

RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

**19-RR-KEN-37704
KENYA
RAPID RESPONSE
DROUGHT
2019**

RESIDENT/HUMANITARIAN COORDINATOR	SIDDHARTH CHATTERJEE
--	-----------------------------

REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	N/A
No AAR was undertaken; however, implementation of CERF activities was included in the agenda items during the Kenya Humanitarian Partner Team Meetings and the Inter-sector coordination meetings.	
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 <input type="checkbox"/> No <input type="checkbox"/>
Yes. The RC and humanitarian partners were kept informed during the CERF application and implementation through the Kenya Humanitarian Partner Team Meetings and the Inter-sector coordination meetings	
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 <input type="checkbox"/> No <input type="checkbox"/>
The final report will be disseminated widely to the humanitarian partners in Kenya.	

PART I

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	34,000,000
FUNDING RECEIVED BY SOURCE	
CERF	4,999,317
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	5,475,046
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	10,474,363

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Agency	Project code	Cluster/Sector	Amount
FAO	19-RR-FAO-026	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	800,000
UNFPA	19-RR-FPA-035	Protection - Sexual and/or Gender-Based Violence	249,845
UNFPA	19-RR-FPA-036	Health - Health	199,127
UNICEF	19-RR-CEF-080	Protection - Child Protection	250,139
UNICEF	19-RR-CEF-081	Health - Health	250,018
UNICEF	19-RR-CEF-082	Nutrition - Nutrition	1,000,190
UNICEF	19-RR-CEF-083	Water Sanitation Hygiene - Water, Sanitation and Hygiene	899,999
WFP	19-RR-WFP-050	Nutrition - Nutrition	1,000,000
WHO	19-RR-WHO-040	Health - Health	349,999
TOTAL			4,999,317

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	\$3,411,329
Funds transferred to Government partners*	\$270,084
Funds transferred to International NGOs partners*	\$712,688
Funds transferred to National NGOs partners*	\$204,395
Funds transferred to Red Cross/Red Crescent partners*	\$399,818
Total funds transferred to implementing partners (IP)*	\$1,586,984
TOTAL	4,999,317

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

The 2019 March to May Long Rains Performance presented a delayed onset, poor distribution (Time and Space), below average seasonal totals. This resulted in an increased of food commodity prices, increase of both human (Cholera outbreaks) and livestock diseases (PPR, CBPP, CCPP), flash floods, resource-based conflicts, and insecurity. The population in crisis as of May 2019 had increased significantly; parts of Turkana, Marsabit, Wajir, Garissa, Tana river and Baringo are in Crisis (IPC phase 3). The total population in IPC phase 3 was expected to go up to 2 million by July 2019 based on the IPC analysis. The area planted reduced under the maize production by 39% below long-term average (LTA) whilst between 30 and 40% of the earlier planted crop wilted due to water stress. Based on the analysis carried out by the agriculture sector the production was expected to be 55% of LTA. Pasture condition was fair to poor and was expected to last until the end of June whilst normally should last until mid-August in most ASAL counties. Livestock trekking distances increased to more than 100% compared to the average in Marsabit, Mandera, Tana River, West Pokot, Meru and Kwale. Above 50% in Laikipia, Baringo and Samburu; between 9 and 46% in Turkana, Isiolo, Narok, Kajiado, Makueni, Embu, Kitui, Kilifi, Nyeri and Laikipia; near average in Wajir, Lamu, Taita Taveta and Garissa.

Milk production declined below the 5-year average by 50% except in many of the ASAL counties which has direct correlation with the increased level of malnutrition. An increase of diseases outbreaks cases such as Anthrax, FMD, Lumpy Skin Disease, CBPP, CCPP, PPR, Blue Tongue (Blackquarter and Pasteurellosis) was reported.

Overall WASH situation worsened across all the ASAL counties with changed consumption and access patterns. The proportion of households relying on boreholes increasing above 40%; Most waters pans had dried up and water provision is being supplemented through water trucking; return distances to water sources on increasing trend ranging from 7 to 9 km (Normal range 2 - 8 km) in Turkana, Marsabit, Samburu and Wajir. The highest return distances were recorded in Mandera and Isiolo ranging from 11 to 13 km against the LTA of 4 to 8 km. Water consumption declined in Turkana, Samburu, Isiolo, Baringo, Narok West Pokot Marsabit between 6 and 10 litres per person per day. In pastoral areas of Baringo, West Pokot and Kajiado the cost of 20-liter jerry can has doubled to Kshs 10.

The nutrition situation showed deteriorating trend and was expected to continue deteriorating steadily given the cumulative effect of the below average performance of the rain. Nutrition situation varied widely after IPC for Acute Malnutrition conducted in February 2019. Turkana, Mandera, East Pokot and North Horr are reporting a critical nutrition situation, whilst Wajir, Tana River, West Pokot, Garissa, Laisamis have reached a serious level. The nutrition analysis warned on potential for fast deterioration in the months ahead. Increasing trend of children with MUAC <135 mm is reported in Baringo, Samburu, Tana River, Meru North; in pastoral and agro pastoral cluster (Turkana, Tana River, Samburu, Wajir, Baringo) there is a higher proportion of malnourished children compared to LTA. Tana River County has performed poorly across all nutrition indicators. Increasing admission trends to the integrated management of acute malnutrition (IMAM) program, this is attributed to the activation of response activities following alert of a looming nutrition emergency and the actual increase of cases at community level due to deteriorating nutrition situation.

Below average 2018 short rains and the 2019 long rains led to upsurge in diseases of epidemic potential such as Measles, Cholera, and other drought related diseases, especially in the arid and the semi-arid regions. Displacements and movements of population into the few water areas- where the Leishmaniasis parasite is found in and flies contributed to increase fly bites to human populations resulting in an outbreak of visceral leishmaniasis (VL) which is a deadly if not treated adequately and prompt. The convergence of population especially women and children to the few water points aggravated the already existing cholera situation into Cholera outbreak levels. The drought also led to disruptions and access to health services like immunization due to population movements. This coupled with lowered immunity and malnutrition has resulted in the worsening of the communicable diseases in the regions affected. The number of reported cases especially Cholera, Measles, and other drought related diseases from the targeted ASAL regions, in March, April and May show 4 to 12-fold increment as compared to the same period in 2017 and 2018.

WASH practices likely to have deteriorated; declining trend expected to continue and is likely to affect negatively on health and nutrition situation. In addition, women of reproductive age in need of ante-natal services are experiencing aggravated delays in accessing health facilities due to increased reproductive roles that include walking long distances to fetch water

and purchase or borrow food because of prolonged drought. Most of the ASALs are occupied by patriarchal pastoralists whose male population has to drive livestock to far locations in search of pasture and water. The implication of this is delayed decision making on seeking ante-natal care for women who are overburdened by reproductive roles including watering sick animals left at home and who must secure permission from the absent men for some obstetric processes like C-section.

3. PRIORITIZATION PROCESS

CERF strategy as determined at the Kenya Humanitarian Partners Team meetings and inter-sector coordination was to support the scaling up of time critical lifesaving humanitarian assistance to prevent an increase in drought-induced humanitarian needs for six months and give the Government vital time to secure additional funding to scale up existing or implement planned drought response activities. The CERF activities were to provide lifesaving and life-sustaining assistance in 5 priority sectors (Nutrition, Health, Protection, WASH and Livelihoods) to people in need in 8 priority counties: Marsabit, Wajir, Turkana, Isiolo, Garissa, Tana, River, Baringo, Mandera. Food assistance was not part of CERF application as the GoK provided both cash and direct food distribution by expanding both vertical and horizontal the amount and the number of beneficiaries to be targeted.

4. CERF RESULTS

CERF funding enabled UN agencies and partners to deliver live-saving interventions reaching more than 490,000 most vulnerable drought affected people in prioritized ASAL counties. Below is a summary of key results by sector

Food Security - Agriculture (incl. livestock, fisheries, and other agriculture-based livelihoods)

- 4,137 most vulnerable households received 13,880 (50Kg) bags of Livestock feeds to feed their productive livestock left behind for milking when others move away in search of pastures and browse during the drought and directly led to survival of 30,544 livestock thereby saving livelihood for the drought affected households.
- 29,509 HH/177,055 individuals received animal health support to treat 4,310 cattle, 325,623 sheep and goats and 362 camels thereby ensuring that all livestock in these areas, are healthy and able to withstand the drought and the start of the rains through improved herd immunity.
- 30,981 HHs/185,887 people were reached through livestock destocking and slaughter of 2,310 sheep and goats aimed at reducing pressure to the diminishing pasture and browse. The slaughtered sheep and goats' meat were distributed to most vulnerable HH beneficiaries pre-identified through community committees with each receiving 2 kilograms (Kg) per week for 5 weeks.
- 2,030 livestock owners received help from the sale of the livestock through destocking interventions where new sellers were identified each week while the community received USD 10 per goat for hygienic disposal. Pastoralists targeted for livestock feeds were able to save their livestock breeds that were left in the HH while at the same time producing milk for the family while those receiving meat from destocked livestock improving their nutrition and the sellers being able to receive cash transfer for their livestock sold for other HH needs.

Protection - Sexual and/or Gender-Based Violence

- 5,661 (115%) women of reproductive age at risk of sexual violence in response to the drought and flood emergencies were reached with clinical management of rape and psychosocial support services.
- 76 healthcare workers provided orientation on clinical management of rape (CMR), 162 on the Minimum Initial Service Package (MISP), and 193 community responders.
- 27 community mobilization events in the 9 counties were conducted thereby increasing uptake of GBV services.
- 15,00 information materials printed and issued including materials on service tools such as Post Rape Care forms and registers.

- 1,058 refugees and 89 women living with disabilities were reached with 2,462 dignity kits, 400 mattresses and 400 blankets.

Protection - Child Protection

- 8,483 (4,608 girls and 3,875 boys) found as vulnerable and being at risk of further harm received protective support and services.
- 680 (380 girls and 300 boys) children supported with dignity kits and recreation kits.
- 1,554 (835 girls and 719 boys) children received individual psychosocial support while 2,822 (1,522 girls and 1,300) children were reached with through psychosocial counselling.
- 1,748 (806 girls and 942 boys) children who dropped out of school due to drought were facilitated to return to school
- 383 (153 girls and 230 boys) children were rescued from living and working in the streets and reunified with their families.
- 1,976 (919 girls and 1,057 boys) vulnerable children were identified through 125 (43 female and 82 male) child protection volunteers.

Health

- 118,763 drought affected vulnerable people supported to access life-saving preventative and curative health interventions. This includes 24,077 girls, 22,336 boys and 23,753 pregnant and lactating women) who live far from existing health facilities, acute watery diarrhoea related to drought and disease outbreaks.
- 81,509 children (42,715 girls and 38,794 boys) aged 6-59 months were reached with measles-rubella vaccination.
- 5 Cholera Treatment Centres (CTCs) and Isolation Units established in Turkana and Wajir counties and surge teams were deployed to support the county health departments in management of cases at the CTCs and scaling up of community level public health interventions.
- 200,334 people (66,449 girls, 65,521 boys, 46,583 women and 21,781 men) were reached with cholera awareness messaging.
- 2,164 people were treated at cholera treatment centres and isolation units through financial and health supplies support.
- 7,718 children (3,936 girls and 3,782 boys) reached through measles and rubella immunization.
- 51,959 pregnant women attending health facilities were able to access skilled birth attendance including 5,342 expectant refugee women to access skilled birth attendance while 38,396 benefitted from family planning services.
- 90,231 women of reproductive age (WRA) received family planning services and 1,600 received dignity kits.
- 83 health workers on the minimum initial service package (MISP).
- 10,000 information and education materials were disseminated leading to increased demand for Sexual Reproductive Health (SRH) services.
- 179,552 drought-affected and displaced people supported with life-saving health interventions. This includes 78,135 boys and 70,516 girls below 18 years of age. 62,837 of the children were under five years of age, of which 34,705 were girls and 28,132 were boys, and 23,400 were pregnant/lactating women.
- 24,001 children less than 5 years were treated in the targeted health facilities in the 8 counties in the ASAL regions.
- The cholera and measles outbreaks were controlled in the 8 target counties within seven months and line with the IASC standards.
- Targeted counties supported with uninterrupted supply of life saving drugs, disinfectants and observation of infection prevention and control.

Water Sanitation Hygiene - Water, Sanitation and Hygiene

- 117,516 girls, boys, women, and men affected by drought emergency in 8 ASAL Counties reached supported to access to safe water from repaired sources at 7.5-15 litres per person/day.

