

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
KENYA
RAPID RESPONSE
FLOOD
2018**

RESIDENT/HUMANITARIAN COORDINATOR	Siddharth Chatterjee
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REPORTING PROCESS AND CONSULTATION SUMMARY

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

A review was conducted through a joint monitoring mission at mid CERF implementation.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☒ NO ☐

The status of CERF implementation was a standing agenda at Kenya Humanitarian Team Meeting during the crisis.

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

YES ☒ NO ☐

CERF recipient agencies reviewed attached final draft while a final report will be shared widely with the Kenya Humanitarian Partners team.

PART I

1. OVERVIEW

18-RR-KEN-30594 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	26,300,000
FUNDING RECEIVED BY SOURCE	
CERF	4,945,502
COUNTRY-BASED POOLED FUND (<i>if applicable</i>)	n/a
OTHER (bilateral/multilateral)	5,805,687
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	10,751,189

18-RR-KEN-30594 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Allocation 1 – date of official submission: 05/06/2018			
Agency	Project code	Cluster/Sector	Amount
IOM	18-RR-IOM-016	Emergency Shelter and NFI - Non-Food Items	734,548
IOM	18-RR-IOM-017	Health - Health	151,689
UNFPA	18-RR-FPA-021	Protection - Sexual and/or Gender-Based Violence	118,196
UNFPA	18-RR-FPA-022	Health - Health	367,866
UNICEF	18-RR-CEF-055	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,332,064
UNICEF	18-RR-CEF-056	Emergency Shelter and NFI - Non-Food Items	550,069
UNICEF	18-RR-CEF-057	Protection - Child Protection	345,001
UNICEF	18-RR-CEF-058	Health - Health	598,695
WHO	18-RR-WHO-020	Health - Health	747,374
TOTAL			4,945,502

18-RR-KEN-30594 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	3,575,965
- Funds transferred to Government partners*	370,694
- Funds transferred to International NGOs partners*	615,125
- Funds transferred to National NGOs partners*	0
- Funds transferred to Red Cross/Red Crescent partners*	383,718
Total funds transferred to implementing partners (IP)*	1,369,538
TOTAL	4,945,502

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

The March-April-May (MAM) 2018 rainfall season caused massive flooding leading, loss of and other severe impacts including destruction of property and infrastructure and lead to displacement of thousands of families. Analyses of the MAM 2018 seasonal rainfall from 1st March to 31st May indicated that most meteorological stations in the country recorded above-normal (highly enhanced) rainfall with some stations, such as Narok, Eldoret-Kapsoya and Makindu, was the highest recorded in the last 50 years, according to the Kenya Meteorological Department.

The Kenya Inter-agency Rapid Needs Assessments (KIRA) were conducted in Tana River, Kilifi, Turkana, Garissa and Marsabit counties. Other assessment reports by county governments and partners were also conducted in Mandera, Wajir, and Homa Bay counties. These reports showed significant deterioration of the situation and overwhelmed local capacities to respond. In addition, UNOCHA-ROSEA requested support from United Nations Operational Satellite Applications (UNOSAT) to analyse potential flood impacts in Wajir, Garissa, Kilifi, Tana River, Kilifi, Isiolo counties, and parts of Mandera, Marsabit and Lamu counties. The analysis was conducted by analysing Sentinel-1 imagery acquired on the 4 May 2018. Within the analysis extent, more than 200,000 people are potentially affected by the floods in the above counties. However, some sub counties have been partially analysed depending on the area covered by satellite imagery and that it is likely that floodwaters have been systematically underestimated along highly vegetated areas, along main river.

By mid-May 2018, an estimated 800,000 people were affected by floods which includes an estimated 300,000 displaced, more than 180 deaths and nearly 100 injured across Kenya, according to the Kenya Red Cross Society (KRCS). The flooding has affected mainly communities living in flood prone areas including along the riverine and low land. The magnitude of the floods has affected approximately 36 counties both in ASAL and non-ASAL regions. Children were severely affected with reports of unaccompanied and separated children due to the floods and heightened protection risks for women and girls. An estimated 18,000 children (55 per cent girls) required support to ensure their safety and psychosocial well-being. Data gathered from the SMS-based education surveys supported by UNICEF and conducted by Ministry of Education and the Education in Emergencies working group by end of May, showed that over 739 schools were closed temporarily due to floods, disrupting learning for more than 100,000 children (44 per cent girls), of which 448 reported extensive infrastructure damage (especially classrooms and latrines), and 329 are hosted displaced persons.

Floods had impacted counties previously affected by the 2017 drought thereby worsening vulnerabilities of the affected population. The CERF strategic objective was to provide timely life-saving assistance to 259,800 IDPs affected by the flood over a period of 4.5 months in 8 priorities counties through Health, WASH, NFIs and Protection interventions. The scale up of the response was to complement the Government of Kenya (GoK) and the Kenya Red Cross Society (KRCS) response efforts in critical sectors where gaps were identified. While the CERF funding and other humanitarian intervention provide an immediate life-saving relief for affected communities more needs to be done to strengthen Disaster Risk Reduction (DRR) activities to prevent future disasters.

3. PRIORITIZATION PROCESS

The Kenya Red Cross Society provided first line response in support of County and national government. At the beginning of May 2018, the KRCS launched an emergency appeal to respond to 150,000 IDPs given the deterioration of the humanitarian situation. In addition, the Resident Coordinator convened the Kenya Humanitarian Partners Team (KHPT) meetings to deliberated on the need to complement the KRCS efforts to cover the gaps as the number of displaced and the scale of disaster was overwhelming. Pre-existing vulnerabilities caused by two years of prolonged drought (2016/2017) compounded by the ongoing cholera outbreak and extensive flooding had prompted the KHPT to prioritize response in four critical sectors of WASH, Health, ES/NFIs, Protection. The CERF strategic objective was to provide timely life-saving assistance to 259,800 IDPs affected by the flood over a period of 4.5 months in 8 priorities counties through WASH (142,500 individuals), Health (218,248 individuals), NFIs and Emergency Shelter (69,000 individuals) as well as Protection (8,756 individuals). These priorities were identified based on existing gaps emerging from the ongoing KRCS response and limited information on capacity GoK to respond to the emerging needs in a

timely manner. By mid-May, the government of Kenya (GoK) was on the process of approving emergency budget for an estimated KES 1.6 billion (USD 16 million) mainly focusing on food and NFIs response. On the 1st of May the KRCS has launched the Kenya Flood Emergency Appeal requesting CHF 4,746,755 (US\$ 4.7 million), while on the 9th of May Start Funds have awarded GBP 410,113 (US\$ 557,113) to four NGOs for the flood response.

CERF priorities included:

1) The delivery of essential Health services and preventative intervention for 218,248 IDPs with acute and chronic conditions, through temporary and permanent health facilities and mobile team, disease surveillance, outbreak control such as cholera and other acute watery diarrhoea other vector borne diseases and vaccination of IDP children <5. The Health sector targeted 218,248 displaced individuals over a period of 4.5 months as heavy rains and floods in the country created serious health emergency requiring urgent response. Flooding risked exacerbating the already existing cholera outbreaks into large disease disasters. In addition, vector borne diseases such as malaria and measles outbreaks among displaced children was expected to rise. By third week of May of 2018, eighteen counties were reporting confirmed cholera outbreaks with 4334 cases with 74 deaths (CFR=1.7) recorded. The counties affected included: Mombasa, Garissa, Siaya, Tharaka-Nithi, Meru, Kirinyaga, Busia, Tana-River, Turkana, Murang'a, Trans-Nzoia, West Pokot, Nairobi, Nakuru, Isiolo, Machakos, Kiambu and Elgeyo Marakwet Counties. Ten of the counties had successfully contained the outbreak and include Kirinyaga, Busia, Mombasa, Tharaka Nithi, Siaya, Murang'a, Trans-Nzoia, West, Tana River, Nakuru and Machakos. Among the counties targeted through CERF flood response, Garissa, Turkana and Isiolo counties were experiencing active cholera outbreak. Baringo County was experiencing diarrhoea outbreak with a total of 133 affected with 3 deaths reported in Tiati sub county.

2) The emergency supply of safe drinking water and emergency repairs of strategic water sources as well as improve access to sanitary facilities in the IDP camps for safe excreta disposal. The WASH sector plans targeted 142,500 flood affected individuals in 8 priorities counties of Garissa, Tana River, Mandera, Isiolo, Turkana, Baringo, Kilifi and Kisumu. KRCS had already started WASH response in some of the affected areas aiming to reach 150,000 individuals. UNICEF through the CERF grants planned to reach 142,500 affected individuals in critical areas. Repair of major water supply infrastructural was prioritized by the GoK.

3) The provision of emergency shelter and non-food items for people who have been displaced by the floods. The ES/NFI sector targeted 69,000 displaced individuals in 5 priority counties (Tana River, Mandera, Kilifi, Baringo, Isiolo, Wajir, Taita Taveta, Kajiado, Kitui and Makueni). The initial distribution of emergency shelter kits, tarpaulins and non-food items (NFI) for 15,000 displaced HHs had already started and implemented by the KRCS who targeted an additional 15,000 HHs. The GoK was yet to agree on the proposed budget for NFIs intervention; however, it was expected that the implementation phase will be delayed. The NFIs sectors therefore planned to complement the ongoing KRCS response by targeting 13,800 HHs (69,000 individuals) who were in immediate needs over a period of 3 months.

4) The provision of protection to 8,756 vulnerable displaced children and women. The main activities focused on distribution of hygiene kits to girls and dignity kits to boys and women of reproductive age; psychosocial support; children's access to child friendly spaces in the community; dissemination of child protection messages targeting communities in most affected counties; and strengthening of multi-sectoral referral systems for quality and timely service provision to GBV survivors. Protection sector had identified priority areas to better cover gaps and complement KRCS response.

4. CERF RESULTS

CERF allocated US\$5 million from its Rapid Response window to support the life-saving response to people affected by floods during March-May 2018 rain season in eight most affected counties of Baringo, Garissa, Isiolo, Kilifi, Kisumu, Mandera, Tana River and Turkana. This funding enabled UN agencies and partners to reach 273,000 people to

provide: 142,500 women, girls, boys and men access to safe water; 44,195 displaced people supported with shelter and NFI-kits; 12,738 (5,629 boys; 7109 girls) supported to access emergency protection and services including 3,300 (1520 boys;1780 girls) children aged 5-17 years who received dignity kits.

Through CERF funds, UNICEF and partners enabled 155,000 women, girls, boys and men to have access to safe water from repaired water sources in 8 flood-affected counties including training of more than 200 WASH committee members to run and support the repaired facilities. Additionally, 262 temporary latrines serving 5,240 floods displaced people were constructed. As part of the recovery strategy, the response supported construction of 20 permanent flood resilient latrines shared by 400 people in the return villages in Tana River County.

