set criteria provided and as adopted by the community committees.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	10/04/2017 - 09/10/2017		
2. CERF project code:	17-RR-FPA-018		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Sexual and/or Gender-Based Violence			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of Life-saving Services for Survivors of Gender-Based Violence in Five Drought Affected Counties in Kenya					
7. Funding	a. Total funding requirements ¹² :	US\$ 1,300,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹³ :	US\$ 374,041	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 130,274	
	c. Amount received from CERF:	US\$ 200,041	▪ <i>Government Partners:</i>		US\$ 0.00	
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)	2,794	1,400	4,194	2,938	1,538	4,476
Adults (≥ 18)	4,206	2,100	6,306	1,951	1,025	2,976
Total	7,000	3,500	10,500	4,489	2,563	7,452
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	10,500			7,452		
Total (same as in 8a)	10,500			7,452		

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 both funding received from CERF and from other donors.

<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>	The project reached 71 per cent of target beneficiaries (7,452 out of 10,500). It was anticipated that at least 4192 children will benefit from the project. Displacements from drought and conflict in Baringo meant that fewer number of children benefitted from the project.
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CERF Result Framework			
9. Project objective	To provide life-saving services to approximately 10,500 survivors and those at high risk of GBV (7,000 females and 3,500 males) through the provision of a coordinated multi-sector response		
10. Outcome statement	Approximately 10,500 survivors of GBV and other high-risk populations (7,000 females and 3,500 males) have access to life-saving health and enhance availability of protection services in Kilifi, Baringo, Marsabit and Turkana counties.		
11. Outputs			
Output 1	7,000 females and 3,500 male GBV survivors have access to safe and confidential health services, particularly clinical management of rape		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of post rape treatment kits procured and delivered to viable health facilities	8 kits	8 (100%)
Indicator 1.2	Number of health facilities that have health-care personnel trained in clinical management of rape who are able to provide safe and confidential treatment to survivors of GBV	8 health facilities (2 per county)	8 (100%)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and distribution of post rape treatment kits	UNFPA	UNFPA/KRCS 8 PEP kits distributed to 8 health facilities – 100%
Activity 1.2	Clinical management of rape training for 30 essential health staff	UNFPA/Kenya Red Cross	KRCS - 92 (307%)
Output 2	Survivors of GBV and those at high risk of GBV (approximately 4,206 women and 4,194 girls and boys) have access to “safe spaces” in high risk areas		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of mobile “safe spaces” erected to provide a safe haven to survivors of GBV and those at risk of imminent violence	8 (2 per county)	12 (150%) 12 tents distributed with capacity of 100 pax. Women watch groups support GBV survivors to access information. The tents were distributed and prepositioned for use in GBV and child protection services with 771 women and children benefiting
Indicator 2.2	Number of volunteers who are able to provide psychological first aid to survivors and those at risk of imminent violence	48 volunteers	138 volunteers trained in psychological first aid (PFA) with a total of 1,108 (987f, 121m) we reached with PFA services

			(288%).
Indicator 2.3	Number of community-based women's protection networks established to reduce women and girls' exposure to life-threatening acts of GBV	8(2 per country)	9 (113%) 92 women trained as watch groups' champions. The trained community watch groups supported in community awareness sessions and strengthening the reporting mechanism at the community level by conducting dialogues with the administrative and religious leaders.
Output 2 Activities	Description	Implemented by (Planned)	Implemented by UNFPA/Kenya Red Cross Society
Activity 2.1	Procure and distribute tents	UNFPA/ Kenya Red Cross	UNFPA/Kenya Red Cross Society
Activity 2.2	Train volunteer staff in psychological first aid	UNFPA/Kenya Red Cross	UNFPA/Kenya Red Cross Society
Activity 2.3	Mobilize/train women to participate in protect watch groups	Kenya Red Cross	Kenya Red Cross Society
Output 3	Approximately 10,500 at-risk individuals (7,000 females and 3,500 males) benefit from an evidence-based coordinated response		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	GBV Coordination facilitated a coordinated response for survivors of GBV	1 Humanitarian Specialist and 1 M&E specialist	7,452 women, boys, girls and men reached with GBV services
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Re-allocate/Facilitate humanitarian and M&E specialist to coordinate, monitor and report GBV response	UNFPA	UNFPA

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:

Some 7,452 women, boys, girls and men were reached with GBV services. This represented (71 per cent) of the target. The target counties Kilifi, Baringo, Marsabit, and Turkana Counties experienced displacements from drought and conflicts that disrupted information and services. Issues of GBV are also not well understood especially owing to limited information and

referral pathways that limited the number of survivors reached.