- 20,000 households were received WASH NFIs (Jeri cans, buckets, soap, Aqua tabs and/or PUR) to improve temporary access to safe water for populations using unsafe sources (open wells, dams, rivers, and trucked water etc.) through household water treatment and storage practice.
- 184,718 girls, boys, women, and men received critical WASH related information including hand washing with soap at critical times for the prevention of diseases.
- 13,287 school children reached with WASH services in schools including access to safe water at 1-2 litres per child/day in addition to safe personal hygiene practices. The intervention helped to reduce risk of disease outbreaks or spread particularly cholera which was already present in some counties. Interventions also enabled schools to remain open and learning to continue.

Nutrition

- 39,272 (19,775 boys, 19,497 girls) children with SAM 85,721 (41,480 boys, 44,241 girls) children with moderate acute malnutrition were treated and ensured access to IYCF information on 68,844 PLW.
- 479,424 children 6 to 59 months were supplemented with vitamin A within health facilities and outreaches in the 8 target counties and resulting to supporting the indicators for treatment of SAM were within sphere standards (recovery rate above 75%, default rates below 15% and death rates below 3%).
- CERF funding contributed significantly in addressing 2019 RUTF pipeline gap hence accounting for 21% (8,247) children reached with SAM treatment.
- 18,635 cartons of RUTF for treatment of severe acute malnutrition (SAM) in young children and contributed to 21% of the overall RUTF released through Kenya Medical Supplies Authority (KEMSA) in 2019.
- 193,837 pregnant and lactating women (PLW) and caregivers of children 6 – 59 months reached with messages on infant and young child nutrition (IYCN) in 8 counties.
- 120 health workers trained on maternal infant and young child nutrition in emergencies (MIYCN- E) package in 8 counties.
- 112,460 children aged 6-59 months and 94,590 pregnant and lactating women (PLWs) received treatment for moderate and acute malnutrition.

5. PEOPLE REACHED

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹

Category	Number of people (Planned)	Number of people (Reached)
Host communities	175,344	207,051
Refugees	45,207	43,380
Returnees	0	0
Internally displaced persons	27,443	27,301
Other affected persons	301,674	193,837
Total	549,668	471,569

¹ Best estimates of the number of people directly supported through CERF funding by category.

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE²

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	26,853	243,900	137,794	141,121	549,668
Reached	40,656	193,459	115,518	121,936	471,569

² Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES) ³

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	0	8,145	384	416	8,945
Reached (Out of the total reached)	0	5,219	2	3	5,224

³ Best estimates of the number of people with disabilities directly supported through CERF funding.

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)⁴

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	26,853	40,048	40,278	60,649	167,828
Health - Health	0	238,666	64,660	67,299	370,625
Nutrition - Nutrition	0	47,806	125,868	128,912	302,586
Protection - Child Protection	0	0	3,840	4,160	8,000
Protection - Sexual and/or Gender-Based Violence	0	4,937	0	0	4,937
Water Sanitation Hygiene - Water, Sanitation and Hygiene	25,480	26,520	23,520	24,480	100,000

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	40,656	42,042	53,220	49,969	185,887
Health - Health	689	238,666	68,071	67,299	374,725
Nutrition - Nutrition	-	94,590	68,844	61,255	224,689
Protection - Child Protection	0	0	3,875	4,608	8,483
Protection - Sexual and/or Gender-Based Violence	0	5,661	0	0	5,661
Water Sanitation Hygiene - Water, Sanitation and Hygiene	29,943	31,165	27,640	28,768	117,516

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

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 enabled prompt action to save lives and livelihoods for the most vulnerable drought affected families. CERF funding made it possible to simultaneously respond to affected population in many counties through partnerships with County Governments and INGO partners reducing the impact of the drought emergency on affected populations. The funding enabled mobilization of government counterparts to identify, assess and support children in areas where services by other partners were not being delivered, thereby providing life-saving and timely protection support to children and their families. CERF funding supports multiple strategies including provision of first quick response such household water treatment, hygiene promotion activities, servicing, and maintenance of equipment to restore services while more complex assessments of damaged systems and procurements are completed. These multiple strategies helped prompt action to restore normalcy reducing vulnerabilities of the affected population. UNICEF used CERF funds to support outreach to drought affected children in 10 counties. Once the inputs were procured, delivery to the community in need was fast as all logistics were catered for. Contracting of partner NGOs with CERF funds who understand the target counties and people made work even easier. The county health made it possible to simultaneously respond to affected population critical needs the affected counties. It supported the hiring of the health volunteers who mobilized the communities for community surveillance and contact tracing, the county health teams to rapidly investigate and respond to all alerts, specimen transportation for confirmation. The funds was also used to procure essential life saving medicines and other supplies and their distribution to the facilities to ensure availability of uninterrupted and timely services to the community and the vulnerable populations.

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

YES ☐

PARTIALLY ☐

NO ☐

CERF funding made it possible to meet time critical needs in safe water supply through repairs of broken-down boreholes; ensuring minimum access to 7.5-15 litres of safe water per person/day in addition to providing critical hygiene related information for the prevention of diseases. School children in selected schools received access to safe water and safe personal hygiene information with support from CERF funding ensuring schools remained open. With CERF funding, UNICEF prioritized critical interventions, for instance, ensuring vulnerable children were identified and protection risks mitigated before the potential harm could cause mental, psychosocial, emotional, and physical effects on target children.

The CERF funds enabled WHO to facilitate the empowerment of counties to prompt response to alerts from the County surveillance officers on 24-hour basis, specimen collection and diagnosis. All alerts were investigated within the 48 hours at notional level. It also facilitated the prioritization of strategies and activities targeting the most vulnerable; children women and pregnant women and the disabled. Thanks to the funds, there was no delay in the cases confirmation nor interruption of clinical medical services to the affected population and those in need derived more actions. Without CERF funds, the pastoralists would have lost their livestock before the rains. In case these are not lost through death from drought, the animals would not be able to produce milk leading to increased malnutrition for under five years.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☐

PARTIALLY ☐

NO ☐

Coordination of drought response is through various platforms including the Kenya Humanitarian Partners Team and sector coordination at the national levels and through the County Steering Group meetings in the Arid and Semi-arid counties. Among other examples, CERF funding contributed immensely for the escalation of the health sector response in the affected counties. It facilitated coordination with the partners at the national and county levels, joint planning, implementation monitoring and information sharing among all the stake holders. It also facilitated the effective functioning of the EOC which was linked to the affected County EOCs for real time inform sharing.

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

YES ☐

PARTIALLY ☐

NO ☐

In addition to CERF funding, approximately US\$ 2,475,046 additional funding is reported by agencies implementing CERF projects to complement Government drought response efforts. Other donor support enabled expanding the response to additional areas of need for the affected population for example, through OFDA support, UNICEF expanded hygiene promotion interventions to 8 affected

Counties (Wajir, Mandera, West Pokot, Baringo, Isiolo, Marsabit, Samburu and Turkana). UNICEF also utilized partnerships under CERF funding to mobilize additional contributions by INGO partners at 15 to 25% of the CERF contribution to meet the needs of the affected population. UNICEF further used its internal Regular Resources to meet gaps arising. Following receipt of CERF funding, UNICEF also received complementary funds from the Canadian government. This not only enhanced service delivery for Child Protection, which enabled UNICEF to cover additional 4 counties that were adversely affected by drought and children were reported to be out of school and living in precarious situations. Other agencies also mobilized additional funding including USD 475,080 mobilized by FAO which enabled increased support highly affected county and adding an extra county not targeted by CERF, while WHO raised additional USD 300,000 after the CERF was received.

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

CERF funded interventions targeting refugees and persons with disabilities. The interventions were offered in the Kakuma Refugee Camp and Kalobeyei Integrated Settlement through the designated implementing partners, the Kenya Red Cross Society (KRCS) and the international Rescue Committee (IRC) in collaboration with the Ministry of Health (MoH). Provision of both Emergency Reproductive Health (ERH) supplies and technical support for implementation of the project was also a positive attribute of the project. The oriented health care workers, service provision tools and ERH kits were useful in stabilizing the emergency situations, both drought and floods.

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
The extended drought situation led to a continuous precariousness of children's protection and to an increasing number of children needing more protection. Since UNICEF did not have funding for non-refugee emergency preparedness and support, these protection concerns were insufficiently covered.	Incorporation of resilience building strategies from UNICEF long-term partnerships with target communities as a way of graduating communities from life-saving interventions to resilience strengthening. One of the main interventions that UNICEF is prioritizing in 2020 is to continue strengthening child protection systems and enhancing integration of programming in refugee camps and host communities. UNICEF will also support the Department of Children Services in the implementation of the Operational Guidelines for Child Protection in Emergencies, which include sectoral and multi-sectoral drought emergency preparedness and response planning at national, county level, sub-county, and local level. These initiatives will ensure that CERF support where required will remain short-term and graduation from life-saving intervention is anchored on enhanced child protection service provision systems.
The decision to target children in hard to reach areas of the affected counties added costs on logistics. This further added the burden on UNICEF to identify additional resources to facilitate movement of government and NGO partners to these areas to reach the unreached children.	Logistical costs will be factored by UNICEF in future budgets. Further the need for response teams to regularly travel too hard to reach areas will be minimized through building the ability of community leaders in such areas as an emergency preparedness measure and which will ensure there are trained, and equipped resource persons should an emergency recur.
A combination of approaches (repair and upgrading including solarization of selected boreholes) for resilience building and fuel subsidy for operation of boreholes for severely impacted communities was used to meet time critical water needs. Working through County Water Rapid Response teams proved efficient and achieved timely results. Working with private sector in solarization of boreholes proved very efficient in delivering timely response results.	Review capacity of County Rapid teams to improve their future preparedness and build capacity where needed.
The comprehensiveness of the proposal template tends toward development settings more than emergencies.	The template could be simplified and filled out online like the EF online tool.
The criteria, especially for GBV, do not expect the need for training healthcare workers to provide quality services during emergencies.	There is need to continue prioritizing GBV interventions as life saving measures in emergencies.
The readiness of the CERF funds always facilitated coordination of stakeholders and serves as a catalyst for engagement of government at national and local level for a better multi-sector and multi-partner response	The timely administration of the funds should be maintained

The funds enable Agencies to prioritize and implementation of critical life saving activities	The funds should be maintained
Although this was temporary nutrition support to Baringo for WFP, there was expectation from the county team that WFP would continue to support the nutrition programme indefinitely. Therefore, clear exit plans should be discussed and agreed upon in advance of the support, so that the county (s) can factor in the need to ensure continuity of services beyond the development partners support.	Agreements for future support to responses, government institutions should explicitly explain the duration of support and terms of exit.

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Early start of the 2019 short rains and subsequent flood emergency interrupted drought response while creating another emergency (floods) for the same population.	Explore opportunities for automatic reprogramming of the funds to sudden emergencies as needed.	UNOCHA
Transfer of Knowledge to the beneficiaries through training of beneficiaries on proper utilization of range cubes and other livestock feed and their benefit before distribution of the feeds for prescribed period improved utilization and benefits	All interventions on livestock feed support to livestock owners in drought affected areas should avoid mass distribution without training. This should be a condition to all development partners in humanitarian livestock livelihood support during drought.	FAO
During animal destocking and slaughter there was transfer of knowledge on humane and hygienic slaughtering of animals and safe handling of meat to pastoralists	Engaging with the county veterinary services and public health officer to continue educating the public on the need to handle livestock humanely and how slaughter should see public health requirements for wholesome meat.	FAO
Target and community-based purchase of small stock and using community committees ensures equality in distribution of income for HHs selling their livestock and adds to local economy.	All destocking and slaughter should ensure only owners of livestock within the slaughter point/target area for destocking are identified by a local committee and no livestock owner should benefit more. This can be included in the county standard operating procedure for destocking within the County Steering Groups (CSGs- to ensure equity and fairness and promotion of local economy	FAO
Prepositioning of response human resources and supplies accelerates the intervention in cyclic emergencies.	Strengthen Regional Hubs and have an inventory of prepositioned supplies	OCHA
Cyclic drought and flood emergencies require a long-term resilience strategy	Undertake vulnerability assessment	All
The multisector and partner joint assessment prior to the development of the concept note served as the rallying point. It also identified and the key priority sectors for response and the priority agencies	Initial Rapid Needs Assessment should always proceed any concept note	UNOCHA and Department of Government responsible for Disaster Response
Engagement of all other partners for the response through sub-contacting of partners depending on their field capacity	Mapping of all partners at notional and operational level	UNOCHA & Sector Leads