IOM, UNICEF and partners reached more than 102,139 displaced people (18,639 households) by providing emergency shelter and NFI kits composed of essential life-saving commodities (temporary shelter (tarpaulins), blankets, kitchen set, soap, water jerrycans, buckets, mats, and mosquito nets) to most vulnerable flood-displaced households in Tana River, Mandera, Kilifi, Baringo and Isiolo counties. This includes 13,761 kits distributed in Tana River, 2,500 in Mandera, 1,261 in Kilifi, 768 in Baringo and 349 in Isiolo. Joint Post-Distribution-Monitoring (PDM) was conducted in Tana River, Isiolo, and Kilifi counties reaching 575 persons for data collection and assess the project implementation from the perspective of local stakeholders. The PDM findings indicated that the response improved the living conditions of the IDPs. Majority (84%) of the beneficiaries reached through PDM, were fully satisfied with the items provided. The NFI-kits distributed were appreciated, the items were deemed relevant and invaluable by the beneficiaries and were provided in a timely manner.

UNICEF and partners assisted 12,738 (5,629 boys; 7109 girls) children affected by the floods in seven counties, ensuring their protection and support to access protection services. This includes facilitating prevention from violence, abuse and exploitation for 4,477 children (1,978 boys; 2,499 girls); providing individual counselling session to 2,735 (986 boys; 1,749 girls) children; rescued and referred 393 (27 boys; 366 girls) children survivors of sexual and gender-based violence for medical treatment and counselling; 313 (161 boys;152 girls) children were reunited with their families. Additionally, 3,300 (1520 boys;1780 girls) children aged 5-17 years received dignity kits comprising of sanitary pads for girls, soap, clothes and a carry bag.

Through CERF funds, UNFPA and partners supported 3,500 women at risk of sexual violence with psychosocial support while 608 survivors of sexual violence received clinical care within 72 hours. Women of reproductive age received 2,476 dignity kits while 20 health care workers were trained on clinical management of rape (CMR). UNFPA disseminated 3,500 Information, Education and Communication (IEC) materials in English and Kiswahili for awareness creation on available services.

Health sector interventions were implemented jointly by WHO, UNICEF, IOM and UNFPA in the eight priority counties to ensure delivery of essential health services and preventative intervention reaching 273,000 flood displaced people. Through CERF funds, WHO supported health sector partners to scale up investigations disease outbreak, rumours, alerts and communicable diseases outbreaks and cases confirmation. WHO provided uninterrupted supply of essential lifesaving medicals including 8 complete cholera kits (100,000 people for three months); provided basic laboratory equipment and reagents for the level four facilities, the National Public health lab as well as KEMRI (for cases diagnosis and confirmation),re-orientation to 80 County Health Management Team (CHT), health facility workers and frontline workers and facilitated vaccination against measles for the children less than five (5) years old for the displaced women and children.

UNICEF Health component reached 54,828 children and 218,248 people with key messages on floods through Enhanced Outreach Services (EOS). This included printing and distributing IEC/BCC materials among displaced communities to complement key care seeking awareness messaging through interpersonal communication; and engaged 6 (in local languages), orienting 500 Community Health Volunteers (CHWs)/activation of 50 community health units who targeted displaced persons on interpersonal communication to disseminate life-saving messages and basic management of common communicable diseases. UNICEF supported management of 850 cholera cases, support 300

sessions of integrated outreach services using 35 county specific health workers, 30 rapid response teams (RRTs) from Kenya Red Cross Society to deliver a package of life-saving interventions to flood displaced population.

UNFPA supported procurement and distribution of 39 assorted RH Kits (delivery kits, mama kits) to support provision of quality emergency obstetric and new born care services, provided an emergency referral system for transfer of those with obstetric and new-born emergencies, conduct orientation of 132 health care workers on MISP, distributed 2,000 mama kits and 2,000 family kits to expectant and lactating mothers, provided voluntary contraceptives/ family planning services to women and adolescents and generated demand for quality sexual and reproductive health services through dissemination of 4,000 IEC materials and service protocols and community awareness events.

The project provided skilled birth attendance to 4,583 (110%) while 45,851 (74%) women and adolescents girls received family planning services using 39 ERH kits. A total 132 health care workers were oriented on MISP. The project. To create demand for services, the project sensitized community members on existing SRH services through awareness campaigns and printing and dissemination of 5 batches of IEC materials with 800 pieces each. The project provided an emergency referral system for transfer of obstetric and new-born emergencies to ensure timely access to services.

IOM successfully utilized CERF to support population mobility mapping (PMM) for the planned 218,248 beneficiaries of the project in four counties affected by cholera, Tana River, Garissa, Kilifi and Turkana. IOM worked closely with Kenya Red Cross Society (KRCS) to implement two components of PMM, including Participatory Mobility Mapping and Flow Monitoring analysis for health purposes. Through PMM, IOM successfully tracked and provided information on mobility patterns for health purposes, helped other UN agencies by identifying high risk locations vulnerable to further spread of diseases, and provided migration health education to affected communities to increase community ownership of cross-border disease surveillance, response and referral.

5. PEOPLE REACHED

18-RR-KEN-30594 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR ¹									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Shelter - Non-Food Items	27,111	24,844	50,955	25,757	24,427	50,184	52,868	49,271	101,139
Health - Health	63,882	78,078	141,960	34,668	54,380	89,048	98,550	132,458	231,008
Protection - Child Protection	7,109	0	7,109	5,629	5,629	11,258	12,738	5,629	18,367
Protection - Sexual and/or Gender-Based Violence	0	5,976	5,976	0	0	0	0	5,976	5,976
WASH - Water, Sanitation and Hygiene	38,735	40,315	79,050	37,216	38,734	75,950	75,951	79,049	155,000

(boys; girls)

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

18-RR-KEN-30594 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING ²									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	104,307	53,734	158,041	41,650	43,449	85,099	145,957	97,183	243,140
Reached	63,882	78,078	141,960	34,668	54,380	89,048	98,550	132,458	231,008

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.

18-RR-KEN-30594 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY		
Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	199,093	52,484
Host population	44,047	178,524
Affected people (none of the above)		
Total (same as in table 5)	243,140	231,008

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES ☒

PARTIALLY ☐

NO ☐

CERF funding facilitated a timely response which minimized the impact of the flood emergency on affected population. It allowed the selection and deployment of several partners simultaneously to various affected locations leading to a comprehensive response to the emergency.

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

YES ☒

PARTIALLY ☐

NO ☐

Timely disbursement of CERF funds enabled agencies to undertake timely intervention thereby contributing to saving lives and enabled quick and sustained implementation.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒

PARTIALLY ☐

NO ☐

CERF improved coordination among humanitarian community by re-activating the existing coordination arrangement at the national and county levels during the emergency. The Kenya Humanitarian Partners Team meeting was fully engaged during the prioritization to completion of CERF projects. In addition, CERF recipient and implementing agencies were able to undertake a joint monitoring to affected counties to ensure prompt implementation of CERF projects and also engaged stakeholders at the respective countries thereby ensure no duplication of responses.

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

YES ☒

PARTIALLY ☐

NO ☐

An additional five million was mobilized for flood response in addition to funding from the Government of Kenya. CERF funding provided opportunity for NGO partners to contribute up to 15 to 25% of the resources to meet the needs of the affected population.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
CERF funding should allow capacity building costs to be met from the funds. Good capacity is critical to achieving better results for the affected population	CERF Secretariat to review funding regulations as capacity development is an integral part of the response for sustainability
Funding was used to improve and restore some water facilities including installation of Solar systems and Water ATM reducing cost of operation and maintenance to communities increasing future resilience	Secretariat to consider increasing duration of funding for infrastructure emergencies such flood damage
Timely disbursement of CERF funds which enabled agencies to carry out intervention activities which contributed to saving lives and early engagement in partnerships which translated to quick and sustained implementation	Contact CERF Secretariat for support in good time
Joint fundraising between the agencies contributed to synergies based on comparative advantages	Continued joint efforts in joint fundraising to support government in implementing resilience as a continuation of lifesaving interventions which remains a challenge especially when Government has not declared an emergency

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Procurement of Non-food Items is to be improved and better coordinated with sector partners as it faced a slight delay for the implementing partners. This delay occurred due to the customs clearance, since some NFI items were procured overseas. Also, the ban of plastics hindered procurement process for some partners.	Sector is currently updating sector strategy for 2019-2023, attention is given to improving procurement practices and consideration of item selection.	IOM, UNICEF, sector partners
From the Post-Distribution Monitoring, for the sector partners to consider if materials, quality or quantity of some items could be improved and to better fit to local context, especially, the number of tarpaulins, materials of metallic mugs and pots. Few communities emphasized factoring of the polygamous families and large households.	Sector is currently updating sector strategy for 2019-2023, recommendations for the content of the NFI kit is being revised. Revised NFI kit should be ready before the next emergency response.	IOM, UNICEF, sector partners

During the implementation, IOM and its implementing partners came across slight coordination and targeting challenges. It was witnessed duplication of beneficiary lists, and confusion of many different actors working in the same areas. Also, in addition to internally displaced persons and vulnerabilities, it was acknowledged that it is important to consider the needs of the affected host communities for the purpose of peaceful coexistence of internally displaced persons and host communities.	Coordination with sector/KRCS/county governments and other partners in the field is always necessary, to avoid duplications. Lesson learnt is to be shared with partners and considerations for better coordination are needed. This is to be covered in the sector strategy for 2019-2023 under revised strategic area1: enhanced coordination structures. It should be emphasized among partners.	OCHA, sector partners
There is need for robust data collection to inform preparedness, response and recovery in addressing the floods emergency in the country.	Training of all emergency actors on data collection utilization for cyclic emergencies like drought and floods in the country and development if floods focused contingency plan.	OCHA
There is need to strengthen coordination of interventions between national and county governments and non-State actors including UN agencies.	Implement coordination framework	NDOC /KHPT
Leadership of the country teams enabled timely receipt of CERF funds	Earlier initiation of the CERF proposal development process	UNOCHA
CERF proposal helps build and sustain collaboration between UN agencies	None-maintain the good practice	RC
Challenges in conducting of immunization campaigns within the devolved governance structure	Improve coordination and information sharing between national and county governments	Ministry of Health, County Government, OCHA, WHO and UNICEF
Urgent need to improve the disease surveillance mechanism especially for measles in Wajir Mandera Garissa and Tana river county	Trainings in disease surveillance, outbreak investigation, confirmation and rapid response	Ministry of Health and County and Sub county Health Teams

PART II

8. PROJECT REPORTS

8.1. Project Report 18-RR-CEF-055 - UNICEF

1. Project information			
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1. Agency:	UNICEF	2. Country:	Kenya
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project code (CERF):	18-RR-CEF-055
5. Project title:	Flood emergency response for 142,500 people at risk of water borne diseases in 8 Counties		
6.a Original Start date:	21/05/2018	6.b Original End date	20/11/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,400,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 85,120
	c. Amount received from CERF:		US\$ 1,332,064
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 830,057
	▪ <i>Government Partners</i>		US\$ 346,954
	▪ <i>International NGOs</i>		US\$ 405,851
▪ <i>National NGOs</i>		US\$ 0	
▪ <i>Red Cross/Crescent</i>		US\$ 77,252	

2. Project Results Summary/Overall Performance
<p>Through the CERF funding, the targeted population of 142,500 women, girls, boys and men accessed safe water from repaired water sources in 8 flood-affected counties. Capacity of the communities to run and support the repaired facilities has been built with more than 200 WASH committee members trained. Another 363,489 women, girls, boys, and men have critical WASH related information for the prevention of illnesses and 31,000 school children received help from hygiene education in their schools. The response reached 20,000 households (100,000 people) with temporary access to safe water at 7.5-15 liters/p/day through promotion of household water treatment and safe storage. Up to 30,000 flood affected women and adolescent girls received help from distribution of sanitary pads for menstrual hygiene management. The response supported construction of 262 temporary latrines serving 5,240 floods displaced people.</p>

As part of the recovery strategy, the response supported construction of 20 permanent flood resilient latrines shared by 400 people in the return villages in Bakuyu and Ziwani in Madogo area in Tana River County. The permanent latrines serve as models for the communities to replicate to reduce impact of future floods. Fifty-three County and NGO partner staff were given capacity in information management and coordination of emergencies in 2 Counties (Garissa and Tana River counties) to strengthen sector coordination and response.