From CERF funds UNFPA/KRCS was able to procure and deliver 8 post rape treatment kits to eight (8) health facilities with ninety-two (92) health-care personnel trained in clinical management of rape who are able to provide safe and confidential treatment to survivors of GBV. UNFPA/KRCS was able to increase the number of mobile “safe spaces” erected to provide a safe haven to survivors of GBV and those at risk of imminent violence from 8 targeted to 12 (actual) representing an increase by 150 per cent. In addition, UNFPA/KRCS was able to increase the number of volunteers trained from 48 to 138 (288 per cent).and are able to provide psychological first aid to 1,108 (987female, 121male) survivors and those at risk of imminent violence.

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

Initial meetings were conducted with beneficiaries, KRCS community based volunteers, health workers, community/ village leaders and county officials on project activities, agreed on beneficiaries’ needs are considered throughout the implementation period. KRCS provided integrated health and GBV services that accorded beneficiaries with opportunities to access information on project and services provided thereof. This was a scale up by KRCS with community structures already in place that guided priority settings; partner KRCS has long presence with experience working with communities in these five counties. Tailor-made discussions with specific groups such as community women watch groups, presence of tents as safe spaces allowed women to provide feedback to project implementations. UNFPA and KRCS conducted monitoring visits that allowed for beneficiary feedback.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WFP		5. CERF grant period:	12/04/2017 - 11/10/2017		
2. CERF project code:	17-RR-WFP-024		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input type="checkbox"/> Concluded		
4. Project title:	Support to treatment of Moderate Acute Malnutrition (MAM) among Children 6-59 months, and Pregnant and Lactating Women					
7. Funding	a. Total funding requirements ¹⁴ :	US\$ 12,800,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁵ :	US\$ 5,000,132	▪ NGO partners and Red Cross/Crescent:		US\$ 298,851	
	c. Amount received from CERF:	US\$ 4,000,132	▪ Government Partners:		N/A	
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)	72,360	61,640	134,000	45,308	60,680	105,988
Adults (≥ 18)	37,000		37,000	49,007		49,007
Total	109,360	61,640	171,000	94,315	60,680	154,995
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population	171,000			154,995		
Other affected people						
Total (same as in 8a)	171,000			154,995		
<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>	The programme has achieved 90 per cent of the planned beneficiaries. Ensuring access to treatment in rural areas in the ASAL requires deliberate efforts including outreaches, integrated programmes and provision of consistent services. The nurses strike in 2017 hampered provision of consistent services at facility and outreach level. However, services resumed at the end of the strike in October 2017, and nutrition programme coverage has continued to improve.					

CERF Result Framework

9. Project objective

Treating moderate acute malnutrition among children 6-59 months and pregnant and lactating women in Supplementary Feeding Programmes over a three months' time frame.

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 both funding received from CERF and from other donors.

10. Outcome statement	Moderate acute malnutrition among children, pregnant and lactating women is treated, and severe acute malnutrition and the associated morbidities and mortalities are prevented.		
11. Outputs			
Output 1	134,000 moderately malnourished children and 37,000 malnourished pregnant and lactating women have access to nutrition commodities for the treatment of acute malnutrition		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Programme Recovery Rate	> 75% (54,270 girls, 46,230 boys and 27,750 pregnant and lactating women)	80.1% (36,291 girls, 48,605 boys and 41,068 pregnant and lactating women)
Indicator 1.2	Programme Default Rate	< 15% (10,854 girls, 9,246 boys and 5,550 pregnant and lactating women)	12.9% (5,845 girls, 7,828 boys and 5,391 pregnant and lactating women)
Indicator 1.3	Programme Death Rate	< 3% (0)	0.3%
Indicator 1.4	Programme None – Response Rate	< 15% (10,854 girls, 9,246 boys and 5,550 pregnant and lactating women)	6.1% (2,764 girls, 3,701 boys and 2,401 pregnant and lactating women)
Indicator 1.5	Programme coverage	> 50% (36,180 girls, 30,820 boys and 18,500 pregnant and lactating women)	90.6% (45,308 girls, 60,680 boys and 49,007 pregnant and lactating women)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of nutrition supplements – 1091 mts of Ready to Use Supplementary Food (RUSF) and 85mts vegetable oil	WFP	WFP
Activity 1.2	Distribution of nutrition supplements until health facility level	WFP	WFP
Activity 1.3	Implement SFP in cooperation with nutrition specialized agencies and community representatives in each county	Ministry of Health (MoH), WFP and Nutrition Specialised agencies in drought affected counties	Ministry of Health (MoH), WFP and Nutrition Specialised agencies in drought affected counties

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:

During the implementation of this grant, health facilities service delivery was interrupted by nurses' strike. Services continued to be provided in the arid counties especially through integrated outreaches supported by nutrition specialized agencies. However, the nurses' strike hampered service delivery in semi-arid counties and there were no/minimal specialised agencies to support service delivery.