PART II

8. Projects

8.1. Project Report 19-RR-FAO-026 - FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Kenya
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	4. Project Code (CERF):	19-RR-FAO-026
5. Project Title:	Protecting livestock assets and safeguarding livelihoods in Kenya's Arid and Semi Arid Lands.		
6.a Original Start Date:	16/07/2019	6.b Original End Date:	15/01/2020
6.c No-cost Extension:	<input 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 type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency: .		US\$ 7,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,275,080
	c. Amount received from CERF:		US\$ 800,000
	d. Total CERF funds forwarded to implementing partners		US\$ 289,303
	of which to:		
	Government Partners		US\$ 0
	International NGOs	US\$ 144,604	
	National NGOs	US\$ 144,699	
	Red Cross/Crescent	US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this 19-RR-FAO-026 CERF RR grant, FAO and its partners distributed and provided 13,880 (50Kg) bags of Livestock feed in the project counties to 4,147 most vulnerable households to feed their productive livestock left behind for milking when others move away in search of pastures and browse. This intervention covered 30,544 livestock survived the drought. On animal health provision, the intervention reached 29,509 HH with 177,055 individuals with 4,310 cattle, 325,623 sheep and goats and 362 camels treated. The project output on livestock destocking and slaughter was aimed at reducing pressure to the diminishing pasture and browse while the slaughtered sheep and goats' meat was distributed to most vulnerable HH beneficiaries pre-identified through community committees. The intervention procured 2310 sheep and goats with 2030 livestock owners benefitting from the sale of the livestock at 30USD per goat and the community getting USD 10 per goat for hygienic disposal of offals, water provision, local meat inspection and general management of the procurement and distribution of the meat. These pre-selected meat beneficiaries received 2 kilograms (Kg) per week for 5 weeks and each week new sellers were identified to benefit from the cash transfer.</p> <p>The total cash transferred to the community through sale of livestock and health disposal and management of the slaughter was USD 88,230. In total, 30,981 HHs were reached translating to 185,887 people. This figure does not include those who benefitted from feed distribution and livestock sales as the same presented their livestock for treatment but includes those who benefitted from meat distribution as many had no livestock (poorest of the poor in the community).</p> <p>The project was implemented through partnership with NGOs both international and local in 5 counties. These are Turkana, Wajir, Marsabit, Isiolo, Garissa and Tana River. The implementation by the NGOs started in September 2019 while the procurement and LoA</p>

preparations started immediately after the project funding was confirmed. The implementation period was July 2019 to 15th January 2019 for FAO while for partner NGOs most was from August 2019 to December 2019.

The project outcome was achieved with pastoralists targeted for livestock feeds being able to save their livestock breeds that were left in the HH while at the same time producing milk for the family while those receiving meat from destocked livestock improving their nutrition and the sellers being able to receive cash transfer for their livestock sold for other HH needs. Mass treatment ensured that all livestock in these areas, are healthy and able to withstand the drought and the start of the rains through improved herd immunity.

3. Changes and Amendments

The project implementation was not changed and there has been no deviation from the set outputs. The only underachievement was in Turkana where most roads became impassable during the implementation of output 3 on animal health delivery where centers that were not accessible were changed for others leading to overall slight change in performance hence slight reduction in overall livestock reached. Towards the end of the project, the short rains started and was above normal which saw beneficiaries start requesting for flood intervention.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	26,853	40,048	40,278	60,649	167,828
Total	26,853	40,048	40,278	60,649	167,828
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	40,656	42,042	53,220	49,969	185,887
Total	40,656	42,042	53,220	49,969	185,887
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	In the number reached the sex disaggregation is almost equal as opposed to the planned disaggregation. This shows that the implementation was well balanced. Pastoral areas have a tendency of under considering of their female gender, but it was emphasized that these should be given first priority as they are the ones left behind with children and milking livestock when men leave in search of pasture and water during drought.
---	---

4.c Persons Indirectly Targeted by the Project

N/A

5. CERF Result Framework

Project Objective	Food security and livelihood status of targeted beneficiary households improved through destocking, the provision of animal feed and animal health services.
--------------------------	--

Output 1	Key Livestock assets in pastoral households are protected			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of core breeding animals receiving feed and surviving the drought	Feed provided to 3,828 cattle and 38,283 small ruminants, 90% of which are expected to survive.	3,479 cattle and 32,940 small ruminants provided and 100% survived the drought	Monitoring back to office reports and implementing partner final reports
Indicator 1.2	Number of households benefiting from animal feed support	3,828 households (22,970 Individuals)	4,137 households (25,963 individuals)	Monitoring back to office reports and implementing partner final reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	LoA inception and training workshop with implementing partners	FAO and IP (Vetworks Eastern Africa (VEA), Veterinaires san Frontiers-Germany (VSF-G), Veterinaires san Frontiers-Suize(VSF-S) and Community initiative Facilitation Assistance(CIFA),		
Activity 1.2	Procurement of ranch cubes	FAO		
Activity 1.3	Setting up of project implementation committee (PIT)	FAO, i IPs (VEA, VSF-G, VSF-S and CIFA and County steering Group (CSG)		
Activity 1.4	Sensitization and publicity of project activities to pastoral target communities	IPs (VEA, VSF-G, VSF-S and CIFA) and PIT		
Activity 1.5	Identification of target households and setting of feed distribution criteria	IPs (VEA, VSF-G, VSF-S and CIFA) and PIT		
Activity 1.6	Distribution of livestock feed	IPs (VEA, VSF-G, VSF-S and CIFA) and PIT and County Government relevant Departments		
Activity 1.7	Monitoring of project activities and provision of technical support	FAO, PIT and CSG		

Output 2	Pastoralists' income boosted and nutrition status of community members improved.			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of pastoral households receiving cash for livestock	2,268 households	2,030 HH (12,180 individuals)	Monitoring and implementing partner reports (VEA,VSF-G,VSF-S and CIFA) , (Interim and final reports)
Indicator 2.2	Total amount of cash provided to vulnerable pastoralists	USD 90,720 (40 per HH)	USD 88,230	IP (VEA,VSF-G,VSF-S and CIFA) Final reports, FAO and PIT monitoring and follow up reports
Indicator 2.3	Livestock slaughtered	2,268 small ruminants	2,310 small ruminants	IP (VEA,VSF-G,VSF-S and CIFA) Final reports, FAO and PIT monitoring and follow up
Indicator 2.4	Amount of meat distributed	17,146 kg	17,463 kg	IP (VEA,VSF-G,VSF-S and CIFA) Final reports, FAO and PIT monitoring and follow up
Indicator 2.5	Number of households receiving 2 kg of meat per week	1,000 (6,001 individuals)	1,472 (8832 individuals)	Implementation Partners' (VEA,VSF-G,VSF-S and CIFA))Reports
Explanation of output and indicators variance:		Indicator 2.1 has a variance because in some areas, there were fewer farmers with livestock for sale. This was more in Marsabit where the number that sold livestock was far less than the livestock which showed some livestock owners sold more than 1 small ruminant as recommended in the LoA. The funds transferred was less because the target included funds for meat inspectors. However, some IPs had savings from reducing weeks for distributing meat due to start of rains and this increased number procured as well as increased HH and individual beneficiaries.		
Activities	Description		Implemented by	
Activity 2.1	LoA inception and training workshop with implementing partners		FAO and IP (VEA, VSF-G, VSF-S and CIFA)	
Activity 2.2	Identification of target pastoral households for purchase and community members to receive meat		FAO, IPs (VEA, VSF-G, VSF-S and CIFA) and County Steering Group (CSG) and PIT	
Activity 2.3	Purchase of livestock from pastoralists and facilitation of local slaughter		IPs, (VEA, VSF-G, VSF-S and CIFA) County responsible Department staff and PIT	
Activity 2.4	Distribution of meat to community members		IPs (VEA, VSF-G, VSF-S and CIFA) , community committees and departmental staff	
Activity 2.5	Monitoring of project activities and provision of technical support		FAO, CSG and PIT	
Output 3	Livestock health in pastoral communities improved			

Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of livestock receiving animal health support	6,654 cattle and 325,293 sheep and goats and 90% surviving the drought	4,310 cattle, 325,623 sheep and goats and 362 camels received animal health, and all survived the drought	FAO monitoring reports and the final report IPs (VEA, VSF-G, VSF-S and CIFA) reports
Indicator 3.2	Number of pastoral households benefitting from animal health	21,875 households (131,250) Individuals)	29,509 with 177,055 individuals	IP (VEA, VSF-G, VSF-S and CIFA) final reports and FAO monitoring during implementation
Explanation of output and indicators variance:		The increase in households compared to the number of livestock covered is because in all areas many of the livestock had moved from the HHs to far grazing areas. Each HHs had fewer livestock to present during animal health delivery as opposed to numbers covered during normal time.		
Activities	Description	Implemented by		
Activity 3.1	LoA inception and training workshop with implementing partners	FAO and IPs (VEA, VSF-G, VSF-S and CIFA)		
Activity 3.2	Procurement and delivery of veterinary drugs and equipment	FAO		
Activity 3.3	Identification of target areas, formation of animal health delivery teams and development of programs	IPs (VEA, VSF-G, VSF-S and CIFA), CSG and PIT		
Cash for Assets.	Cash for Assets.	Cash for Assets.		
Activity 3.5	Monitoring of project activities and provision of technical support	FAO, CSG and PIT		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Accountability to the affected populations was ensured through involvement of the counties that were to receive the intervention support in the design and needs assessment. The National Drought Management Authority (NDMA) provided the reports of the Kenya Food Security Assessment and predictive forage condition that guided the selection of the counties. Once the project was funded, FAO and partner NGO engaged the County Steering Group responsible for drought intervention made of all development actors in the counties for introduction of the project and activities including available funding, mapping and targeting vulnerable communities. At community level, direct engagement with communities was achieved through community-based implementation committees in each target village. The role of the village committee was to guide identification of vulnerable community members based on vulnerability index criteria provided and who the communities through public participation agreed on. The committees were therefore used in distribution of feeds, procurement of livestock for slaughter and meat distribution was done openly based on equity, fairness and set criteria provided and as adopted by the community committee.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The project at design level engaged with county management who provided data that led to the election of the counties targeted. Many counties provided the data on the drought situation and using forage condition index and food security assessment reports, identified the most vulnerable counties. At the county level all structures were utilized to own the project, identify geographical spread without getting

too thin. At field level, the community committees that were formed by the community through public meetings ensured all are involved at implementation and fair targeting is done to ensure fairness and equity. These committees and beneficiaries were good at providing information at monitoring.

The utilization of the community formed committees ensured all people including the most vulnerable were well taken care of during selection of beneficiaries for livestock feed and slaughter destocking. Priority was given to widows, single mothers and those without ability to procure livestock feed and meat with young children, sick and aged. To succeed the committees were as rule supposed to have the two third rule and where possible more women. These women captured the voices and aspirations of the marginalized.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Before the start of implementation, the PIT was tasked with undertaking publicity to all identified target areas and hold public meetings with the community on the project about the organization, its core mandate and what it expects to be achieved. Ethical principles were given out including reporting and feedback mechanism. At implementation, there was a mandatory training and discussion with beneficiaries and the committees guided by the PIT and IP on delivery, quantity and how to use the provided inputs.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☐

It was mandatory for the IP and PIT to identify a local monitor in the village who was to follow up on the beneficiaries, document all the complaints and transmit the same to the county and to the IP for action. Where the IP is believed to be the problem, the county was authorized to call FAO directly for action or intervention.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☐

This was not specifically a gender-based project, however, the rules of engagement agreed with the NGO partners was to be able to respect all stakeholders in the implementation and respect to all regardless of gender and especially respect to women.