3. Changes and Amendments

None

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	35,610	37,065	72,675	34,215	35,610	69,825	69,825	72,675	142,500
Reached	38,735	40,315	79,050	37,216	38,734	75,950	75,951	79,049	155,000

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		0
<i>IDPs</i>	142,500	30,000
<i>Host population</i>		125,000
<i>Affected people (none of the above)</i>		0
Total (same as in 4a)	142,500	155,000
<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>		

5. CERF Result Framework

Project objective	Ensure access to safe drinking water for 142,500 girls, women, boys and men affected by flood emergency in 8 counties in Kenya
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Output 1	142,500 flood displaced girls, boys, women and men in 8 flood affected Counties access 7.5 to 15 litres of safe water/person/day			
Indicators	Description	Target	Achieved	Source of verification
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)	142,500 (35,610 girls, 37,065 women, 34,215 boys and 35,610 men)	155000	Project partnership reports

Explanation of output and indicators variance:		There is no variation in outputs and indicators. Project was closely targeted to the population affected by the floods
Activities	Description	Implemented by
Activity 1.1	Identification of strategic water points for emergency repair/disinfection	County Governments and INGO partners in respective Counties
Activity 1.2	Emergency repair/disinfection of estimated 21 water points to serve 52,500 people	<ol style="list-style-type: none"> 1. County Water Departments through support from UNICEF 2. INGO partners with Programme Cooperation Agreements with UNICEF
Activity 1.3	Procurement of emergency water treatment chemicals (Aqua tabs, PUR, Chlorine) and water storage materials (jerrycans and buckets) to serve 90,000 people	Directly procured by UNICEF
Activity 1.4	Distribution of emergency water treatment chemicals and water storage materials to partners for on-distribution to households, schools and health centres	INGO partners with Programme Cooperation Agreements with UNICEF including KRCS, Welthungerhilfe, Plan International, Terre Des Hommes, OXFAM and NRC
Activity 1.5	Project monitoring and quality assurance	UNICEF through its Zonal Offices in the respective regions with technical backstopping from UNICEF, Joint Programme monitoring visits with UNOCHA, IOM, KRCS and other partners also took place

Output 2	142,500 flood displaced girls, boys, women and men in 8 flood affected Counties access safe sanitation and are provided with critical hygiene information			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of girls, women, boys and men with access to safe sanitary facilities and critical WASH related information for the prevention of illnesses	142,500 (35,610 girls, 37,065 women, 34,215 boys and 35,610 men)	363,489 women, girls, boys and men	Project Implementation Reports from Partners
Explanation of output and indicators variance:		Hygiene education reached host community members in the affected regions including those hosting displaced people and centres neighbouring displacement centres		
Activities	Description	Implemented by		
Activity 2.1	Design and production of key behavior change messages	UNICEF Communication for Development (C4D) in conjunction with UNICEF WASH and Health Sections		
Activity 2.2	Emergency construction of 600 temporary latrines/bathrooms in IDP camps	INGO partners with Programme Cooperation Agreements including World Vision, Welthungerhilfe, Terre Des Hommes, Plan International and KRCS		
Activity 2.3	Promotion of key hygiene messages through community health volunteers	INGO partners with Programme Cooperation Agreements and County Public Health Departments with support from UNICEF		
Activity 2.4	Procurement of 37,500 sanitary pads	Directly procured by UNICEF		
Activity 2.5	Distribution of sanitary pads to women and girls	INGO with Programme Cooperation Agreements with UNICEF and County Public Health Departments		
Activity 2.6	Cash transfers (cash for work) to local skilled & displaced artisans for construction of temporary latrines/bathrooms	INGO partners implementing construction of temporary latrines and bathrooms in the IDP camps and return areas		

6. Accountability to Affected People

A) Project design and planning phase:

The project design was aligned to the needs of the flood affected population including those in displacement camps. Specifically, repairs to flood impacted water infrastructure. Selection of the priority projects was done by respective County Water departments in consultation with affected communities. UNICE funded INGO and County Water departments to repair and restore services to affected communities ensuring both short term and long term needs of the populations are met

The project further targeted IDP camps where displaced population lacked services. In all instances, IDPs were consulted on the siting of the facilities including water collection points to reduce distances to water for women and girls. Siting of latrines and bathrooms was done in consultation with women and adolescent girls for privacy and dignity.

B) Project implementation phase:

All projects were implemented with involvement of representatives of the beneficiaries. Both County Governments and Community representatives were consulted at all stages, with water projects handed over to the Community WASH committees on completion for operation, maintenance and management. At the same time, community members were involved at planning, site identification/selection for latrines and bathrooms. Local artisans in the community were used for construction of simple structures such as temporary latrines. Community representatives assumed responsibility for the management and maintenance of latrines and bathrooms in the IDP camps once completed. In the return areas, households were grouped into shared facilities. Cluster of households sharing facilities assumed responsibility for ownership and maintenance of the facilities

C) Project monitoring and evaluation:

Joint inter-agency project monitoring missions were carried out to evaluate progress and address challenges if any. During project monitoring visits, missions interacted with target population to assess their level of engagement in the project planning and implementation process. Many of the targeted communities demonstrated knowledge of the planning process. They were consulted on type of intervention and understood potential benefits expected or achieved from each of the projects. In all instances, communities articulated accruing benefits from each intervention and appreciated the support.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is a component of the CERF project	Yes, CBI is a component of the CERF project

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Cash for Work	US\$ 24,000	Sector-specific	Unconditional	Restricted

Supplementary information (optional)

The funding targeted use of local artisans in the flood areas who were used for construction of temporary structures such as latrines and bathrooms in addition to other trenching works required. The modality allowed for income to the local artisans paid according to local rates in the respective counties. The modality supported enhancing household food security for the affected households/communities

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

8.2. Project Report 18-RR-CEF-056,18-RR-IOM-016 - UNICEF, IOM

1. Project information			
1. Agency:	UNICEF IOM	2. Country:	Kenya
3. Cluster/Sector:	Emergency Shelter and NFI - Non-Food Items	4. Project code (CERF):	18-RR-CEF-056 18-RR-IOM-016
5. Project title:	Emergency Assistance of Temporary Shelter and Non-Food Items to Flood Affected Internally Displaced Persons in Kenya		
6.a Original Start date:	11/05/2018 (UNICEF) 06/06/2018 (IOM)	6.b Original End date	10/11/2018 (UNICEF) 05/12/2018 (IOM)
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,923,089 IOM US\$ 2,923,089 UNICEF
	b. Total funding received for agency's sector response to current emergency:		US\$ 780,784 IOM US\$ 550,069 UNICEF
	c. Amount received from CERF:		US\$ 1,284,617
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 89,027
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 0 US\$ 0 US\$ 89,027 US\$ 0

2. Project Results Summary/Overall Performance
<p>IOM and UNICEF and their implementing partners (Kenya Red Cross Society, World Vision and Samaritan's Purse) provided 18,639 (9,800 IOM; 8,839 UNICEF) NFI-kits, through provision of essential life-saving commodities such as temporary shelter (tarpaulins) and blankets, kitchen set, soap, water jerrycans, buckets, mats, and mosquito nets, to most vulnerable flood-displaced households in Tana River, Mandera, Kilifi, Baringo and Isiolo counties. More than 102,139 people living in 18,639 households (13,761 in Tana River, 2,500 in Mandera, 1,261 in Kilifi, 768 in Baringo and 349 in Isiolo) that were displaced by floods benefited from the distribution of NFIs. Of these, 51,955 were female; 50,184 were male. These figures are inclusive of children 52,868. During response, staff and implementing partners were trained on 'Protection from Sexual Exploitation and Abuse (PSEA)'. During the implementation, IOM and UNICEF were part of UNOCHA lead joint-monitoring mission in Tana River and Kilifi, the Joint Monitoring Informed planning for response and coordination among different responding agencies. After the distribution, a Joint Post-Distribution-Monitoring (PDM) was conducted in Tana River county. In addition,</p>

IOM conducted a PDM in Isiolo and Kilifi counties, reaching 575 persons, and UNICEF conducted Supply End User Monitoring (SEUM) in Tana River and Baringo Counties to collect data and assess the performance of the project

The PDM findings indicate that the response improved the living conditions of the Internally Displaced Persons. Majority, 84% of the beneficiaries reached through PDM, were fully satisfied with the items provided. The NFI-kits distributed were appreciated, the items were relevant and invaluable for the beneficiaries and were provided in a timely manner. CERF funding was critical in meeting the needs of the most vulnerable. The household members expressed that the floods had affected their households in various ways, which caused different levels of damage that disrupted their normal lives.

3. Changes and Amendments

IOM surpassed the original target by 2,210 households. The target in the proposal was to reach 7,590 households, however, the total number of households reached was 9,800. This was possible due to successful negotiation for lower prices for NFIs and savings from road transportation costs based on actual locations of the distribution sites allocated to IOM and its Partner (World Vision Kenya) and (Samaritan Purse) by respective County Steering Groups in charge of coordination of emergency relief at the respective county level. The decision on additional NFIs was made through a series of consultations with County Steering Groups and other Stakeholders in Kilifi and Tana River counties which had a significant number of affected population unreached in the first round of site allocation to different partners. These additional NFI kits were distributed based on the feedback received from county authorities and community members as per IOM/Partners' assessment on response coverage in the affected counties where IOM was responding.

UNICEF also made a saving on transportation costs through negotiations with transporters and saved on field monitoring costs through joint visits with field offices and partners. This facilitated procurement of an additional 2,629 NFI kits to meet additional gaps in Tana River, bringing the total allocation under this project from 6,210 to 8,839 kits, thus reaching an additional 13,145 beneficiaries. Although initial needs in Baringo County were met on ground by Government and partners at the onset of this project, UNICEF assessments identified additional needs from off-season heavy rains in September and procured 768 kits for Baringo county with CERF funds which were distributed by early November.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	16,539	18,650	35,189	15,891	17,920	33,811	32,430	36,570	69,000
Reached	27,111	24,844	51,955	25,757	24,427	50,184	52,868	49,271	102,139

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		0
<i>IDPs</i>	69,000	102,139
<i>Host population</i>		0
<i>Affected people (none of the above)</i>		0

Total (same as in 4a)	69,000	102,139
<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>	IOM negotiated for lower prices for NFI kits and the road transportation of NFI kits, the savings were reallocated for procurement of additional NFI kits. IOM reached 2,210 additional households in Tana River and Kilifi. UNICEF also made a saving on transportation costs through negotiations with transporters and saved on field monitoring costs through joint visits with field offices and partners. This facilitated procurement of an additional 2,629 NFI kits to meet additional gaps in Tana River, bringing the total allocation under this project from 6,210 to 8,839 kits, thus reaching an additional 13,145 beneficiaries.	