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

Upon receipt of food requests by the MOH-County, WFP planned for distributions to the health facilities. Adequate stocks to cover two months and a contingency of 10 per cent additional stocks was supplied to avoid pipeline breaks. Through routine

WFP monitoring activities, monitoring at health facilities on SFP implementation is conducted monthly. In addition, beneficiary contact monitoring is done focusing on storage, preparation, utilization and receipt of complementary services such as nutrition education. Health facility project committees comprising of community members routinely monitored services provided in health facilities in addition the county teams conduct joint support supervision at facility level.

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

EVALUATION CARRIED OUT

The project will be assessed through population wide nutrition surveys to determine the severity and magnitude of malnutrition. These surveys will be undertaken by the nutrition sector in early 2018.

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
17-RR-CEF-036	Child Protection	UNICEF	GOV	\$98,121
17-RR-CEF-036	Child Protection	UNICEF	NNGO	\$11,890
17-RR-CEF-036	Child Protection	UNICEF	NNGO	\$17,380
17-RR-CEF-036	Child Protection	UNICEF	NNGO	\$96,712
17-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	INGO	\$130,383
17-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	INGO	\$113,488
17-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	INGO	\$40,158
17-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	INGO	\$120,490
17-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	INGO	\$218,626
17-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	INGO	\$111,897
17-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	INGO	\$3,732
17-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	INGO	\$105,685
17-RR-CEF-037	Health	UNICEF	GOV	\$21,310
17-RR-CEF-037	Health	UNICEF	GOV	\$14,529
17-RR-CEF-037	Health	UNICEF	GOV	\$14,529
17-RR-CEF-037	Health	UNICEF	GOV	\$19,576
17-RR-CEF-037	Health	UNICEF	GOV	\$34,104
17-RR-CEF-037	Health	UNICEF	GOV	\$19,447
17-RR-CEF-037	Health	UNICEF	GOV	\$38,947
17-RR-WHO-014	Health	WHO	INGO	\$138,000
17-RR-WFP-024	Nutrition	WFP	NNGO	\$45,688
17-RR-WFP-024	Nutrition	WFP	INGO	\$59,094
17-RR-WFP-024	Nutrition	WFP	NNGO	\$15,729
17-RR-WFP-024	Nutrition	WFP	RedC	\$20,400
17-RR-WFP-024	Nutrition	WFP	NNGO	\$5,900
17-RR-WFP-024	Nutrition	WFP	INGO	\$4,078
17-RR-WFP-024	Nutrition	WFP	INGO	\$116,769
17-RR-WFP-024	Nutrition	WFP	INGO	\$29,193
17-RR-FPA-018	Gender-Based Violence	UNFPA	RedC	\$130,274
17-RR-FPA-019	Health	UNFPA	RedC	\$111,056
17-RR-FAO-017	Livelihoods	FAO	RedC	\$688,993

ANNEX 2: ACRONYMS AND ABBREVIATIONS

ACTED	Agency for Technical Cooperation and Development
ASAL	Arid & Semi Arid Lands
BSFP	Blanket Supplementary Feeding Programme
CDVS	County Director of Veterinary Services
CERF	Central Emergency Fund
CHT	County Health Team
CHVs	Community Health Volunteers
CSB	Corn Soya Blend
CSG	County Steering Group
CWSK	Child Welfare Society of Kenya
DCF	District Constituency Fund
DCS	Department of Child Services
DHIS	District Health Information Systems
EmONC	Emergency Obstetric and New Born Care
EMOPs	Emergency Operations
ENAC	Emergency Nutrition Advisory Committee
EOS	Enhanced Outreach Services
FP	Family Planning
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HH	House Holds
HFI	Health Facility Inventory
IFE	Institute for Field Education
IMAM	Integrated Management of Acute Malnutrition
INGO	International Non-Governmental Organization
IPC	Integrated Phase Classification
IYCF	Infant and Young Child Feeding
KEMSA	Kenya Medical Services Authority
KHPT	Kenya Humanitarian Partnership Team
KMD	Kenya Meteorological Department
KRCS	Kenya Red Cross Society
MAM	Moderate Acute Malnutrition
MENTOR	NGO MENTOR
MIYNC	Maternal Infant and Young Child Nutrition
MoH	Ministry of Health
MOU	Memorandum of Understanding
NDMA	National Disaster Management Authority
NGO	Non-Governmental organization
ORS	Oral Rehydration Salts
PCA	Partnership Agreement
PHO	Public Health Officers HFI
PLEWS	Predictive Early Warning System
PPR	Peste des petite ruminantes
PLAN	NGO PLAN
PLW	Pregnant and Lactating Women
TLU	Tropical Livestock Unit

RUSF	Ready to Use Supplementary Food
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SGBV	Sexual & Gender Based Violence
SOPs	Standard Operating Procedures
SRA	Short Rains Assessment
SRH	Sexual & Reproductive Health
UDO	Umoja Development Organization
VL	Visceral Leishmaniosis
WASH	Water Sanitation and Hygiene
WESCOORD	WASH Sector Coordinator Model in Kenya