Any other comments (optional):

Even though implementation was interrupted by the rains towards the end, the project met and achieved its objective. Vulnerable communities were able to have milk through the feed supplementation and in turn improved the nutrition of the under-fives, pregnant and other vulnerable HH members with 100% survival rate of benefitting livestock through the drought

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned			Achieved		
Yes, CVA is a component of the CERF project			Yes, CVA is a component of the CERF project		
7.b Please specify below the parameters of the CVA 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).					
CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Voucher	US\$ 88,230	Sector-specific	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	Conditional	Unrestricted
Supplementary information (optional): n/a					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Evaluated during implementation by FAO staff and reports done on performance and impact. No external evaluation done or expected.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.2. Project Report 19-RR-FPA-035 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Kenya
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	19-RR-FPA-035
5. Project Title:	Provision of multi-sectoral life-saving gender based violence (GBV) prevention and response services in 8 drought affected counties in Kenya.		
6.a Original Start Date:	11/07/2019	6.b Original End Date:	10/01/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	31/03/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 855,800
	b. Total funding received for agency's sector response to current emergency:		US\$ 25,000
	c. Amount received from CERF:		US\$ 249,845
	d. Total CERF funds forwarded to implementing partners		US\$ 215,379
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 50,130
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 165,249

2. Project Results Summary/Overall Performance

Through the CERF Rapid response allocation, UNFPA and its partners reached a total of 5,661 (115%) women of reproductive age at risk of sexual violence in response to the drought and flood emergencies in Baringo, Turkana, West Pokot, Garissa, Wajir, Marsabit, Mandera, Isiolo and Tana River counties with clinical management of rape and psychosocial support services. The CERF project supported orientation of 76 healthcare workers on clinical management of rape (CMR), 162 on the Minimum Initial Service Package (MISP), and 193 community responders. UNFPA partners were able to conduct 27 community mobilization events in the 9 counties which increased uptake of GBV services. Coordination of the response was strengthened through mapping of actors, regular coordination meetings at the county level, and training of GBV coordinators on GBV in Emergencies using additional funds provided by UNFPA. To improved quality of services and create demand, the project printed and disseminated 15,00 information, Education and Communication materials that included service tools such as Post Rape Care forms and registers. A total of 2,462 dignity kits, 400 mattresses and 400 blankets were issued to the beneficiaries who included 1,058 refugees and 89 women living with disabilities. The project was implemented from 11/07/2019 to 31/03/2020

3. Changes and Amendments

The project implementation context changed significantly as a result of the complex interface of drought, floods and Covid-19 emergencies. The short rains season from October to December 2019 was characterised by unusually heavy rains that caused a flood emergency upto January 2020. The floods affected more counties than those affected by the drought hence the need for an expansion in the scope and timeframe of the project. The number of target counties increased from 8 to 9 while the project period was extended from 10th January upto 31st March 2020. The additional county was West Pokot where 400 displaced women and girls living in camps were issued with mattresses, blankets and sanitary wear packs¹. The revision and reprogramming of the project was approved by CERF. The Covid-19 global pandemic further affected the project implementation context especially in the last two weeks of March 2020 after

Kenya announced her index case. The resultant movement restrictions and constrained health systems in the country reduced access to and uptake on GBV services including in the refugee camps. This is also attributed to fear of Covid-19 infection while seeking GBV services in health facilities. UNFPA is addressing this through coordination of the national GBV response in the context of the Covid-19 pandemic.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	1,355	0	0	1,355
Refugees	0	935	0	0	935
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	2,647	0	0	2,647
Total	0	4,937	0	0	4,937
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	60	0	0	60

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	1,235	0	0	1,235
Refugees	0	1,058	0	0	1,058
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	3,368	0	0	3,368
Total	0	5,661	0	0	5,661
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	89	0	0	89

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

The overall project achievement of 115% was partly attributed to the expansion in the project scope and timeframe. The target counties increased from 8 to 9 (inclusion of West Pokot County) during the implementation period as a result of the flood emergency between October 2019 and January 2020. An extra 400 direct project beneficiaries were included in the project as a result of covering West Pokot County while the implementation period was extended by close to three more months. The target host community population reduced slightly (91%) due to impassable roads in Turkana County as a result of heavy rains. The refugee population increased slightly (113%) due to the steady increase in the overall

¹ <https://www.youtube.com/watch?v=DwKMKKWCiBw> ; <https://www.youtube.com/watch?v=Xs5fsHb8A9I> ;

	<p>refugee population during the implementation period of 9 months. The population of “other affected persons” increased to 127% as a result of the extra county and the combined effect of drought and floods. Use of tailored IEC materials and involvement of disability focused organizations like Humanity and Inclusion increased the uptake of services by women with disabilities. Availability of 3 GBV Recovery Centres supported by UNFPA in the refugee camps increased access to both CMR and psychosocial support services. Community responders were reliable in strengthening uptake and referral for services. UNFPA used its own funds (USD 2,700) to train GBV in Emergencies coordinators who enhanced coordination of service delivery in 13 counties, including the 8 project counties. Other factors that contributed to the positive performance included availability of dignity kits for women and girls. However, the last two weeks of the project saw a decline in uptake of GBV services due to Covid-19 movement restriction measures and the overstretched health care system.</p>
--	--

4.c Persons Indirectly Targeted by the Project

Sexually active refugee men and boys = 39, 459
Sexually active non refugee men and boys = 171,426
Government and non-State actors = 365

5. CERF Result Framework

Project Objective	To prevent and respond efficiently to incidents of GBV in drought affected regions in Kenya
--------------------------	---

Output 1	4,002 women of reproductive age at risk of sexual violence receive clinical management of rape services			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of health care workers oriented on the clinical management of rape	80	76 (95%)	International Rescue Committee reports
Indicator 1.2	Number of health care workers oriented on the MISP	160	162 (101%)	Kenya Red Cross Society reports
Indicator 1.3	Number of community responders oriented on the psychosocial support	160	193 (121%)	Kenya Red Cross Society & International Rescue Committee
Indicator 1.4	Number of sexual violence survivors receiving the clinical management of rape (CMR) quality package of care including psychosocial support.	4,002	4,603 (115%)	Kenya Red Cross Society & International Rescue Committee
Explanation of output and indicators variance:		<p>The flood emergency in the last quarter of 2019 increased demand for GBV and psychosocial services overall. To address this, UNFPA reprogrammed funds to cover West Pokot County which increased target counties from 8 to 9 and the target population from 4002 to 4,402. The slightly low number (95%) of health care workers oriented on the clinical management of rape was because of their unavailability attributed to impassable roads during the period of training. UNFPA used previously trained health care workers to address the gap. More community responders were trained (121%) because of inclusion of West Pokot among target counties. UNFPA trained 13 GBV coordinators from the 8 target counties (Baringo, Turkana, Wajir, Mandera, Marsabit, Isiolo, Garissa and Tana River) and 5 others (Nairobi, Kisumu, Kilifi, Samburu and West Pokot). This strengthened delivery of quality services.</p>		
Activities	Description	Implemented by		

Activity 1.1	Orient health care workers on clinical management of rape.	International Rescue Committee
Activity 1.2	Orient healthcare workers on the Minimum Initial Service Package (MISP).	Kenya Red Cross Society
Activity 1.3	Orient community responders on psychosocial support for GBV survivors.	Kenya Red Cross Society & International Rescue Committee
Activity 1.4	Procure eight Emergency Reproductive Health (ERH) Kit 3 and eight ERH Kit 9.	UNFPA
Activity 1.5	Distribute eight Emergency Reproductive Health (ERH) Kit 3 and eight ERH Kit 9 to county referral hospitals.	Kenya Red Cross Society & International Rescue Committee

Output 2	Uptake of available GBV services in 8 counties affected by drought is increased.			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of IEC materials procured.	10,000	10,000 (100%)	UNFPA & Kenya Red Cross Society
Indicator 2.2	Number of IEC materials disseminated.	10,000	10,000 (100%)	Kenya Red Cross Society & International Rescue Committee reports
Indicator 2.3	Number of dignity kits procured.	1,500	1,900 (127%)	UNFPA & Kenya Red Cross Society
Indicator 2.4	Number of women of reproductive age issued with dignity kits	1,500	1,900 (127%)	Kenya Red Cross Society & International Rescue Committee reports
Indicator 2.5	Number of community mobilization events conducted	1	27 (113%)	Kenya Red Cross Society & International Rescue Committee reports
Indicator 2.6	Directory of GBV actors developed.	Yes	Yes	UNFPA, Kenya Red Cross Society & International Rescue Committee reports
Indicator 2.7	Number of functional GBV coordination structures activated.	8	13 (163%)	UNFPA, Kenya Red Cross Society & International Rescue Committee reports
Explanation of output and indicators variance:		<p>The output was fully achieved. UNFPA and KRCS procured IEC materials and service tools such as the Post Rape Care (PRC) form and Register that were distributed timely. This enhanced awareness about existing services which increased demand that was responded to with quality services. The number of dignity kits procured increased due to reprogramming of funds to purchase more dignity kits for West Pokot County that was included among target counties as a result of the 2019 floods during the short rainy season (October to December). The items procured included 400 mattresses, 400 blankets and 400 sets of sanitary wear for women and girls. KRCS conducted three extra community mobilization events in West Pokot County. The directory of GBV actors in the respective counties was developed and has contributed to development of the national directory during the Covid-19 pandemic. UNFPA used its own internal resources to train GBV coordinators on GBV in Emergencies in collaboration with the Regional Gender Based Violence Team</p>		

		based in Nairobi. The counties included the 8 targeted under the drought emergency: Baringo, Turkana, West Pokot, Samburu, Isiolo, Wajir, Mandera, Garissa, Tana River, Kilifi, Marsabit, Kisumu and Nairobi City. This activated functional GBV coordination structures in 13 counties instead of the planned 8.
Activities	Description	Implemented by
Activity 2.1	Procure IEC materials for creating awareness on existing GBV services and referral pathways.	UNFPA & Kenya Red Cross Society
Activity 2.2	Disseminate IEC materials for creating awareness on existing GBV services and referral pathways.	Kenya Red Cross Society & International Rescue Committee
Activity 2.3	Procure dignity kits for women of reproductive age	UNFPA & Kenya Red Cross Society
Activity 2.4	Distribute dignity kits to women of reproductive age	Kenya Red Cross Society & International Rescue Committee
Activity 2.5	Conduct community mobilization on existing GBV services and referral pathways.	Kenya Red Cross Society & International Rescue Committee
Activity 2.6	Map GBV service providers in eight counties.	Kenya Red Cross Society & International Rescue Committee
Activity 2.7	Activate GBV coordination structures in eight counties.	Kenya Red Cross Society & International Rescue Committee

Output 3	62 women of reproductive age with disabilities at risk of sexual violence received clinical management of rape services			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of women of reproductive age living with disabilities at risk of sexual violence receiving the CMR quality package of care including psychosocial support.	62	89 (143%)	Kenya Red Cross Society & International Rescue Committee reports
Indicator 3.2	Number of braille IECs on available GBV services developed and procured.	2,000	2,000 (100%)	UNFPA & Kenya Red Cross Society reports
Indicator 3.3	Number of braille IECs on available GBV services disseminated.	2,000	2,000 (100%)	Kenya Red Cross Society & International Rescue Committee reports
Indicator 3.4	Number of dignity kits procured for women of reproductive age living with disabilities at risk of sexual violence	62	62 (100%)	UNFPA and Kenya Red Cross Society reports
Indicator 3.5	Number of women of reproductive age living with disabilities at risk of sexual violence issued with dignity kits.	62	62 (100%)	Kenya Red Cross Society & International Rescue Committee reports
Explanation of output and indicators variance:		The aggregate output achievement was 122%. The demand for GBV services increased due to the combined effect of drought and flood emergencies, and tailored information campaigns on availability of services. Health care workers previously trained and oriented on clinical management of rape as part of the MISP roll out helped in addressing the rise in demand for services. The project did not procure Braille IEC materials after engagement with disability focused organizations showed that IEC material for the general population could be used but with specific messages on disability. The project distributed IEC materials but they were not in the Braille format. Use of interpreters		

		helped to expand access to services for women and girls living with disability. The dignity kits included specific provisions like adult diapers to cater for forms of disability that required management of bowels. The last two weeks of the project phase witnessed a decline in demand for GBV services due to movement restrictions associated with the Covid-19 pandemic. The project has addressed this through strengthening referral services and coordination.
Activities	Description	Implemented by
Activity 3.1	Provide women of reproductive age living with disabilities at risk of sexual violence with clinical management of rape and psychosocial support services.	Kenya Red Cross Society & International Rescue Committee
Activity 3.2	Develop and procure braille IECs on available GBV services.	UNFPA, Kenya Red Cross Society and International Rescue Committee
Activity 3.3	Disseminate braille IECs on available GBV services.	Kenya Red Cross Society & International Rescue Committee
Activity 3.4	Procure dignity kits for women of reproductive age living with disabilities at risk of sexual violence.	UNFPA & Kenya Red Cross Society
Activity 3.5	Distribute dignity kits to women of reproductive age living with disabilities at risk of sexual violence.	Kenya Red Cross Society & International Rescue Committee

Output 4	935 refugee women of reproductive age at risk of sexual violence receive clinical management of rape services.			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of refugee women of reproductive age at risk of sexual violence receiving the CMR quality package of care including psychosocial support.	935	1,058 (113%)	DHIS2, Kenya Red Cross Society & International Rescue Committee reports
Indicator 4.2	Number of IEC materials with information on available GBV services procured	3000	3,000 (100%)	UNFPA and Kenya Red Cross Society reports
Indicator 4.3	Number of refugee women of reproductive age at risk of sexual violence reached with information on available GBV services.	935	1,515 (162%)	UNFPA, Kenya Red Cross Society & International Rescue Committee reports
Indicator 4.4	Number of dignity kits procured for refugee women of reproductive age at risk of sexual violence	500	500 (100%)	UNFPA and Kenya Red Cross Society reports
Indicator 4.5	Number of refugee women of reproductive age at risk of sexual violence issued with dignity kits.	500	500 (100%)	Kenya Red Cross Society & International Rescue Committee reports
Explanation of output and indicators variance:		The overall output achievement was 108%. This is attributed to a combination of drought and flood emergencies that heightened the demand for GBV services. Demand for services was also strengthened through vibrant information dissemination campaigns especially during the 16 Days of Activism period from late November up to mid-December 2020. The project was able to meet the demands through strong coordination and availability of GBV recovery centres and safe spaces to offer clinical management of rape and psychosocial support services. Linkages with health facilities that had qualified staff and medical supplies such as ERH kits also helped in strengthening the response. The last half of March 2020 however recorded a		

		sharp decline in demand for GBV services occasioned by movement restrictions put in place to control the spread of Covid-19. The project has continued to address this through targeted information campaigns that emphasize continued availability and safety of services.
Activities	Description	Implemented by
Activity 4.1	Provide refugee women of reproductive age at risk of sexual violence with clinical management of rape and psychosocial support services.	Kenya Red Cross Society & International Rescue Committee
Activity 4.2	Procure IEC materials on available GBV services.	UNFPA & Kenya Red Cross Society
Activity 4.3	Disseminate IEC materials on available GBV services.	Kenya Red Cross Society & International Rescue Committee
Activity 4.4	Procure dignity kits for refugee women of reproductive age living with disabilities at risk of sexual violence.	UNFPA & Kenya Red Cross Society
Activity 4.5	Distribute dignity kits for refugee women of reproductive age living with disabilities at risk of sexual violence.	Kenya Red Cross Society & International Rescue Committee

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The needs assessment, proposal development, and project implementation was done in close consultation with the implementing partners. The targeting and design of the interventions were based on a needs and capacity assessment conducted in the target counties through focus group discussions and interviews with community key resource persons. The project utilized community structures to implement the project such as community health volunteers and community protection groups from within the affected population. In the refugee camps, the project used the Counterpart Management System where the refugee manager staff are part of the decision made by the management of project implementing organizations.