5. CERF Result Framework

Project objective	Improve the living conditions of 69,000 internally displaced persons through provision of emergency temporary shelter and NFIs to the flood-affected people in selected 5 target counties: Tana River, Mandera, Kilifi, Baringo, Isiolo
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Output 1	Most vulnerable displaced households are provided with NFI kits, inclusive of temporary shelter			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of community consultations conducted in the target locations	1 per target site	1 per target site	IOM Project documents
Indicator 1.2	Number of households provided with NFI kits, inclusive of temporary shelter by IOM and implementing partners: World Vision & Samaritan Purse, disaggregated by head of household (female, male, elder, child) and gender	7,590	9,800	Beneficiary list, inclusive of beneficiary receipts
Indicator 1.3	Number of households provided with NFI kits, inclusive of temporary shelter by UNICEF through KRCS, disaggregated by head of household (female, male, elder, child) and gender	6,210	8,839 (approximately 20% were female-headed households)	KRCS Distribution Reports, UNICEF receipt waybills and UNICEF Supply End User Monitoring Reports
Indicator 1.4	Percentage of beneficiary households satisfied with the assistance provided	75%	Overall 84% fully satisfied, in selected three counties of (Tana River: 71% fully satisfied with items provided; Kilifi: 80% fully satisfied with items provided; Isiolo: 100% fully satisfied with items provided) in Baringo County	IOM internal PDM reports
Indicator 1.5	Number of joint field missions and end user monitoring visits conducted	5 (1 visit per target site)	2	IOM internal PDM report, OCHA monitoring report
Indicator 1.6	Number of monitoring visits conducted	One monitoring visit per county	3	IOM internal PDM reports
Explanation of output and indicators variance:		Two joint-monitoring missions conducted together with partners		
Activities	Description	Implemented by		
Activity 1.1	Sign the implementing partners agreement	IOM, World Vision and Samaritan Purse		

Activity 1.2	Conduct community consultations prior to distribution	IOM, UNICEF, KRCS, World Vision & Samaritan Purse
Activity 1.3	Identify beneficiary households in target areas	IOM, UNICEF, KRCS, World Vision & Samaritan Purse
Activity 1.4	Procure the NFI kits, inclusive of temporary shelter and dispatch to target county	IOM, UNICEF
Activity 1.5	Distribute the NFI kits, inclusive of temporary shelter to beneficiary households	IOM, KRCS & World Vision & Samaritan Purse
Activity 1.6	Conduct the Post distribution monitoring	IOM, UNICEF, KRCS & World Vision & Samaritan Purse
Activity 1.7	Carry out the joint field visits to monitor the progress of the activities	IOM, UNICEF, KRCS, World Vision & Samaritan Purse

6. Accountability to Affected People

A) Project design and planning phase:

The KRCS and multi-agency KIRA assessments were inclusive of affected populations. Field staff were engaged in face to face interviews with affected persons collecting information that was used to shape and guide the emergency response.

The project targeted the most vulnerable displaced households and benefitted members of households, both female and male. Beneficiary selection was conducted in collaboration and consultation with community leaders and local chief under supervision of county commissioner and deputy county commissioners in respective counties/sub counties most affected by the floods in Kenya since April-May 2018.

B) Project implementation phase:

IOM, UNICEF and implementing partners conducted at least one community consultation per site. The purpose of these consultations was to consider concerns, opinions and advice from community members and where possible structure the response according to their needs in particular to the NFI kits composition, resulting 1) enhanced accountability through better understanding of the purpose of the response and beneficiary selection, 2) guidance of community members and committees on inclusivity, and 3) smooth distribution process in collaboration with the communities. Close coordination was maintained to ensure that all the affected communities, including those in hard-to-reach areas were assisted.

C) Project monitoring and evaluation:

Joint-monitoring visit was organized in July 2018 to flood affected populations of Tana River and Kilifi County. The joint monitoring mission coordinated by UNOCHA, involved UNICEF, WHO, WFP, UNFPA and Kenya Red Cross Society (KRCS) as well as local area administration (chiefs, village elders and religious leaders) and local stakeholders.

IOM together with its partners, conducted a Post-Distribution-Monitoring (PDM) in Tana River County from 18 to 22 September 2018, covering Tana Delta, Tana North, and Tana River Sub-Counties. IOM further conducted a PDM on 17 September in Isiolo and from 9 to 10 October 2018, in Kilifi, covering Malindi and Magarini Sub-Counties. The PDMs sought to collect data to assess the performance of the project: relevance, appropriateness, coverage and effectiveness of the response, document best practices and lessons learnt for sector level contingency planning and UN-CERF project reporting.

*In Isiolo: The PDM involved five (5) male Key Informant Interviews (KIIs) at County government level, who were key in identification of displaced persons, community consultations, mobilization and distribution of the NFIs.

*In Tana River: The joint monitoring team conducted 55 Key Informant Interviews (KIIs): teams collected data from 50 (33 male, 17 female) community members and 5 (male) county or sub-county officers. Teams conducted 23 (11 male, 12 female) Focus Group Discussions (FGDs) reaching at least 356 persons (189 female, 167 male) and further documented observations throughout the field visits.

*In Kilifi: The monitoring team conducted 27 Key Informant Interviews (KIIs): team collected data from 25 (9 female, 16 male) community members and 2 (male) sub-county officers. Teams conducted 10 Focus Group Discussions (FGDs) (5 for female, 5 for male) reaching at least 132 persons (66 female, 66 male). PDM included observations as data gathering tool throughout the field visits.

Additionally, UNICEF conducted Supply End User Monitoring in Tana River county and in Baringo counties, which included interviews with 4 Kenya Red Cross Society Staff, 5 County Government officials, 16 community leaders (one women's group leader and 15 village headmen/chiefs) and four beneficiaries (two male and two female heads of households). Community meetings were also held with men, women, boys and girls from the beneficiary communities. The process identified challenges in the distribution logistics, beneficiary targeting, timeliness of the distribution process and the utility of the items distributed, including observation of the items in use in the beneficiary households. Other needs such as WASH, child protection and food were identified during the process, and were referred to the relevant sector groups for attention. Due to security constraints which have hindered Mandera County inaccessible for UN agencies, monitoring was not conducted in Mandera County.

The PDM findings indicate that the community members were engaged in the process directly or through community chiefs and elders. The project substantially benefitted from the government support and coordination through the County Steering Committees. The response was well-coordinated from the beneficiaries and sites identification phase through to the NFIs distribution phase.

The PDM findings indicate the NFI-kits distributed were appreciated, the items were relevant and invaluable for the beneficiaries. The kit was considered comprehensive. However, PDM collected pertinent feedback to consider if quality or quantity of some items could be improved; and inclusiveness of items based on gender needs.

Please see Annex 2: Compilation of UNCERF activities by IOM and implementing partners.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
Choose an item.		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation was planned nor carried out, instead Post-Distribution-Monitoring was carried out which were guided by humanitarian evaluation criteria/questions.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.3 Project Report 18-RR-CEF-057,18-RR-FPA-021 - UNICEF, UNFPA

1. Project information			
1. Agency:	UNICEF UNFPA	2. Country:	Kenya
3. Cluster/Sector:	Protection - Protection	4. Project code (CERF):	18-RR-CEF-057 18-RR-FPA-021
5. Project title:	Prevention and response to protection and GBV risks of 7,200 most vulnerable children and 1,556 women affected by floods in seven priority counties.		
6.a Original Start date:	16/05/2018 (UNICEF) 06/06/2018 (UNFPA)	6.b Original End date	15/11/2018 (UNICEF) 05/12/2018 (UNFPA)
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,570,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 960,863.50
	c. Amount received from CERF:		US\$ 463,197
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 223,338
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		US\$ 0.00 US\$ 139,136.00 US\$ 0.00 US\$84,202

2. Project Results Summary/Overall Performance
<p>UNICEF and partners facilitated prevention of 4,477 (1,978 boys; 2,499 girls) from violence, abuse and exploitation, provided individual counselling session to 2,735 (986 boys; 1,749 girls) children while another 4,820 (2,477 boys; 2,343 girls) children participated in group psychosocial support sessions and activities, rescued and referred 393 (27 boys; 366 girls) children survivors of sexual and gender-based violence for medical treatment and counselling. 313 (161 boys; 152 girls) children were reunited with their families. Cumulatively, the project assisted 12,738 (5,629 boys; 7,109 girls) children affected by the floods</p>

in seven counties, ensuring their protection and support to access protection and to services. Additionally, 3,300 (1520 boys; 1780 girls) children aged 5-17 years received dignity kits comprising of sanitary pads for girls, soap, clothes and a carry bag. Prioritization of children provided with the dignity kits was based on individual assessment of the protection needs of the target children. UNICEF and partners also facilitated training of 63 (35 male; 27 female) community members on prevention and reporting on SGBV and worked with four radio stations to broadcast messages on child protection targeting communities in the target counties. UNICEF facilitated the child protection sub-sector collaboration with the Health and WASH sectors in developing and disseminating messages on disease prevention. Further, UNICEF provided technical support to Child Protection Working Group stakeholders in the seven target counties and organized joint monitoring activities with the Department of Children Services.

For UNFPA, 3,500 women at risk of sexual violence received psychosocial support while 608 survivors of sexual violence received clinical care within 72 hours. The project distributed 2,476 dignity kits to women of reproductive age and oriented 20 health care workers on clinical management of rape (CMR). UNFPA disseminated 3,500 IEC materials in English and Kiswahili for awareness creation on available services. Five coordination meetings were held in Turkana, Kilifi, Tana River and Isiolo counties which established GBV committees that followed up on prevention and response activities. UNFPA conducted monitoring missions to assess project implementation quality and document human interest stories.

3. Changes and Amendments

UNICEF did not require to amend the child protection implementation plan as all activities were implemented within approved time frame. Additionally, UNICEF partnership with Non-Governmental Organizations with presence in the target counties facilitated easy outreach to children in their communities as well as in the IDP camps. Local presence of implementing partners also meant working through the already established community child protection systems. Coordination with the Department of Children and the County level Child Protection Working Groups enabled NGO partners to easily access areas where children were most affected. UNICEF child protection targeted was over achieved by 43%, from initial target of 7200 to 12,738 children. The unprecedented floods affected regions of the country that had also experienced severe drought in the year 2016 and 2017. Families coping capacity to provide protective environment for their children had been weakened. Majority of the children identified through the CERF funded intervention faced multiple vulnerabilities and hence were targeted for support. Among the Counties where children were most affected include Tana River, Turkana and West Pokot. Of the US\$ 341,001.00 provided by CERF, only US\$481.56 was unutilized owing to reconciliation variances in reporting for funds advanced to implementing partners.

UNFPA: Overachievement in provision of psychosocial support (3,500) is attributed to availability of trained counsellors, orientation of healthcare workers on MISP, availability of referral services, dissemination of IEC materials in two languages (English and Kiswahili), and existence of GBV working groups and committees. Leveraging on Emergency Funds enabled the project to reach 2,476 women of reproductive age with dignity kits against the anticipated 1556. The number of women of reproductive age who required dignity kits increased due to inter-county movements of IDPs especially between Garissa County and Tana River County. The project reached 608 survivors of sexual violence against the anticipated 1,556 women at risk of sexual violence due to establishment of GBV committees in IDP camps, provision of dignity kits, and messaging campaigns. It was not possible to convene monthly GBV coordination meetings in all the five counties due to security reasons especially in Mandera and Tana River counties. The unutilized budget amount was \$US 6,432.34 (6%) due to monitoring missions that could not be conducted due to insecurity (\$US 4,789.20) and favourable prices of dignity kits due to local procurement (\$US 8,680.36) This was used to procure IEC materials, leaving a balance of \$US1,643.14. UNFPA has returned the unspent funds to CERF.

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Wome n (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	4,200	1,556	5,756	3,000	0	3,000	7,200	1,556	8,756
Reached	7,109	5,976	13,085	5,629	0	5,629	12,738	5,976	18,714
4b. Number of people directly assisted with cerf funding by category									
Category		Number of people (Planned)				Number of people (Reached)			
Refugees						500			
IDPs		6,000				14,702			
Host population		2,756				3,512			
Affected people (none of the above)									
Total (same as in 4a)		8,756				18,714			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The overachievement in provision of psychosocial support (3,500) is attributed to availability of trained counsellors from the Kenya Red Cross Society, orientation of healthcare workers on MISP, availability of referral services, dissemination of information using diverse IEC materials in two languages (English and Kiswahili), and coordination with GBV working groups and committees in the respective counties.							
		Leveraging on Emergency Funds enabled the project to reach 2,476 women of reproductive age with dignity kits against the anticipated 1556. The number of women of reproductive age who required dignity kits increased due to inter-county movements of internally displaced persons especially between Garissa County and Tana River County.							
		The project reached 608 survivors of sexual violence against the anticipated 1,556 women at risk of sexual violence due to establishment of GBV committees in IDP camps that put in place prevention measures, provision of dignity kits that reduced susceptibility to abuse due to desperation for basic needs (survival sex), and messaging campaigns that deepened awareness on vulnerability to GBV.							

5. CERF Result Framework				
Project objective	Prevention and response to protection risks of 8,756 most vulnerable women and children affected by floods in Seven priority counties			
Output 1	Provision of lifesaving Psychosocial First Aid and Psychosocial Support to 4,556 children and women in seven counties adversely affected by the floods			
Indicators	Description	Target	Achieved	Source of verification

Indicator 1.1	No of affected receiving Psychosocial Support (PSS) and Psychosocial First Aid (PFA)	1,556	4,820	Monitoring report, service provision reports
Indicator 1.2	No of children who receive dignity/hygiene kits	3,000	3,300	Distribution List, Spot Check
Indicator 1.3	No of women at risk of sexual violence receiving psychosocial support.	1,556	3,500	Kenya Red Cross Society
Explanation of output and indicators variance:		The number of women who reported cases of sexual violence were 608		
Activities	Description	Implemented by		
Activity 1.1	Facilitate Psychosocial First Aid and Psychosocial support to children and women affected by floods	Kenya Red Cross Society, Save the Children International, Child Fund, Plan International, Terre des Hommes		
Activity 1.2	Procurement of 3,000 dignity/hygiene kits and delivery to partners in field offices	UNICEF procured supplies while distribution was done by Kenya Red Cross, Plan International, Department of Children Services		
Activity 1.3	Facilitate and monitor distribution (delivery to partners and end-user monitoring) of 3,000 dignity/hygiene kits to most girls and boys in most need across seven counties	UNICEF		
Activity 1.4	Provide psychosocial support to women at risk of sexual violence.	Kenya Red Cross Society		

Output 2	Facilitate an integrated protection response to 7,200 vulnerable children and women displaced by the floods			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	No of displaced children identified, documented and provided with lifesaving protection services	7,200	12,738	Partners implementation reports, UNICEF monitoring reports
Indicator 2.2	Proportion of reported survivors receiving medical care within 72 hours	100%	100%	Ministry of Health records and Kenya Red Cross Society and International Rescue Committee reports
Indicator 2.3	No of women and girls of reproductive age receiving dignity kits	1,556	2,476	Kenya Red Cross Society Reports
Indicator 2.4	Case management & provision of services target children by partner case workers (Identification, assessment and documentation of children, referrals and follow-up, PFA/PSA)	Save the Children, Plan Int. Child Fund, Dept. of Children Services, KRCS	12,738	Partners implementation reports, UNICEF monitoring reports
Explanation of output and indicators variance:		Leveraging on Emergency Funds enabled the project to reach 2,476 women of reproductive age with dignity kits against the anticipated 1556. The number of women of reproductive age who required dignity kits		

		increased due to inter-county movements of internally displaced persons especially between Garissa County and Tana River County.
Activities	Description	Implemented by
Activity 2.1	Mobilization of beneficiary participation in child protection in emergency response, i.e. identification of most at risk children, community education and action on prevention and treatment of water-borne diseases, prevention of SGBV, access to health services and child friendly spaces)	Department of Children Services, Plan International, Kenya Red Cross, Terre des hommes, Child Fund, Save the Children
Activity 2.2	Procure 1,556 dignity kits for women of reproductive age	UNFPA
Activity 2.3	Distribute dignity kits to 1,556 women of reproductive age	Kenya Red Cross Society
Activity 2.4	Orient healthcare workers on clinical management of rape	International Rescue Committee
Activity 2.5	Procure 3,000 assorted IEC materials	UNFPA
Activity 2.6	Distribute 3,000 assorted IEC materials to create demand for GBV services.	Kenya Red Cross Society

Output 3	Strengthen multi-sectoral linkages and national/county coordination in identifying, documenting and providing services to affected children and women in seven counties			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	No of target counties with functional child protection in emergencies working groups	7	7	[UNICEF monitoring reports]
Indicator 3.2	No of functional GBV in Emergency working groups in five counties	5	5	Kenya Red Cross Society project reports
Explanation of output and indicators variance:		No variance		
Activities	Description	Implemented by		
Activity 3.1	Facilitate child protection assessments, monitoring and reporting of floods response	Plan International, Kenya Red Cross, Terre des hommes, Child Fund, Save the Children		
Activity 3.2	Facilitate monthly GBV in emergency working group meetings to address cases that require quick action and referrals in five counties for information sharing and response to cases.	Kenya Red Cross Society		

6. Accountability to Affected People

A) Project design and planning phase:

UNICEF engaged with the government and NGO partners working within the target counties, hence ensuring the personnel involved in implementation understood the local context, already had existing community child protection mechanisms through which they engaged with communities. The selection of the partners was therefore specifically designed to ensure maximum engagement with the affected children and their families. UNFPA identified the Mandera, Turkana, Isiolo, Kilifi and Tana River counties for intervention based on assessments by the KRCS and county governments (Ministry of Health) which were responding on the ground. Beneficiaries participated in the Kenya Inter-Agency Rapid Assessment in Kilifi, Tana River

and Mandera counties hence their views informed the project design. Further, local structures of the KRCS were involved in the design and planning of the project as representatives of the local population.

B) Project implementation phase:

UNICEF partnership entailed public engagement forums to ensure communities were informed of the programme. Radio talks in local languages with four community radio stations was also used to disseminate information on the intervention priorities as well as sensitize communities on the protection risks displaced children faced and how to prevent harm, violence and exploitation. With the IDP camps, UNICEF worked with the camp management committees to identify children and provide services, including distribution of the dignity kits, ensuring community members were informed and participated in the identification and prioritization of children receiving child protection support.

UNFPA implemented the project with KRCS which has structures that bring on board leadership and volunteers from the local population. Project beneficiaries received information on availability of services through county government officers, KRCS staff and IEC materials. Messages targeting PWDs were included in the IECs. GBV working groups had representatives of grassroots CSOs and CBOs who articulated the needs of the local population while GBV committees at various IDP camps had representatives of IDPs themselves. The GBV Committees were involved in awareness creation and distribution of dignity kits.

C) Project monitoring and evaluation:

UNFPA participated in an inter-agency project monitoring mission which visited IDP camps and interviewed beneficiaries on project implementation. The mission team provided feedback to KRCS and county government officials on how to strengthen implementation of the project. UNFPA also collected human interest stories during the mission to document beneficiary feedback on the project. Further UNFPA engaged a consultant to provide technical support to KRCS and document human interest stories emerging from the project implementation sites. The project did not undertake an end term evaluation.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation was carried out on child protection and GBV components	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.4 Project Report:18-RR-CEF-058,18-RR-FPA-022,18-RR-IOM-017,18-RR-WHO-020 - UNICEF, UNFPA, IOM, WHO

1. Project information			
1. Agency:	UNICEF UNFPA IOM WHO	2. Country:	Kenya
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-CEF-058 18-RR-FPA-022 18-RR-IOM-017 18-RR-WHO-020
5. Project title:	Life-saving Emergency Response to floods and diseases outbreaks in Kenya		
6.a Original Start date:	31/05/2018 (UNICEF) 08/06/2018 (UNFPA) 31/05/2018 (IOM) 31/05/2018 (WHO)	6.b Original End date	29/11/2018 (UNICEF) 07/12/2018 (UNFPA) 29/11/2018 (IOM) 29/11/2018 (WHO)
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$26,300,000
	b. Total funding received for agency's sector response to current emergency:		TOTAL US\$ 3,428,860.50 [UNICEF US\$ 1,865,624 WHO 947,374 UNFPA 615,862.5]
	c. Amount received from CERF:		US\$ 1,865,624
	d. Total CERF funds forwarded to implementing partners of which to:		Total US\$ 368,081 (UNICEF \$133,861, IOM 117,110.00, UNFPA \$117,110.00)
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		UNICEF \$133,861 US\$ [IOM 117,110.00, UNICEF \$110,121]

2. Project Results Summary/Overall Performance

Through CERF funds, WHO supported health sector partners to scale up investigations of all disease outbreak, rumours, alerts and communicable diseases outbreaks and cases confirmation. More than 24 such investigations were conducted with the rapid response teams. WHO as the health cluster lead facilitated the development of the health sector floods and diseases outbreak response plan in collaboration with health sector partners with the leadership of the MOH and the 8 County Health teams. The Organization also supported and coordination and monitoring, information management and dissemination at national level and in the counties. WHO provided re-orientation to 80 CHT, health facility workers and frontline workers, provided uninterrupted supply of essential lifesaving medicals including 8 complete cholera kits (100,000 people for three months) each, provided basic laboratory equipment and reagents for the level four facilities, the National Public health lab as well as KEMRI (for cases diagnosis and confirmation). Critical activities in the eight counties included cases management, infection prevention and control (donated PPEs) as well as early warning for new outbreaks for the eight (8) counties, contact tracing, water quality testing and public health education among others for the communicable diseases outbreaks. For the displaced women and children, WHO facilitated vaccination against measles for the children less than five (5) years old; and ensured there was primary health and referral care services for other special groups including people with special needs. Twenty (20) counties reported Cholera in 2018. A total of 5796 with 78 deaths (CFR 1.3%) have been reported in the year. Most of these benefitted from the CERF funds directly and another 230,000 women, boys and girls benefitted indirectly from activities conducted during the period.