Implementing partners conducted monthly listening sessions with women and girls at risk to harness their voices in the design, implementation and monitoring of the project. IRC supported establishment of women and girls steering committees that act as link to all community members. The steering committees are representative and inclusive with representatives from female headed households (FHHs), married, elderly, women and girls living with disability, minority ethnic groups and adolescent girls. The committees have monthly meetings and present the findings to IRC. The women and girls also voluntarily participate in community safety audits, developing of action plans and later monitor implementation of the same.

Most of the activities were conducted in women safe spaces that provide privacy and a sense of safety for women and girls. Staff and service providers were offering support guided by the protection principle ensuring that services were client centered and the wishes of the beneficiaries were prioritized. Staff and GBV responders were trained on accountability. Continuous monitoring of activities to ensure high quality and standards were adhered to was conducted through spot checks, routine support supervision, and regular technical support from the national offices of UNFPA, KRCS and IRC.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The project was implemented in line with the national and county structures for harmonization and effective coordination of response interventions. Some of the structures utilized included; national and county government lead disaster response steering committees, SRH and GBV technical working groups at national and county government, GBV community resource persons, and organizations of persons with disability. During the safe programming audit, Humanity Inclusion assisted in identifying persons with disabilities to participate in focus group discussions and ensure their voices are heard. The project worked with the police and MOH to ensure survivors 'access to quality, timely and comprehensive care. The State Department for Gender (national implementation) and the National Gender and Equality

Commission (national oversight) visited Turkana County during the project implementation period where they interacted with stakeholders, including beneficiaries.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The project was implemented in line with the national and county structures for harmonization and effective coordination of response interventions. Some of the structures utilized included; national and county government lead disaster response steering committees, SRH and GBV technical working groups at national and county government, GBV community resource persons, and organizations of persons with disability. During the safe programming audit, Humanity Inclusion assisted in identifying persons with disabilities to participate in focus group discussions and ensure their voices are heard. The project worked with the police and MOH to ensure survivors' access to quality, timely and comprehensive care. The State Department for Gender (national implementation) and the National Gender and Equality Commission (national oversight) visited Turkana County during the project implementation period where they interacted with stakeholders, including beneficiaries.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☐

Yes. UNFPA conducted several field visits where they interacted with beneficiaries to address any reservations about the project. The KRCS implemented complaints and feedback mechanisms where community members could submit complaints and provide feedback through complaint / suggestion boxes, a toll-free hotline, community review meetings, branch-specific phone numbers or in-person to KRCS staff and volunteers. The IRC have different channels of communication and engagement with the community through leadership structures and trainings on PSEA and reporting of any exploitation. The organization also has a clear feedback and reporting channel that is well understood by the community and is open to all. This includes suggestion boxes, client exit interviews, client satisfaction surveys, community meetings, help desk, suggestion and complain box, email, phone numbers and upholding an open-door policy. IRC has staff dedicated to clients/beneficiaries' feedback and uses the feedback to improve service delivery

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☐

Yes. UNFPA, KRCS and IRC have Prevention of Sexual Exploitation and Abuse policies that all staff are taken through before project implementation. UNFPA sensitized all implementing partners on PSEA during the Annual Programme review. During the inception of the project, KRCS took community members through the PSEA principles and the reporting mechanisms that included: the toll-free number 1199, or branch-specific designated line, email (protection@redcross.or.ke) to a KRCS staff or board member you trust in writing, phone call or in person. Posters on zero tolerance to SEA were also put out at the county branch offices and the community level. The URC reached a total of 26,253 (14,426F 11857M) with messages on where to access health services, prevention from exploitation while accessing services and the different place to report protection related concern.

Any other comments (optional):

Coordination of GBV and SRH was consistently undertaken through facilitation of GBV and SRH Technical Working Groups in the target counties. Monthly GBV coordination meetings were held in the target counties while SRH TWG meetings were convened quarterly. The project also supported mapping and development of a GBV actors' directory for the counties. The meetings strengthened the level of access to services and quality, and the efficiency of resource utilization through joint and synergised activities, including integrated health outreaches and awareness creation events.

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?		
The project funding did not include evaluation activities. UNFPA and implementing partners carried out the monitoring and reporting activities.	EVALUATION CARRIED OUT <input type="checkbox"/>	
	EVALUATION PENDING <input type="checkbox"/>	
	NO EVALUATION PLANNED <input type="checkbox"/>	

8.3. Project Report 19-RR-FPA-036 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Kenya
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-FPA-036
5. Project Title:	Provision of Life-saving Sexual Reproductive Health Services in Eight Drought Affected Counties in Kenya		
6.a Original Start Date:	12/07/2019	6.b Original End Date:	11/01/2020
6.c No-cost Extension:	<input 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 type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 974,600
	b. Total funding received for agency's sector response to current emergency:		US\$ 214,127
	c. Amount received from CERF:		US\$ 199,127
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 145,274
	Government Partners		US\$ 0
	International NGOs		US\$13,995
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 131,279

2. Project Results Summary/Overall Performance

This CERF Rapid response project was implemented in eight counties in Kenya (Turkana, Wajir, Mandera, Marsabit, Garissa, Isiolo, Baringo and Tana River) where a total of 51,959 pregnant women attending health facilities were able to access skilled birth attendance; a total of 90,231 women of reproductive age (WRA) received family planning services; and 1,600 received dignity kits. The project funded orientation of 83 health workers on the minimum initial service package (MISP). The project further enabled 5,342 expectant refugee women to access skilled birth attendance while 38,396 benefitted from family planning services. A total of 500 dignity kits were issued to WRA in refugee camps. The number of WRA living with disability who accessed skilled birth attendance as a result of implementation of the project were 1,148 while those who received dignity kits and family planning services 500 and 3,482, respectively. The project created demand for Sexual Reproductive Health (SRH) services through conducting 34 integrated community health outreaches and orienting and dissemination 10,000 information and education materials. The project contributed towards coordination of SRH services in the eight counties during drought emergency. The project was implemented from 12/07/2019 to 11/01/2020

3. Changes and Amendments

The project was implemented as planned. There was however change in the humanitarian context when the drought ended in early October 2019 and paved way for the short rainy season from October to January 2019. The rains were unusually heavy characterised by floods and landslides that claimed 72 lives and massive loss of property, including livestock. The floods aggravated the situation of 3.1 million people in the country who were already affected by the food insecurity effects of the drought. UNFPA reprogrammed part of the gender-based violence drought response funds to address the floods. UNFPA also successfully applied for CERF to address the sexual and reproductive health and protection needs triggered by the flood emergency.

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	65,493	0	0	65,493
Refugees	0	45,207	0	0	45,207
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	127,966	0	0	127,966
Total	0	238,666	0	0	238,666
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	8,145	0	0	8,145

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	32,472	0	0	32,472
Refugees	0	44,438	0	0	44,438
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	111,318	0	0	111,318
Total	0	188,228	0	0	188,228
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	5,130	0	0	5,130

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	<p>The overall achievement against the total number of direct beneficiaries including persons with disabilities (246,811) was 78%. Against the total target population as per Sphere Standard guidelines on target populations within a beneficiary population (80% expectant women attending health facilities who access skilled birth attendance) and 58%² WRA among the targeted population receiving family planning services which translates into 131,119 of direct beneficiaries, the project output achievement was 147% . Specific factors that contributed to this include the flood emergency in the last quarter of 2019 that increased the demand for sexual and reproductive health services among communities that were already vulnerable because of the drought; timely roll out of the MISP and procurement of ERH kits; dissemination of information on available services and provision of referral services. Availability of safe parenthood promoters and community health workers also sustained achievement of targeted outputs. Demand creation and availability of services was similarly strengthened through integrated community health outreaches that KRCS and IRC used with resources from other programmes like nutrition. Distribution of dignity kits</p>
---	--

² This is based on the Modern Method Contraceptive Prevalence Rate (MCPR) coverage for the country.

	especially to women living with disability strengthened the strategic importance of the project. In the refugee camps, UNFPA leveraged the response with funding from another sexual and reproductive health project funded by the Government of Japan. Collaboration and coordination of the response through county health structures equally increased achievement of project results
--	--

4.c Persons Indirectly Targeted by the Project

The project reached 33,900 and 146, 357 sexually active refugee and non-refugee men, respectively. The groups were reached through information, education, and communication materials; radio; integrated community outreaches; community health workers. The project reached 328 government and NGO officers who included 83 health care workers reached through roll out of the MISP. The other NGO and government officers were reached through project commissioning meetings, monthly SRH Technical Working Group sessions and County Health Management Team meetings

5. CERF Result Framework

Project Objective	Reduction of morbidity and mortality among women of reproductive age (WRA) in eight drought affected counties.
--------------------------	--

Output 1	92,074 women of reproductive age access quality reproductive, maternal and new born health services.			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of expectant women attending health facilities who access skilled birth attendance.	15,854 (80%)	51,959 (328%)	Kenya Red Cross Society, International Rescue Committee and DHIS2 reports and records
Indicator 1.2	Number of WRA among the targeted population receiving family planning services.	74,220 (58%)	90,231 (122%)	Kenya Red Cross Society, International Rescue Committee reports and DHIS2
Indicator 1.3	Number of health care workers oriented on MISP for Reproductive Health.	80	83 (100.03%)	Kenya Red Cross Society reports
Indicator 1.4	Number of dignity kits procured for WRA,	1,600	1,600 (100%)	Kenya Red Cross Society records and reports
Indicator 1.5	Number of WRA receiving dignity kits.	1,600	1,600 (100%)	Kenya Red Cross Society & International Rescue Committee reports
Explanation of output and indicators variance:		The output was achieved at 154%. More expectant women were reached with skilled birth attendance services as result of the combined effect of drought and flood emergencies that triggered an increase in demand for services. Already established integration of SRH issues into the country level response plan helped in meeting the increased demand. Moreover, previously trained health providers set up MISP faster due to their existing capacity after implementation of previous response activities. Availability of referral services, dissemination of information on available services through information, education and communication materials (IEC) materials, and conducting of integrated health outreaches also contributed to the overachievement. Access to family planning services increased through integration of family planning information and services into maternal and child health services, and an increase in the number of planned integrated health outreaches from 16 to 34. Orientation of health		

		care workers on the minimum initial service package (MISP) and timely procurement of Emergency Reproductive Health (ERH) kits ensured quality services were provided which enhanced the health facility pull factors. UNFPA procured dignity kits through the Kenya Red Cross Society which accelerated the procurement and distribution process.
Activities	Description	Implemented by
Activity 1.1	Procure 66 assorted Emergency RH Kits to support provision of quality emergency obstetric and new born care services.	UNFPA
Activity 1.2	Distribute 66 assorted Emergency RH Kits to health facilities to support provision of quality emergency obstetric and new born care services.	Kenya Red Cross Society & International Rescue Committee reports
Activity 1.3	Provide an emergency referral system in 8 counties for transfer of those with obstetric and newborn emergencies.	Kenya Red Cross Society & International Rescue Committee reports
Activity 1.4	Conduct orientation session for 80 health care workers on MISP (10 per county).	Kenya Red Cross Society & International Rescue Committee reports
Activity 1.5	Provide voluntary contraceptives/ family planning services to women of reproductive age.	Kenya Red Cross Society & International Rescue Committee reports
Activity 1.6	Procure 1,600 dignity kits for WRA	Kenya Red Cross Society
Activity 1.7	Distribute 1,600 dignity kits to WRA.	Kenya Red Cross Society & International Rescue Committee reports