[UNICEF Health received \$598,695, of the joint health (WHO, UNICEF, UNFPA and IOM) sector UN agencies project CERF funds which supported implementation of life-saving interventions reaching 54,828 children and 218,248 people with key messages on floods. Details of interventions implemented are below:

Provided operational, technical and managerial support for Enhanced Outreach Services (EOS), which included: procurement and distribution of life-saving medical commodities to targeted counties; supported 300 sessions of integrated outreach services using 35 county specific health workers, 30 rapid response teams (RRTs) from Kenya Red Cross Society to deliver a package of life-saving interventions to displaced persons including management of 850 cholera cases were managed; supported measles vaccination campaign targeting children under five reached 193,521 out of 205,000 (94 per cent coverage) in Mandera and 32,346 out of 40,059 (71% coverage) in Kamukunji sub-county of Nairobi; joint programmatic monitoring involving county health teams, Kenya Red Cross Society and UNICEF zonal office teams led to redirecting implementation of areas off gap leading to quality in life-saving interventions delivered.

Created awareness among flood affected people including children and pregnant women on key disease epidemics, the need to seek health services, and the locations to receive them which led to increase in utilization of life-saving interventions by: orienting 500 Community Health Volunteers (CHWs)/activation of 50 community health units who reached 218,248 displaced persons and cholera cases on interpersonal communication to disseminate life-saving messages and basic management of common communicable diseases; printed and distributed IEC/BCC materials among displaced communities to complement key care seeking awareness messaging through interpersonal communication; and engaged 6 (in local languages) Frequency Modulation (FM) radio stations (Star, Risala, KEY, Maata, Sifa, Radio Akicha) to disseminate 1,000 radio spots and radio programmes on key lifesaving interventions]

UNFPA supported the implementation of the following life-saving interventions included procurement and distribution of assorted RH Kits (delivery kits, mama kits) to support provision of quality emergency obstetric and new born care services, provided an emergency referral system for transfer of those with obstetric and new-born emergencies, conduct orientation of health care workers on MISP, screened for and treated sexually transmitted diseases including providing male and female condoms, and PEP kits, provided voluntary contraceptives/ family planning services to women and adolescents and generated demand for quality sexual and reproductive health services especially emergency obstetric and new-born care through community awareness

IOM successfully utilized CERF funds within 4.5 months to support population mobility mapping (PMM) for the planned 218,248 beneficiaries of the project in four counties affected by cholera, Tana River, Garissa, Kilifi and Turkana.

In Kenya, heavy rains and floods during April 2018 created a serious health emergency; because of the floods and displacements, health facilities were inaccessible to vulnerable populations, leading to new outbreaks of cholera and Chikungunya. Cases were further perpetuated in places already experiencing those outbreaks.

IOM worked closely with its partner, Kenya Red Cross Society (KRCS), to implement two components of PMM, including, Participatory Mobility Mapping and Flow Monitoring analysis for health purposes. The information generated at community and county level was triangulated with other data, shared with UN health partners and will be integrated into reporting systems at the emergency operations centres at national and county levels.

During the first phase (12-28 July 2018), IOM together with KRCS identified and mapped 176 priority risks location in all counties. IOM trained 32 KRCS health staff, including 26 community health workers (CHWs) (10 women and 16 men), four health supervisors and two data managers who conducted four focus group discussions (average 8 per group) per sub-county. Additionally, CHWs with IOM support conducted 175 key informant interviews to assess the vulnerability and the capacity of the sites. During the second phase (5-17 September 2018), IOM trained 46 enumerators (26 male and 20 female) to carry out mobility pattern exercises to guide preparedness plans. For seven days, KRCS conducted 2,236 key informant interviews and a total of 80,913 head counts at all points of entry.

In October 2018, IOM trained 50 KRCS CHWs (20 female and 30 male) who conducted health promotion activities, reaching 1,112 community members (563 female and 549 male). The training aimed to build the core competencies and skills of CHWs on cholera prevention in their communities, engaging community members to adapt health-seeking attitudes and behaviours, and strengthen community engagements in relation to movement and cholera.

Through PMM, IOM successfully tracked and provided information on mobility patterns for health purposes, helped other United Nations agencies by identifying high risk locations vulnerable to further spread of disease, and provided health education to communities in relation to migration to increase community ownership of cross-border disease surveillance, response and referral.

The project provided skilled birth attendance to 4,583 (110%) while 45,851 (74%) women and adolescents girls received family planning services using 39 ERH kits. A total 132 health care workers were oriented on MISP. The project distributed 2,000 mama kits and 2,000 family kits to expectant and lactating mothers. To create demand for services, the project sensitized community members on existing SRH services through awareness campaigns and printing and dissemination of 5 batches of IEC materials with 800 pieces each. The project provided an emergency referral system for transfer of obstetric and new-born emergencies to ensure timely access to services.

3. Changes and Amendments

WHO mobilized initial resources from the country office to start up the operations. In addition, the Organization mobilized USD 200,000 from the central fund for emergencies. These were used to supplement the CERF funds in the affected counties as well as to expand coverage of the project and its activities to the other 26 counties. WHO implemented the activities through Direct Implementation with the County and sub county health teams

UNICEF Health contributed funding from its headquarters to payment of the KRCS Programme Cooperation implementation, thereby making savings which was then used to increase funding payment to counties by \$7,900 to cater for increase in the number of teams that participated in the joint support supervision/monitoring with KRCS and UN agencies

IOM successfully implemented all activities using USD 98,251 of the estimated budget. IOM approached the CERF secretariat for a no-cost extension to re-programme unspent funds to engage in additional community engagement, distribute the final PMM reports to the various counties and organize a stakeholders' meeting to update the counties on the final findings from

the exercise. IOM thus utilized CERF funding efficiently, albeit not completely due to various reasons discussed briefly below, leading to the no-cost extension request. CERF project budget line G, allocated for vehicles with the total of USD 20,000, was not used for the deployment of two IOM vehicles and fuel. Project budget line E, for travel allowances while conducting field interviews and GIS points for community members, travel DSA for IOM staff and purchasing equipment, was also not fully utilized.

The unspent budget line estimating allowances for the interviewees was due to a forecasting of expenses to be incurred in reaching hard-to-reach areas and procurement of equipment. Further savings were made because IOM planned efficiently by maximizing on the vehicles used to carry out the exercise. IOM/KRCS vehicles were used where necessary and car rental services were avoided. IOM paired CHWs during PMM data collection, thus reducing procurement costs of higher numbers and increased data collection turnover and efficiency.

IOM conducted training for CHWs in halls belonging to KRCS. Because of using these facilities, project costs required for renting training venues were reduced, thus accruing more savings.

IOM efficiently utilized the available resources, resulting in USD 53,438 of unspent funds. IOM intends to return the balance in due time after discussion with UN OCHA. Final unspent funds are inclusive of commitments to the implementing partner.

Expectant women reached, and family planning services provided to women of reproductive age increased due to strengthened coordination, availability of ERH kits, and demand creation through awareness creation initiatives. Availability of service providers oriented on MISP also precipitated increased uptake of services. The project procured an assorted 12 ERH kits; 2,000 mama kits; and 2,000 family kits while another 27 ERH kits were procured using the Emergency Fund. A total of \$US 11,962.69 was unutilized due to monitoring visits and health trainings that could not be conducted in Mandera due to insecurity. UNFPA has returned the money to CERF.

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	46,896	72,148	119,044	36,074	63,130	99,204	82,970	135,278	218,248
Reached	63,882	78,078	141,960	34,668	54,380	89,048	98,550	132,458	231,008
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees									
IDPs	41,291					52,484			
Host population	176,957					178,524			
Affected people (none of the above)									
Total (same as in 4a)	218,248					231,008			

<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>	
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5. CERF Result Framework	
Project objective	Contribute to reduction of morbidity and mortality of 218,248 vulnerable children, pregnant and lactating women and men of 8 Counties in Kenya hit by floods emergency and consequent disease epidemics

Output 1	Life-saving medical response interventions for cholera cases uninterrupted in health facilities in targeted counties			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Monthly monitoring of life saving interventions in targeted counties by all health sector partners and reports available	5	5	MoH Weekly sitrep WHO report
Indicator 1.2	Case fatality rate for cholera and acute watery diarrhoea diseases reduced to national standards in the eight targeted 8 counties	Less than 1%	1.3%	Weekly sitrep
Indicator 1.3	Number of health workers oriented on cholera and other acute watery diarrhoea diseases prevention and control in affected counties	80	150	WHO reports
Indicator 1.4	Stock out of essential lifesaving drugs in targeted facilities in the affected counties	0	0	Weekly reports
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 1.1	Print guidelines for the management of cholera and other acute watery diarrhoea diseases	WHO MOH		
Activity 1.2	Procure essential lifesaving drugs and consumable items (cholera kits, gauze, needles and syringes etc, antiseptics, cotton wool in line with MOH emergency standards list)	WHO		
Activity 1.3	Distribute essential lifesaving drugs and consumable items (cholera kit, gauze, needles and syringes etc, antiseptics, cotton wool in line with MOH emergency standards list) to targeted counties	WHO		
Activity 1.4	Orientation for county, sub-county teams and select clinicians on cholera and acute watery diarrhoea management and infection prevention and control	WHO MOH		

Output 2	Targeted County Teams supported to timely respond to cholera and acute watery diarrhoea outbreaks			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of cholera and other disease outbreaks investigated within 48 hours	100%	100%	Weekly sitrep RRA reports
Indicator 2.2	Number of cholera and other diseases outbreak reports released from EOC (daily/weekly)	90%	100%	EOC reports Weekly sitrep
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 2.1	Orient community health volunteers on community-based surveillance and case search	WHO MOH		
Activity 2.2	Release cholera and other diseases outbreak reports from EOC	WHO MOH		
Activity 2.3	Provide surveillance technical guidelines and basic equipment	WHO MOH		
Activity 2.4	Support to county health teams for investigation and confirmation	WHO MOH		

Output 3	Health sector coordination mechanisms at national and county levels			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of county emergency reports and bulletins	78	84	EOC reports Weekly reports
Indicator 3.2	Number of monitoring and supervisory reports to targeted areas	6	6	Weekly reports EOC reports WHO reports
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 3.1	Activate 9 EOC in the 8 targeted Counties and 1 at national level	WHO MOH		
Activity 3.2	Produce emergency response reports and bulletins daily, and as need arises from targeted counties	MOH WHO		
Activity 3.3	Undertake joint programmatic monitoring missions	WHO MOH		

Output 4	Provide operational, technical and managerial support for 9 Enhanced Outreach Services (EOS)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	% displaced children (boys and girls) accessing quality life-saving New-born Child Adolescent Health interventions	40,000 (90%)	54,828	KRCS, DHIS2

	at community level (excluding the Reproductive Health interventions outlined in output 6) in the 8 targeted counties			
Indicator 4.2	% displaced flood affected pregnant women accessing quality life-saving Maternal Health interventions (excluding the Reproductive Health component in output 6) in the 8 targeted counties	10,000 (90%)	10,000	KRCS, DHIS2
Indicator 4.3	Number of essential life-saving commodities and vaccines stock out	0	All procured	UNICEF reports
Indicator 4.4	Number of supervisory reports with recommendations outlined	3	3	KRCS, UNICEF Zonal Office reports and County Reports]
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 4.1	Procure life-saving medical commodities to targeted Enhanced Outreach Services (EOS) sites.	UNICEF		
Activity 4.2	Support distribution of vaccines and ensure access of vaccinations against measles among flood affected displaced children from 8 target counties	MoH, CHMTs, KRCS, UNICEF		
Activity 4.3	Support life-saving EOS including rapid response teams (RRTs)	MoH, CHMTs, KRCS, UNICEF		
Activity 4.4	Support integrated measles and Vit A campaigns to flood affected children in 8 targeted counties	MoH, CHMTs, KRCS, UNICEF		
	Output 5			
Activity 5.1	% of people who remember at least 3 key messages on floods	218,248		
Activity 5.2	% of people who practice at least 2 key messages on floods	200,000		
Activity 5.3	Orient community Health Volunteers (CHWs) to disseminate life-saving messages and basic management of common communicable diseases	MoH, UNICEF, KRCS		
Activity 5.4	Print and distribute IEC/BCC materials	MoH, UNICEF, KRCS		
Activity 5.5	Air 1,000 radio spots and radio programmes to disseminate key lifesaving interventions (in local languages) Each of the 6 Frequency Modulation (FM) radio stations (Star, Risala, KEY, Maata, Sifa, Radio Akicha) shall be allocated slots for 167 radio spots to be aired 3 times each day for the first 2 months (60 days) of implementation of the CERF life-saving interventions.	MoH, CHMTs, KRCS, UNICEF		

Output 6	Access to quality reproductive, maternal and new born health services for the displaced and affected populations is scaled up			
Indicators	Description	Target	Achieved	Source of verification
Indicator 6.1	Number of expectant women attending health facilities who access skilled birth attendance	2,500 (60%)	4,583 (110%).	Kenya Red Cross Reports
Indicator 6.2	Number of women and adolescent girls receiving family planning services among the targeted displaced, flood affected population	35,786 (58%)	45,851 (74%)	Kenya Red Cross Reports
Indicator 6.3	Number of health care workers oriented on MISP	150	132	Kenya Red Cross Society project reports
Indicator 6.4	Number RK kits distributed to women of reproductive age	108	12 ERH kits and 4,000 mama and family kits	UNFPA procurement records and Kenya Red Cross Society reports.
Explanation of output and indicators variance:		The number of expectant women reached, and family planning services provided to women of reproductive age increased due to strengthened coordination, timely delivery of ERH kits, and demand creation through awareness creation initiatives (community meetings and IECs). Availability of service providers oriented on MISP also precipitated increased uptake of services. The project planned to procure an assorted 108 kits and procured 12 ERH kits; 2,000 mama kits; and 2,000 family kits while another 27 ERH kits were procured using the Emergency Fund.		
Activities	Description		Implemented by	
Activity 6.1	Procure 108 assorted RH Kits to support provision of quality emergency obstetric and new born care services		UNFPA	
Activity 6.2	Distribute 108 assorted RH Kits to support provision of quality emergency obstetric and new born care services		Kenya Red Cross Society	
Activity 6.3	Provide an emergency referral system for transfer of those with obstetric and new-born emergencies		Kenya Red Cross Society	
Activity 6.4	Conduct orientation session of 30 health care workers on MISP		Kenya Red Cross Society and Ministry of Health	
Activity 6.5	Print and distribute 5 batches of 800 pamphlet each of assorted lifesaving Reproductive Health IEC materials		UNFPA and Kenya Red Cross Society	
Activity 6.6	Provide voluntary contraceptives/ family planning services to women and adolescents		UNFPA and Kenya Red Cross Society	
Activity 6.7	Conduct three community sensitization meetings on available sexual reproductive health services in each of the five counties		Kenya Red Cross Society	
Output 7	Counties supported to collect, process and disseminate timely and critical information to control outbreaks and to enable life-saving interventions, timely and properly delivered			
Indicators	Description	Target	Achieved	Source of verification

Indicator 7.1	Priority sites with high exposure for public health for outbreak control identified	4 counties with high mobility patterns (Garissa, Kilifi, Tana River, Turkana)	100%	Finalised project reports.
Indicator 7.2	Number of infographics produced and distributed to agencies and relevant stakeholders.	16	100%	<p>Report with cumulative 16 infographics was compiled.</p> <p>The development of one consolidated infographic per county was discussed with WHO in a health cluster meeting. One consolidated report with infographics gives a clear comparison of health vulnerabilities identified in priority sites at a glance, instead of four different infographics per county.</p> <p>Consolidated Infographic report has been completed and shared with partners. Infographic report is available in hard copy.</p>
Indicator 7.3	Number of CHWs engaged in collecting and disseminating information on mobility pattern and risk for public health events.	20	130%	Finalised project report.
Activities	Description	Implemented by		
Activity 7.1	<p>IOM and KRCS will conduct at least 16 key informant interviews (4 each county) and at least 8 focus group discussions at county and community levels (2 each county).</p> <p>Interviews will take place from the 1st month with refresher/monitoring session every month.</p>	<p>IOM, KRCS, MoH</p> <p>Completed successfully</p>		
Activity 7.2	IOM and KRCS will conduct 16 customised orientations to CHWs on rapid and real-time data collection and processing.	<p>IOM, KRCS, MoH</p> <p>Completed successfully</p>		
Activity 7.3	Deploy 2 IOM GIS experts to integrate the PMM team for data collection	Completed successfully		
Activity 7.4	Conduct community engagement and awareness interventions on safe	Completed successfully with public health information materials produced and shared with partners.		

	<p>movement and travel in relation to health risk.</p> <p><i>Session will be carried out taking advantage of IOM staff in the field already engaged in community mobilization activities. Sessions are expected regularly every month.</i></p>	
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6. Accountability to Affected People

The project was designed with inputs from all health sector partners at the county level under the leadership of the county health teams. Prioritization of the activities and compilation of the project design was finalized at the National level with contributions from the Health Sector meeting. Additional inputs from other stakeholders included the Kenya Red Cross Society that has presence and experience working with community groups in similar settings.

The IOM PMM tool used during CERF response is highly community inclusive, culturally competent and socially acceptable for the host community and affected population. Focus group discussions were organized in the first phase and consisted of inputs from key members of the community; 153 key members were grouped for this exercise with an average of 8 per group in each group per sub-county. They included county chiefs, market women, bike riders and youths, which ensured the perspectives of populations affected differently were captured and could be well addressed in the response effort. Their feedback and information provided IOM and the response with the most accurate information about spaces of vulnerability, location of affected areas, flow and movement of the affected population, health-care facility locations, and their communities in relation to mobility and mapping.

A) Project design and planning phase:

In designing the response project, MOH convened health sector partners meetings to review the situation using needs assessment reports and coming out with the most effective live-saving priority interventions, including a budget. The sector assigned responsibilities to agencies and NGOs that were working in the affected counties, based on their comparative advantage to support MOH in coordination, direct implementation of life-saving interventions, provision of critical life-saving support materials and goods, monitoring and reporting. Following the health sector planning meeting helped by WHO and led by the MOH, a health sector response plan was developed. UNOCHA brought together WHO UNICEF IOM and UNFPA to develop sector specific and agency specific response plans to complement the ongoing interventions to fill critical gaps. Assessment reports were disaggregated to show specific needs of women, children (boys and girls) and people with disabilities and special needs for prioritization of interventions.

UNFPA identified the Mandera, Turkana, Isiolo, Kilifi and Tana River counties for intervention based on assessments by the KRCS and county governments (Ministry of Health) which were responding on the ground. Beneficiaries participated in the Kenya Inter-Agency Rapid Assessment in Kilifi, Tana River and Mandera counties hence their views informed the project design. Further, local structures of the KRCS were involved in the design and planning of the project as representatives of the local population.

B) Project implementation phase:

KRCS with its presence and network of volunteers conducted regular focus group discussion (FGDs) and key informant (KI) interviews among floods and disease outbreak affected beneficiaries that captured their concerns and identified gaps in knowledge about women, adolescent girls, men and boys and prioritised sexual reproductive health issues. The Ministry of Health engaged with the targeted counties who extrapolated their needs for inclusion in the final response

Consent was sought to conduct interviews from Country Commissioners, security officials and community members before commencement of PMM activities in each county. The community members were engaged through key informant interviews and included an equal number of representations of male and female in youth groups and market women as key groups. Furthermore, CHWS ensured to interview both male and female.

UNFPA implemented the project with KRCS which has structures that bring on board leadership and volunteers from the local population. Project beneficiaries received information on availability of services through county government officers, KRCS staff and IEC materials. Messages targeting PWDs were included in the IECs.

C) Project monitoring and evaluation:

Health sector emergency coordination and monitoring forums existed at all levels that meet to review the floods and disease outbreak response implementation and monitoring. WHO, IOM UNICEF and UNFPA participated in joint programmatic monitoring at all levels which led to redirecting county teams on areas of gap. These forums were led by MOH and the county health teams with the implementing partners in thirteen counties including opinion leaders. Using the District health information System 2 (DHIS2) and the existing tools were used to generate data on the floods emergency and disease outbreaks response. Overall analysis was conducted at the national level.

WHO, as the sector lead, together with UNICEF, UNFPA, IOM and key county government officers jointly monitored the whole implementation of the project. The county health teams complemented by KRCS reported using standard tools and uploaded to DHIS2. The data managers will be giving orientation for these at all levels. All reports will be discussed and reviewed at the county level health emergency coordination forums including the community opinion leaders and the county government. Key stakeholders and community leaders were interviewed during the joint programmatic monitoring sessions to generate more insight into quality of life-saving interventions delivered to them, the findings taken into the account to ensure that the project activities responded to the needs of the affected populations. Adequate information sharing with the population was undertaken through awareness raising activities. Regular situational reports, bulletins and reports were produced and shared to all stakeholders to inform implementation of life-saving interventions.

UNFPA participated in an inter-agency project monitoring mission which visited IDP camps and interviewed beneficiaries on project implementation. The mission team provided feedback to KRCS and county government officials on how to strengthen implementation of the project. UNFPA also collected human interest stories during the mission to document beneficiary feedback on the project. Further UNFPA engaged a consultant to provide technical support to KRCS and document human interest stories emerging from the project implementation sites. The project did not undertake an end term evaluation.

7. Cash-Based Interventions

7.as Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Choose an item.	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
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8. Evaluation: Has this project been evaluated or is an evaluation pending?