Output 2	Demand for quality reproductive, maternal and new born health services increased.			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of information, education and communication (IEC) materials on available SRH services developed and procured.	10,000	10,000 (100%)	UNFPA, Kenya Red Cross Society & International Rescue Committee reports
Indicator 2.2	Number of information, education and communication (IEC) materials on available SRH services distributed.	10,000	10,00 (100%)	Kenya Red Cross Society & International Rescue Committee reports
Indicator 2.3	Number of integrated community outreaches conducted on available SRH services.	16	34 (213%)	Kenya Red Cross Society & International Rescue Committee reports
Explanation of output and indicators variance:		The output was fully implemented which contributed to an impressive rise in demand for maternal and child health, and family planning services. Already established integration of SRH issues into the country level response plan helped in meeting the increased demand. Moreover, previously trained health providers set up MISP faster due to their existing capacity after implementation of previous response activities. All IEC materials were procured, and distribution took place in all counties. The number of integrated health outreaches increased (213%) because of Kenya Red Cross Society and International Rescue Committee leveraging with their own resources from programmes such as nutrition.		
Activities	Description	Implemented by		

Activity 2.1	Develop and procure information, education and communication (IEC) materials on available SRH services.	UNFPA, Kenya Red Cross Society & International Rescue Committee
Activity 2.2	Distribute information, education and communication (IEC) materials on available SRH services.	Kenya Red Cross Society & International Rescue Committee
Activity 2.3	Conduct integrated community outreaches on available SRH services.	Kenya Red Cross Society & International Rescue Committee

Output 3	33,178 refugee women of reproductive age access quality reproductive, maternal and new born health services.			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of expectant refugee women attending health facilities who access skilled birth attendance.	4,628 (100%)	5,342 (115%)	DHIS Turkana County
Indicator 3.2	Number of refugee women of reproductive age receiving family planning services among the targeted population.	27,115 (58%)	38,596 (142%)	Kenya Red Cross Society & International Rescue Committee reports
Indicator 3.3	Number of dignity kits procured.	500	500 (100%)	Kenya Red Cross Society records & reports
Indicator 3.4	Number of refugee women of reproductive age receiving dignity kits.	500	500 (100%)	Kenya Red Cross Society & International Rescue Committee reports
Explanation of output and indicators variance:		The output was fully achieved at 134%. Existence of community health workers and safe motherhood promoters contributed to the significant uptake of ante-natal, skilled delivery and post-natal services. Already established integration of SRH issues into the country level response plan helped in meeting the increased demand. Moreover, previously trained health providers set up MISP faster due to their existing capacity after implementation of previous response activities. The output also benefitted from availability of accessible health facilities with skilled service providers (nurses and reproductive health officers). Both IRC and KRCS provided referral services to refugees and the host community leveraged by ambulances previously donated by UNFPA. Community health workers provide household information and supplies like condoms to those who might not access health facilities. The project also benefitted from a Sexual and Reproductive Health and Gender Based Violence project implemented in the Kakuma Refugee Camp and Kalobeyei Integrated Settlement, and host community by UNFPA with funding from the Government of Japan. This project which had a strong demand creation component concluded in September 2019.		
Activities	Description		Implemented by	
Activity 3.1	Provide an emergency referral system in refugee camps for transfer of those with obstetric and newborn emergencies		Kenya Red Cross Society & International Rescue Committee	
Activity 3.2	Provide voluntary contraceptives/ family planning services to refugee women of reproductive age		Kenya Red Cross Society & International Rescue Committee	
Activity 3.3	Procure 500 dignity kits for refugee women seeking ante-natal care.		Kenya Red Cross Society	
Activity 3.4	Distribute 500 dignity kits to for refugee women seeking postante-natal care.		Kenya Red Cross Society & International Rescue Committee	
Output 4	5,867 women of reproductive age with disability access quality reproductive, maternal and new born health services.			

Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of WRA with disability attending health facilities who access skilled birth attendance.	644 (80%)	1,148 (178%)	Kenya Red Cross Society, International Rescue Committee and HIMS2 reports and records
Indicator 4.2	Number of WRA with disability receiving family planning services among the targeted population.	4,723 (58%)	3,482 (74%)	Kenya Red Cross Society & International Rescue Committee reports
Indicator 4.3	Number of dignity kits procured.	500	500 (100%)	Kenya Red Cross Society records and reports
Indicator 4.4	Number of women of reproductive age with disability receiving dignity kits.	500	500 (100%)	Kenya Red Cross Society & International Rescue Committee reports
Explanation of output and indicators variance:		The output was equally well achieved at 87.4%. Sensitization by community health workers, support from safe motherhood promoters and availability of referral services ensured women with disability have access to skilled birth attendance services. The lowest achieved indicator (74%) was on access to family planning services by women living with disability. This was due to language barrier challenges which were resolved through use of interpreters but not fully eliminated.		
Activities	Description	Implemented by		
Activity 4.1	Provide an emergency referral system for transfer of women with disability with obstetric and newborn emergencies.	Kenya Red Cross Society & International Rescue Committee		
Activity 4.2	Provide voluntary contraceptives/ family planning services to women of reproductive age with disability.	Kenya Red Cross Society & International Rescue Committee		
Activity 4.3	Procure 500 dignity kits tfor women with disability seeking ante natal care.	Kenya Red Cross Society & International Rescue Committee		
Activity 4.4	Distribute 500 dignity kits to women with disability seeking ante natal care.	Kenya Red Cross Society & International Rescue Committee		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The targeting and design of the interventions were based on a needs and capacity assessment conducted in the target counties through focus group discussions and interviews with community key resource persons. The project utilized community structures to implement the project such as community health volunteers and community protection groups from within the affected population. In the refugee camps, the project used the Counterpart Management system where the refugee manager staff are part of the decision made by the management of project implementing organizations. The project involved the refugees in implementation as incentive staff (medical assistants, patient attendants, dispensers, lab assistants, CHWs, RH assistants, EPI vaccinators) to provide services to the beneficiaries. The IRC provided information on available services to clients receiving health services.

A community engagement and accountability framework was also implemented. Monthly block health leaders meetings were held to solicit feedback on the primary health care services offered and give feedback on the complaints addressed from previous meetings. Community dialogues and action days were conducted during which health issues affecting the community were discussed and solutions

to actions provided during the action days. Community representation in the health care system was done through established community health units at the community level who represented the community on all matters of health.

Further, the conducted review meetings with the community health volunteers, safe motherhood promoters and community protection watch groups to assess the progress on interventions, challenges and recommendations to refine the implementation strategies for greater impact.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The project was implemented in line with the national and county structures for harmonization and effective coordination of response interventions. Some of the structures utilized included; national and county government lead disaster response steering committees, SRH and GBV technical working groups at national and county government, GBV community resource persons, and organizations of persons with disability. During the safe programming audit, Humanity Inclusion assisted in identifying persons with disabilities to participate in focus group discussions and ensure their voices are heard. The project worked with the police and MOH to ensure survivors 'access to quality, timely and comprehensive care.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The project ensured the use of the most appropriate communication approaches such as community barazas, community dialogue sessions, suggestion boxes, toll-free numbers, local radio stations or public address, and one-on-one sessions to listen to communities' needs, feedback and complaints. Help desk stationed in every services provision point would assist clients who have concerns. The communication channels are inclusive taking into consideration persons with disabilities, cultural practices, gender sensitivity and do-no-harm to ensure that all persons receive the relevant information. Staff were trained and sensitized on organizational policies that protect beneficiaries and promote accountability to affected persons.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☐

Yes. The KRCS implemented complaints and feedback mechanisms where community members could submit complaints and provide feedback through complaint / suggestion boxes, a toll-free hotline, community review meetings, branch-specific phone numbers or in-person to KRCS staff and volunteers. The IRC collected 215 (154F, 61M) feedback and complaints from clients accessing health services through other channels that included; help desks, suggestion boxes, walk ins to the office, community leaders meetings and referrals from IRC staffs and partner agencies. The feedback on the complaints raised is therefore shared back with the community through the various platforms.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☐

Yes. UNFPA, KRCS and IRC have Prevention of Sexual Exploitation and Abuse policies that all staff are taken through before project implementation. UNFPA sensitized all implementing partners on PSEA during the Annual Programme review. During the inception of the project, KRCS took community members through the PSEA principles and the reporting mechanisms that included: the toll-free number 1199, or branch-specific designated line, email (protection@redcross.or.ke) to a KRCS staff or board member you trust in writing, phone call or in person. Posters on zero tolerance to SEA were also put out at the county branch offices and the community level. The URC reached a total of 26,253 (14,426F 11857M) with messages on where to access health services, prevention from exploitation while accessing services and the different place to report protection related concern.

Any other comments (optional):

CERF helped to improve coordination among State and non-state actors to provide timely humanitarian response. The national Ministry of Health, county health systems, UN agencies and CSOs were part of the coordination structures established under CERF, including in the Kakuma and Kalobeyei refugee camps. The oriented health care workers, service provision tools and supplies such as Emergency Reproductive Health (ERH) kits were useful in stabilizing the emergency situations, both drought and floods.

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
The project funding did not include evaluation activities. UNFPA and implementing partners carried out the monitoring and reporting activities.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.4. Project Report 19-RR-CEF-080 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Kenya
3. Cluster/Sector:	Protection - Child Protection	4. Project Code (CERF):	19-RR-CEF-080
5. Project Title:	Prevention and response to protection and GBV risks of 8,000 most vulnerable children (girls and boys) affected by droughts in five priority counties.		
6.a Original Start Date:	12/07/2019	6.b Original End Date:	11/01/2020
6.c No-cost Extension:	<input 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 type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$320,139
	b. Total funding received for agency's sector response to current emergency:		US\$370,139
	c. Amount received from CERF:		US\$ 250,139
	d. Total CERF funds forwarded to implementing partners		US\$ 151,238.17
	of which to:		
	Government Partners		US\$ 148,781.60
	International NGOs		US\$ 2,456.55
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF Rapid response funding, a total of 8,483 (4,608 girls and 3,875 boys) vulnerable children in seven drought affected counties of Tana River, Wajir, Turkana, Samburu, Isiolo, Garissa and West Pokot were identified as vulnerable and being at risk of further harm. Protective support and service was provided, including provision of dignity kits and recreation kits to 680 (380 girls and 300 boys) children, individual psychosocial support to 1,554 (835 girls and 719 boys) children as well as psychosocial counselling to 2,822 (1,522 girls and 1,300) children. UNICEF further supported the distribution of 345 recreation kits and 48 tarpaulins to children in schools to encourage affected children and within the neighbourhoods to remain in schools. Through coordination with teachers and community members, 1,748 (806 girls and 942 boys) children that had dropped out of school due to drought were facilitated to return to school, while another 383 (153 girls and 230 boys) children were rescued from living and working in the streets and reunified with their families. Advocacy and awareness on the risks children face during drought emergencies was upscaled through 236 radio sessions to disseminate child protection messages. Additionally, UNICEF facilitated convening of 14 radio talk shows spots on child protection and protection of children in communities affected by floods. Community outreach capacity was enhanced through networking with 125 (43 female and 82 male) child protection volunteers whom facilitated the identification and support to 1,976 (919 girls and 1,057 boys) vulnerable children. UNICEF partnership with the Department of Children Services, ensured the hard to reach, out of school children were identified and facilitated to enrol in schools, their parents sensitized on protection risks and mitigation measures. The project started on 12 July 2019 and was completed on 11 January 2020.

3. Changes and Amendments

There was deviation in the counties reached as opposed to the ones UNICEF had identified in the proposal to CERF. The change did not in any way affect the overall objective of the intervention as the seven counties reached were equally affected by drought and marked by the National Drought Management Agency (NDMA) as requiring humanitarian assistance. UNICEF Child Protection interventions therefore covered Tana River, Wajir, Turkana, Samburu, Isiolo, Garissa and West Pokot. In the funding proposal the following counties were earmarked: Baringo, Garissa, Mandera, Marsabit and Turkana.

The amendments were necessitated by internal administrative challenges with Marsabit, Baringo and Mandera Counties where submission of funding agreements was delayed and which in turn would have delayed commitment of funds provided by CERF. This notwithstanding, activities in these counties were implemented using UNICEF other resources as well as complementary funds from the Canadian government.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection - Child Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	3,840	4,160	8,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	3,840	4,160	8,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	384	416	800

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Protection - Child Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	3,875	4,608	8,483
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	3,875	4,608	8,483
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	2	3	5

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

N/A

4.c Persons Indirectly Targeted by the Project

N/A

5. CERF Result Framework	
Project Objective	Prevention and response to protection risks and GBV risks of 8,000 most vulnerable children including girls and boys living with disability affected by drought in five priority counties.

Output 1	Provision of integrated protection services for children separated from families is prevented and addressed and family-based care is promoted.			
Sector	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	No of separated children identified and supported with Psychosocial Support Services (PSS), case management, including Family Tracing and Reunification (FTR) services)	2,000	4,376	Psychosocial Social Support reports,
Indicator 1.2	No of family reintegration follow-up visits by social workers per county	500	383	Community monitoring reporting,
Indicator 1.3	No. of dignity kits distributed to girls and boys. A dignity kit comprises of sanitary pad for girls, toiletries (soap, toothpaste, toothbrush), clothes, solar light. The items are packed in a back pack carry bag	550	680	Distribution reports
Explanation of output and indicators variance:		There were fewer than planned family reintegration follow-ups compared to the higher number of children reached. The community monitoring reports carried out for reintegrated children were considered satisfactory in that the child had safely settled back in the family and repeat monitoring visits were not required. Additionally, the children officers worked closely with child protection volunteers and community leaders living close to the children who were tasked with the responsibility of monitoring and ensuring the safety and well-being of target children during and beyond the implementation period of the CERF funded intervention		
Activities	Description	Implemented by		
Activity 1.1	Documentation of separated children, tracing and reunification with families	Department of Children Services (DCS) Umoja Development Organization (UDO)		
Activity 1.2	Facilitate family reintegration follow-up visits by social workers	Department of Children Services (DCS) Umoja Development Organization (UDO)		
Activity 1.3	Procurement of 550 dignity kits for girls and boys 5 – 17 years	UNICEF		
Activity 1.4	Distribution of 550 dignity kits to girls and boys in 5 priority counties	Department of Children Services		

Output 2	Community awareness on child protection in emergencies is facilitated to protect children from violence, exploitation and abuse including GBV.			
Sector	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	No of counties that have received key Child Protection in Emergencies (CPiE) messages	5	7	Programme Monitoring Report Partners' implementation reports

Indicator 2.2	No of children receiving psychosocial support and dignity kits	4,000	5,056	Programme Monitoring Report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Community awareness raising on child protection including during emergencies	Department of Children Services (DCS) Umoja Development Organization (UDO)		
Activity 2.2	Provide psychosocial support and dignity kits for affected children	Department of Children Services Community Health Workers-Ministry of Health		

Output 3	Psychosocial first aid and psychosocial support is provided to displaced children.			
Sector	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	No of affected children receiving Psychosocial Support (PSS)	4,000	4,376	Psychosocial Service providers reports Programme monitoring reports
Indicator 3.2	No of government members and partners whose coordination function is strengthened	150	220	Programme monitoring reports
Indicator 3.3	No of children accessing child friendly spaces	8,000	8,483	Implementation reports Programme Monitoring reports
Explanation of output and indicators variance:		UNICEF was able to reach more children than targeted, as the implementation through government partners was cost-effective		
Activities	Description	Implemented by		
Activity 3.1	Facilitate psychosocial first aid and psychosocial support services to children affected by drought	Department of Children Services Community Health Workers-Ministry of Health		
Activity 3.2	Facilitate children access to child friendly spaces	Department of Children Services		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The Department of Children Services worked with Child Protection Volunteers, who being community based were able to mobilize children, families and communities to participate in activities geared towards keeping children safe. The 235 radio spots that UNICEF facilitated across the seven counties also contributed towards informing and mobilizing the community members in prevention and protection of children from violence, abuse and exploitation.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Yes, the County and Sub-County Child Protection Working groups were activated whereby UNICEF and partners collaborated in providing support to child protection volunteers to undertake outreach activities. These were already existing structures that were mobilized to

support drought response activities. The national child protection in emergencies working group chaired by the Department of Children Services was instrumental in providing guidance to the county teams and was able to monitor activities in all the seven counties.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNICEF facilitated 236 radio spots through which communities were sensitized on child protection risks, appropriate actions and activities being providing to the affected children and families through CERF funding. Additionally, UNICEF organized and facilitated 14 radio talk shows where children officers participated in interactive discussions with the listeners. The success of this was measured against the high number of people calling in to the radio stations to ask for additional information from the speakers.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☐

Sensitization sessions through radio spots and talk shows as well as in meetings with beneficiaries, community members and child protection working groups entailed emphasis that the services being provided were free of charge. Beneficiaries were encouraged to report any complaints through their teachers, community leaders and call child help line 116. There were no complains recorded during the implementation period.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☐

UNICEF works closely with the child protection partners to ensure local structures including women and girls' groups and other key protection stakeholders are enhancing identification, response and referral for gender-based violence and SEA issues.

Any other comments (optional):
N/A

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

Evaluation of the CERF funded interventions was not planned for because of the planned UNICEF mid-term evaluation of the child protection Sector, under which emergency response programming is covered.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

8.5. Project Report 19-RR-CEF-081 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Kenya
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-CEF-081
5. Project Title:	Life-saving Emergency Health Response to Drought and diseases outbreaks in selected Arid and Semi-Arid Lands (ASAL) Counties of Kenya		
6.a Original Start Date:	11/07/2019	6.b Original End Date:	10/01/2020
6.c No-cost Extension:	<input 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 type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,386,119
	b. Total funding received for agency's sector response to current emergency:		US\$ 350,018
	c. Amount received from CERF:		US\$ 250,018
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 124,410
	Government Partners		US\$ 21,120
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 103,290

2. Project Results Summary/Overall Performance
<p>Through this CERF Rapid Response grant, UNICEF and its partners reached a total of 118,763 drought affected vulnerable communities who live far from existing health facilities of which 71, 584 (24,753 girls, 23,339 boys and 23,492 pregnant and lactating women) people directly benefitted from the project (24,077 girls, 22,336 boys and 23,753 pregnant and lactating women) drought affected vulnerable communities who live far from existing health facilities through access to life-saving preventative and curative health interventions, acute watery diarrhoea related to drought and disease outbreaks. 81,509 children (42,715 girls and 38,794 boys) aged 6-59 months were reached with measles-rubella vaccination in Wajir County. The outreach teams continued from an ongoing partnership UNICEF had with Kenya Red Cross Society, with support from the UNICEF Zonal Office staff based in Garissa and Lodwar, and in collaboration with the County Health Management Teams (CHMT). The integrated outreach teams implemented community mobilization, health education and primary health care services to increase community's awareness about drought and related epidemic diseases including cholera, for increased uptake of the life-saving health interventions. The results were achieved as a result of implementing the following interventions: procurement of life-saving medical commodities (2,800 PACs of ORS/Zinc, 800 PACs of Cholera Rapid Diagnostic Kits (RDTs), 2,000 bottles/10,000 boxes of 500 milliliter Ringers lactate, 5,000 bottles of 60 mls Erythromycin syrup and 2,800 PACs of tablets Erythromycin 250mg) and consequent distribution to targeted locations in the 8 target counties which were used to implement the integrated outreach services; orientation of Community Health Volunteers (CHVs) who consequently disseminated to communities life-saving messages and basic management of common communicable diseases as well as print and distribution of information, education and communication materials.</p> <p>Through a partnership agreement with Kenya Red Cross Society (KRCS), UNICEF provided support to the establishment of five Cholera Treatment Centres (CTCs) and Isolation Units in Turkana and Wajir counties. In addition, surge teams were deployed to support the county health departments in management of cases at the CTCs and scaling up of community level public health interventions. Coordinates for County line lists were collected with support from the Ministry of Health (MoH) teams and hot-spot maps were used to ensure targeted interventions through community health volunteers (CHVs), including active case finding and community-level interventions to improve and sustain proper hygiene and sanitation practices in high-risk areas. A total of 200,334 people (66,449 girls,</p>

65,521 boys, 46,583 women and 21,781 men) were reached with cholera awareness messaging while 2,164 people were treated at cholera treatment centres and isolation units with financial and health supplies support from UNICEF. Through the partnership with KRCS, response to measles outbreaks was conducted in the affected areas to intensify measles and rubella immunization through integrated outreach services which were conducted on a bi-monthly basis, with 7,718 children were vaccinated (3,936 girls and 3,782 boys) against measles and rubella. The project started on 8th July 2019 and was completed on 8th January 2020.

3. Changes and Amendments

During the implementation of CERF drought interventions, a massive flooding was reported in Kenya which led to displacement of communities living in ASAL as well as increased cholera case load and overwhelming the health systems, UNICEF received CERF funding for floods response, thus no changes or amendments were made to the original CERF plan

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	18,519	19,174	19,411	57,104
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	5,234	4,103	4,817	14,154
Other affected persons	0	0	0	0	0
Total	0	23,753	23,277	24,228	71,258
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	18,519	19,174	19,411	57,104
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	4,973	4,165	5,342	14,480
Other affected persons	0	0	0	0	0
Total	0	23,492	23,339	24,753	71,584
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

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

N/A

4.c Persons Indirectly Targeted by the Project

The entire population from the eight counties targeted by health sector totalling 263,918 (men, women, and children of all ages, irrespective of their status) indirectly benefited from the UNICEF Kenya Country Office CERF supported project interventions- specifically during awareness campaigns implemented by community health volunteers on drought, cholera, measles, integrated management of childhood illnesses and the key practices implemented to prevent communities from contracting cholera and other epidemic diseases.

5. CERF Result Framework

Project Objective	Contribute to reduction of morbidity and mortality of 158,350 vulnerable children, and 26,392 pregnant and lactating women of 8 Counties in Kenya hit by drought emergency and consequent disease outbreaks			
Output 1	Provide operational, technical and managerial support for integrated outreach services in 8 counties			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of drought affected and displaced children (boys and girls) accessing quality life-saving Newborn Child Adolescent Health interventions at community level (excluding the Reproductive Health interventions-UNFPA supported) in the 8 targeted counties	47,505	48,092	MOH, KRCS reports
Indicator 1.2	Number of drought affected and displaced pregnant women accessing quality life-saving Maternal Health interventions (excluding the Sexual Reproductive Health component which is implemented by UNFPA) in the 8 targeted counties	23,753	23,492	MOH, KRCS reports
Indicator 1.3	Quantities of life-saving health commodities procured and delivered to the 8 counties (Garissa, Wajir, Tana River, Isiolo, Baringo, Turkana, Mandera, Marsabit)	2,800 PACs of ORS/Zinc 800 PACs of Cholera Rapid Diagnostic Kits (RDTs); 2,000 bottles/10,000 boxes	2,800 PACs of ORS/Zinc 800 PACs of Cholera Rapid Diagnostic Kits (RDTs); 2,000 bottles/10,000 boxes	UNICEF supply reports
Indicator 1.4	Number of joint supervisory reports with recommendations outlined	4	4	MOH, KRCS reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procure life-saving medical commodities for use to implement integrated outreach services.	MOH, KRCS, UNICEF		
Activity 1.2	Support distribution of life-saving medical commodities and vaccines, and ensure access of vaccinations against measles among drought affected displaced children from 8 target counties	MoH, County health management teams (CHMTs), KRCS, UNICEF		
Activity 1.3	Support life-saving integrated outreach services including rapid response teams	MoH, CHMTs, KRCS, UNICEF		
Activity 1.4	Support integrated measles and Vitamin A campaigns to drought affected children in 8 targeted counties	MoH, CHMTs, KRCS, UNICEF		

Output 2	Awareness created for all drought affected people (children and pregnant women) for increased access to emergency life-saving health interventions			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of community health volunteers oriented on drought emergency life-saving interventions	100	100	MOH, KRCS reports
Indicator 2.2	Number of people who recall at least 3 key messages on drought	158,350	158,350	MOH, KRCS reports
Indicator 2.3	Number of people who practice at least 2 key messages on drought	142,515	142,515	MOH, KRCS reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Orient community Health Volunteers (CHWs) to disseminate life-saving messages and basic management of common communicable diseases	MoH, UNICEF, KRCS		
Activity 2.2	Community health volunteers undertake awareness campaigns to communities on drought and disease epidemics to influence health practices and referral of complicated cases	MoH, CHMTs, UNICEF, KRCS		
Activity 2.3	Print and distribute IEC/BCC materials	MoH, CHMTs, KRCS, UNICEF		
Activity 2.4	Air 1,080 radio spots and radio programmes to disseminate key lifesaving interventions (in local languages) Each of the 8 Frequency Modulation (FM) radio stations (Star, Risala, KEY, Maata, Sifa, Radio Akicha) shall be allocated slots for 94 radio spots to be aired 3 times each day for the first 3 months (90 days) of implementation of the CERF life-saving interventions.	MoH, UNICEF, KRCS		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

UNICEF engaged community health volunteers who are members of the vulnerable communities in the implementation of the project interventions through disseminating key messages on drought and disease epidemics and how communities were to prevent the occurrence of the diseases. Community health volunteers equally participated in the implementation of integrated outreach services-they were able to give feedback of community members to the health teams , which improved on implementation of the intervention.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

UNICEF using its grassroots convening power engaged communities in the design of, implementation and monitoring of the project through the community health committees and members of the health facility committees who participated in mapping of the vulnerable population and areas included in the project implementation

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The eight counties in which the interventions were implemented are UNICEF focus counties due to their vulnerability to emergencies and hazards. Since these counties have been supported by UNICEF over time, the communities have received information on UNICEF, including the organization mandate, zero-tolerance to abuse of children, human rights and zero tolerance to corrupt practices. The affected communities have over time benefitted from UNICEF support in response to emergencies and resilience building. During the implementation period of this project, additional efforts were put in place through printing of information, education and communication materials, use of community radios to create visibility on UNICEF and create awareness to the affected communities on the life-saving interventions UNICEF offered to the communities

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☐

The implementing partner, Kenya Red Cross Society (KRCS) has a toll-free hotline (1199) where beneficiaries can call to lodge complaints and concerns. No major complaints were received through the hotline. The KRCS volunteers, being members of the community, were available to listen and address concerns at the health outreach sites.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☐

Prevention of Sexual Exploitation and Abuse (PSEA) training is mandatory for all KRCS staff and volunteers. No SEA complaints were received for the duration of the project.