	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$24,970
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$26,698
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$15,390
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	RedC	\$55,874
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	RedC	\$21,378
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$7,532
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$19,962
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$25,026
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$15,944
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	INGO	\$57,275
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$14,962
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$15,256
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$20,600
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$9,580
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$18,605
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$15,545
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$25,070
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	INGO	\$74,287
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	INGO	\$140,951
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$18,405
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	INGO	\$55,687
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	INGO	\$77,651
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$14,504
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$23,623
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$5,551
18-RR-CEF-055	Water, Sanitation and Hygiene	UNICEF	GOV	\$29,731
18-RR-IOM-016	Shelter & NFI	IOM	INGO	\$56,168
18-RR-IOM-016	Shelter & NFI	IOM	INGO	\$32,859
18-RR-FPA-021	Gender-Based Violence	UNFPA	RedC	\$12,194
18-RR-FPA-022	Gender-Based Violence	UNFPA	RedC	\$117,110
18-RR-CEF-057	Child Protection	UNICEF	RedC	\$67,041
18-RR-CEF-057	Child Protection	UNICEF	INGO	\$37,400
18-RR-CEF-057	Child Protection	UNICEF	INGO	\$49,794
18-RR-CEF-057	Child Protection	UNICEF	INGO	\$4,888
18-RR-CEF-057	Child Protection	UNICEF	INGO	\$28,165
18-RR-CEF-058	Health	UNICEF	RedC	\$110,121
18-RR-CEF-058	Health	UNICEF	GOV	\$23,740

ANNEX 2: Success Stories

Success Story

Project Title: Prevention and Response to Protection and GBV Risks of 7,200 Most Vulnerable Children and 1,556 Women Affected by Floods in Seven Priority Counties

Duration: 6 months

Implementing Partners: UNFPA and UNICEF

Project Context

Kenya is affected by floods following torrential rainfall which often results in landslides, forcing thousands of people living in the lowlands to move to higher grounds. Floods in 2018 because of the March, April, and May (MAM) heavy rains led to displacement of 311,000 people, 83 deaths and massive destruction of infrastructure, including schools and hospitals. in forty (40) out of forty-seven (47) counties. The number of cases of sexual violence (percent of WRA at risk of rape) were estimated at 1,556 unless GBV prevention measures were put in place.

Using CERF funds and other resources, the Kenya Country Office collaborated with the KRCS and the Ministry of Health in Tana River, Kilifi, Turkana, Isiolo, and Mandera counties in implementing interventions aimed at provision of Gender Based Violence (GBV) prevention and response measures. The interventions saw UNFPA procure and utilize 39 assorted ERH kits, and 3,500 GBV information and communication materials and service protocols distributed to households and health facilities in the targeted counties. The project leveraged on Emergency Funds and Japanese Supplementary Budget Funds to orient 161 health workers on MISP and 20 health workers on clinical management of rape (CMR). Referral services were strengthened through provision of ambulances and integrated health outreaches. Women and girls of reproductive age received 2,476 dignity kits. Psychosocial support was provided to survivors of sexual violence and women and girls at risk of sexual violence. The collaboration between UNFPA, Kenya Red Cross Society, county governments and other non-state actors led to robust coordination of GBV interventions.

We Survived Because we were Each Other's Keeper

A group of women in Kilifi County (Janet Chanzera, Josephine Charo, Rukiya Jabu, Eva Galogalo, Lucy Yajefa) shared their experiences during the flood emergency. They formed the group at the Garashi IDP Camp to address women's protections issues.

"There were challenges in the camps because men and women did not have freedom. This was because families were sharing one tent – father, mother, and children. We had problems!" Charo opened the discussion.

"We had a meeting with girls who opened up about the problems that they were having. Through KRCS, we were sensitized on how to protect ourselves and our daughters. We then started sensitizing the girls and we have not experienced pregnancies at the camp," Rukiya continued, her face lighting up with a smile reminiscent of hope in a tragic moment.

“There were no flood lights and so it was challenging for girls at night. We therefore formed a group of women who were going around the camp at night to ensure women and girls were protected. We urged women to go out of the tents with their husbands to protect their children from sexual activities between them because girls complained to us about being seduced,” Eva interjected.

“We were so happy when KRCS came brought us items that women and girls badly needed. We received items such as tooth brush, sanitary towels, underpants, buckets, soap, oil (Vaseline), and sandals. We also received a bag and there was medication and weighing of children by mobile health units,” Lucy recalled what was her moment of happiness during the emergency.

“To deal with protection threats, separate education and counselling sessions on reproductive health issues affecting males and females enabled them to express themselves freely. Group sessions were used to educate young men on how to live in the camp as well-behaved people. A suggestion box was installed at the Chiefs Camp where girls would report anyone taunting them. Men were also educated about respecting women and girls. We did not get incidences of violations,” Charo concluded.

“We are now happy that we are sleeping in the houses that the KRCS is building for us. But there will be no trees in the Bore Forest where we are getting construction materials (poles). We have destroyed the forest. Construction of houses should be environment friendly,” Rukiya observed.



Photo 1: A woman in Garashi Camp receiving a Family Kit from a Kenya Red Cross Society Staff.

“Glad to be back home to a working well”

Story by Ally Tiffow, WASH Specialist, UNICEF Kenya

Photos by Evelyn Situma, Plan International

Agnes Karisa Kiringi, 36 years, is a mother of 6 children from Garashi village in Kilifi County. “I am glad to be back home to a working well with safe water”. Agnes retorted when asked about returning to her village. “Life in the displacement camps was not easy; with the crowding, poor sanitation and water shortages” she added.

UNICEF used **CERF funds** to support Plan International to carry out the cleaning and rehabilitation of the Kwa Mweza water well to provide safe return areas for the displaced villages. “This is better than even before we left”, Agnes said, adding “our water was not safe, and the well was in very poor shape before the floods. In fact, we used to go 3km away to fetch clean water for drinking from another well”. Agnes no longer must walk the 3 km as the village well is now well protected.

Agnes returned to her village after several months of living in the IDP camps for the flood displaced. Agnes, her 6 children and 3 orphans she cares for were displaced by the 2018 flood emergency in Kilifi County following the destruction of their village and water well.

Working in collaboration with County Government, Plan cleaned the well, constructed the apron, disinfected the well and installed a pump. The well was further fenced using concrete polls and chain link to protect it. The well is now serving 472 households following return of additional villagers from low lying areas. The demand on the well has increased with queue times longer since the return of all villagers. *“No, No. It’s an improvement on the past. We will share for now until we have more sources”* was Agnes’s refrain on crowding at the well.

CERF funding further supported distribution of emergency WASH supplies including water collection and storage containers such as Jeri cans and buckets to all displaced households following losses to the floods.



Jeri cans lined up at the well following huge demand



*Agnes
collects
water
from the
well*

“This year we have seen change”

Story by Ally Tiffow, WASH Specialist, UNICEF Kenya

Photos by Jacob Kipkeny, WASH Specialist, UNICEF Kenya

Leila Ismael Osman is a mother of three children with six household members. She lives in Ziواني village along River Tana, the largest river in Kenya. “Every time it rains our community is displaced and we have to move to a higher ground” she explains. Ziواني is in the river basin which is prone to flooding. Leila was part of the displaced population from Ziواني village during 2018 flood emergency. “We received a lot of support this time. In the displacement camps we had temporary latrines but, in the village, we returned to permanent latrine structures” Leila happily stated. Unlike the past, “the environment is clean without evidence of open defecation and smells” she added. “I am really happy”. Leila was referring to flood resilient latrines above the flood plain constructed with **CERF support** through a partnership with Terres des Hommes (TDH). UNICEF supported construction of 20 shared permanent latrines in the IDP return villages to ensure continued access to safe sanitary facilities for the returning population.

Leila explained that in the past, they practiced open defecation following cyclic flooding. “You could smell faeces everywhere when the community returned to the village following displacement. Leila said. “*This year we have seen change*” she explained referring to the new flood resilient facilities with the support of UNICEF and TDH who implemented the project.

‘If you walk across the village you will not find any faeces nor foul smell” says Leila proudly. “We have also been trained on good hygiene practices. We always ensure we dispose the children’s faeces in the latrine” she continued. “We keep the toilets too clean” she added

“Diarrheal cases have significantly reduced in our village. This is because the environment is free of fecal matter and flies which carry germs are no longer a problem” Leila concluded

UNICEF had earlier provided Emergency WASH supplies including jeri cans, buckets, soap, tarpaulins and water treatment chemicals to all displaced households to ensure access to safe water. UNICEF further installed 10 x10m³ Water storage tanks with hand washing stations in the IDP camps in partnership with Kenya Red Cross Society ensure safe hygiene practices in the IDP camps.



Leila and Her children next to one of the latrines

Hope of Humanitarian Aid: Hilary and Maria

*Story by Christopher Okotch, County Coordinator, Kenya Red Cross (KRCS), Baringo County
31 October 2019*

Hilary Lekirati, 40 years, and Maria Rinchonoi, 32 years old, are residents of Baringo county whose houses and household belongings were destroyed by floods, forcing them to flee with their young families and seek shelter with relatives who were living on higher ground. It was particularly difficult for Hilary as his wife was heavily pregnant and for Maria, as she is a person living with disability. They were identified by KRCS as vulnerable families and were provided with a family relief kit (NFI) each.

Hillary says: “My family lacked enough cooking utensils, water collection and storage containers, including beddings which were washed away by floods. I was sad to watch my family do without the items, but I could not afford to provide them. I felt helpless as the head of the family. We are now able to collect enough water for our use with the jeri cans provided. My wife is using the bucket to store safe drinking water. We feel so grateful”

Maria says: “I had to borrow household items to cook for my children before I received the kit. The tarpaulin has helped to roof the temporary structure where I cook and rest with my children. I feel so happy to re-build my life and restore my dignity as I do not have to borrow anymore. The help I have received is God-sent”.

With CERF funding, UNICEF and Kenya Red Cross partnership has supported NFIs and temporary shelter assistance to families in need like those of Hillary and Maria. A kit comprising of 2 mats, 3 blankets, one tarpaulin, one cloth material, two mosquito nets, two bars of soap and two kitchen sets was provided to 768 households affected by floods in Baringo county. It allowed families to survive through the crisis with some dignity; while strengthening their coping mechanisms, and taking account of their specific needs, cultural values, the environment, and physical context.

Thanks to CERF funding, Hillary and Maria’s families are now able to continue with their normal family life even after the flooding emergency. Observations made by KRCS team established that families are now able to cook comfortably and can equally serve their food with the plates and cups provided. The young children are sleeping better with the mats, mosquito nets and blankets provided, and they are better protected from malaria and pneumonia.



@Okotch/KRCS/2018: Hillary and his family demonstrate how they are using their new household items



@Okotch/KRCS/2018: Maria at her temporary structure, sitting on her new mat next to her cooking and water storage space

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CHT	County Health Team
CHWs	Community health workers
CMR	Clinical Management of Rape
ERH	Emergency Reproductive Health
IEC	Information, Education and Communication
FGDs	Focus Group Discussions
GBV	Gender Based Violence
IDP	Internally Displaced Person
IDPs	Internally Displaced Persons
IEC	Information, Education and Communication
IOM	International Organization for Migration
KRCS	Kenya Red Cross Society
KII	Key Informant Interviews
MAM	March, April and May
MISP	Minimum Initial Service Package
MOH	Ministry of Health
NFI	Non-Food Items
PWDs	Persons with Disabilities
PDM	Post Distribution Monitoring
PSEA	Protection from Sexual Exploitation and Abuse
PMM	Population Mobility Mapping
RMNCAH	Reproductive Maternal New-born Child and Adolescent Health
SEUM	Supply End User Monitoring
UNICEF	United Nations Children's Fund