Any other comments (optional):

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

Evaluation was not included in the proposal, performance monitoring sessions were conducted.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.6. Project Report 19-RR-CEF-083 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Kenya
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	19-RR-CEF-083
5. Project Title:	Improving access to safe water and hygiene education for 100,000 girls, boys, women and men in 8 drought affected Counties in Kenya		
6.a Original Start Date:	12/07/2019	6.b Original End Date:	11/01/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	10/04/2020
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,430,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,299,999
	c. Amount received from CERF:		US\$ 899,999
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 601,684
	Government Partners		US\$ 100,182
	International NGOs		US\$ 501,502
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF Rapid Response funding, UNICEF and partners reached 117,516 girls, boys, women and men affected by drought emergency in 8 ASAL Counties (Garissa, Tana River, Wajir, Turkana, Isiolo, West Pokot, Samburu and Baringo) ensuring access to safe water from repaired sources at 7.5-15 litres per person/day. This was slightly above the target planned of 100,000 people. More than 20,000 households also received WASH NFIs (Jeri cans, buckets, soap, Aqua tabs and/or PUR) to improve temporary access to safe water for populations using unsafe sources (open wells, dams, rivers and trucked water etc.) through household water treatment and storage practice.</p> <p>Another 184,718 girls, boys, women and men received critical WASH related information including hand washing with soap at critical times for the prevention of diseases. Using various approaches (public meetings, distribution of IEC materials, mass media (local FM Radio stations), key hygiene messages were delivered at the household, health facilities and schools to create awareness to improve household hygiene practices including demonstration of household water treatment and safe storage.</p> <p>At least 13,287 school children have also been reached with WASH services in schools including access to safe water at 1-2 litres per child/day in addition to safe personal hygiene practices. A combination of the above activities has helped to reduce risk of disease outbreaks or spread particularly cholera which was already present in some counties. Interventions also enabled schools to remain open and learning to continue. UNICEF partnered with 5 INGO partners (Lay Volunteers International Association (LVIA), CARE, OXFAM, Action Against hunger (ACF) and World Vision in this project from 1 August 2019 to 10 April 2020.</p>

3. Changes and Amendments

No changes to the original project were made. However, the early onset of the 2019 Short Rains season (October-December 2019) and subsequent flooding in many of the targeted Counties caused delays to project implementation. Destruction of roads, bridges and other infrastructure cut off access in many counties. A further Government policy restricting access to schools during the national examination season in the last quarter of the year further delayed implementation of school-based activities. This necessitated 3 months "No-cost extension" approved by CERF to the project. The new project end date is 10 April 2020.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	25,480	26,520	23,520	24,480	100,000
Total	25,480	26,520	23,520	24,480	100,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	29,943	31,165	27,640	28,768	117,516
Total	29,943	31,165	27,640	28,768	117,516
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

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

About 17% more beneficiaries were reached with safe water through repair of strategic boreholes due to congregation off populations in areas with water.

4.c Persons Indirectly Targeted by the Project

Hygiene promotion messaging broadcast on Radio (Local FM station) enhanced behaviour change communications to a wider audience beyond the target population. This is an important incremental benefit for the control of water-borne diseases.

5. CERF Result Framework

Project Objective	To improve access to safe water for 100,000 girls, boys, women and men affected by drought in 8 Counties by December 31, 2019
--------------------------	---

Output 1	100,000 girls, boys, women and men have access to 7.5-15 litres of water per person/day from repaired water sources			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
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)	100,000 individuals (24,480 girls, 23,520 boys, 26,520 women and 25,480 men)	117,516 Individuals (29,943 men, 31,165 women, 27,640 boys and 28,768 girls)	Partner and County project progress reports
Indicator 1.2	# of households benefiting from WASH supplies (each household shall receive 1 jerrycan (20 litres), 1 bucket (10 litres), 2 bars of soap, 90 aquatabs tablets/90 PUR sachets) for 3 months	20,000 households	20,000 Households each receiving NFIs as per plan	Project progress reports
Explanation of output and indicators variance:		About 17% more beneficiaries reached with safe water through repair of strategic boreholes due to congregation of population around water points.		
Activities	Description	Implemented by		
Activity 1.1	Identification of strategic water points for repair	County Government and INGO partner		
Activity 1.2	Emergency repair of key water points	County Governments and INGO partners (LVIA, ACF, OXFAM, World Vision, CARE)		
Activity 1.3	Procurement of emergency WASH supplies- Water treatment (chlorine, aqua tabs, PUR) and safe storage (jerrycans, buckets, soaps)	UNICEF		
Activity 1.4	Distribution of emergency water treatment chemicals and water storage commodities to partners, for on-distribution to households, schools and health centres	UNICEF to counties and partners (LVIA, ACF, OXFAM, World Vision, CARE) to households		
Activity 1.5	Project monitoring and quality assurance	UNICEF Zonal and Nairobi offices		

Output 2	300,000 girls, boys, women and men have access to critical WASH related information for prevention of diseases			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
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	300,000 individuals (73,440 girls, 70,560 boys, 79,560 women, 76,440 men)	184,718 Individuals (45,219 girls, 43,446 boys, 48,987 women and 47,066 men)	Project progress reports
Explanation of output and indicators variance:		These are the beneficiaries that were reached directly through interpersonal communication by Community Health Volunteers at integrated health outreach sites, including through household visits for water treatment		

		demonstrations and health promotion talks. More beneficiaries were reached indirectly through FM radio programmes.
Activities	Description	Implemented by
Activity 2.1	Design and production of key behavior change messages	UNICEF
Activity 2.2	Promotion of key hygiene messages through community health volunteers	County and NGO partners

Output 3	100,000 school children have access to safe water and practice safe hygiene in the school environment			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of school children accessing 1-2 litres of safe water within school environment per day	100,000	13,287	Project Progress reports
Explanation of output and indicators variance:		Less school-based interventions were conducted due to the mandatory closure of schools (for national examinations season- October- December 2019)) directive by the Government which limited access.		
Activities	Description	Implemented by		
Activity 3.1	Repair school WASH facilities/install water tanks in schools	NGO partners (LVIA, ACF, OXFAM, World Vision, CARE)		
Activity 3.2	Hygiene promotion education for school children and teachers	NGO partners (LVIA, ACF, OXFAM, World Vision, CARE)		
Activity 3.3	Project monitoring and quality assurance	UNICEF		

Output 4	Sector response coordination is reactivated (at no cost for CERF)			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of Counties holding regular coordination meetings	Weekly meetings	Weekly progress review meetings and Monthly coordination meetings	Progress reports
Explanation of output and indicators variance:		Based on the impact of 2019 short rains flooding, weekly progress reviews were put in place following delays to project implementation by partners while County level monthly coordination meeting remained.		
Activities	Description	Implemented by		
Activity 4.1	Support county coordination forums (WESCOORD) meeting	County Governments and INGO partners (LVIA, ACF, OXFAM, World Vision, CARE)		

6. Accountability to Affected People	
6.a IASC AAP Commitment 2 – Participation and Partnership	
<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>Crisis-affected populations were consulted through all stages of the response- during initial assessment to identify the needs; at selection stage of the prioritization of facilities for repair; selection of vulnerable households for distribution of WASH NFI; during siting of communal water collection points and times when hygiene promotion activities are best conducted taking into account times convenient for women and girls. Local leaders/opinion leaders were involved in the progress monitoring of the activities, distribution of WASH NFIs including usage of these facilities, prevention of sale and reinforcement of key household hygiene messaging. Local community leaders, County Government departments were involved at all stages of the response ensure ownership of the response and mobilize local support</p>	
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>Respective County Governments and local communities were engaged including in the identification of intervention sites, facilities and institutions to be supported through all stages of the response. This includes identification and targeting of the most vulnerable groups, households and communities through local structures/leaders.</p>	
6.b IASC AAP Commitment 3 – Information, Feedback and Action	
<p>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</p> <p>Partner agencies have long term presence in the respective Counties and long-term working relationships with communities. Generally, communities are given information about the response in assessment/planning meetings at the community/project sites. UN and partner agency staff are guided by respective organization ethical standards.</p>	
<p>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.</p> <p>N/A</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.</p> <p>Yes. All INGO partner organizations signed the relevant guidance documents with UNICEF prior to the partnerships becoming effective. All partners are expected to ensure staff are trained and informed about SEA UNICEF policies. No complaints were received from any quotas during this project implementation period.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Any other comments (optional):None</p>	

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
The project funding did not include evaluation activities.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.7. Project Report 19-RR-CEF-082 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Kenya
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	19-RR-CEF-082
5. Project Title:	Accelerate nutrition response to the drought emergency in priority arid counties		
6.a Original Start Date:	11/07/2019	6.b Original End Date:	10/01/2020
6.c No-cost Extension:	<input 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 type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 7,846,963
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,300,000
	c. Amount received from CERF:		US\$ 1,000,190
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF rapid response grant, UNICEF has achieved the following results: 1) procured and distributed a total of 18,635 cartons of RUTF for treatment of severe acute malnutrition (SAM) in young children and contributed to 21% of the overall RUTF released through Kenya Medical Supplies Authority (KEMSA) in 2019; 2) reached a total of 193,837 pregnant and lactating women (PLW) and caregivers of children 6 – 59 months with messages on infant and young child nutrition (IYCN) in 8 counties and; 3) trained 120 health workers on maternal infant and young child nutrition in emergencies (MIYCN- E) package in 8 counties. The project contributed towards treatment of 39,272 (19,775 boys, 19,497 girls) children with SAM 85,721 (41,480 boys, 44,241 girls) children with moderate acute malnutrition and ensuring access to IYCF information on 68,844 PLW. A total of 479,424 children 6 to 59 months were supplemented with vitamin A within health facilities and outreaches in the 8 target counties. The indicators for treatment of SAM were maintained within sphere standards (recovery rate above 75%, default rates below 15% and death rates below 3%). The funding contributed significantly in addressing 2019 RUTF pipeline gap hence accounting for 21% (8,247) children reached with SAM treatment. The project was implemented for a period of 6 months from July to December 2019 in 8 counties of Baringo, Garissa, Isiolo, Mandera, Marsabit, Tana River, Turkana and Wajir

3. Changes and Amendments

There were no changes made during the project implementation period. Constraints encountered included inadequate resources for nutrition both at national and county level, and which continues to be a hindrance to effective nutrition programme delivery. The RUTF pipeline in 2019 was constrained leading to stock outs in some health facilities. The overall RUTF stock out rates for the reporting period stood at 4.5% with the highest stock out rate of 13% in December 2019 attributed to significant resource gap to cover the full 2019 RUTF pipeline requirements. UNICEF ensured close monitoring of commodity management and interfacility distribution in sub counties conducting integrated outreaches to minimize stock outs. UNICEF also supported development of a sector brief and programme update which was shared with the MOH senior level for advocacy and funding consideration. Additionally, heavy rains and flooding affected the distribution of RUTF to health facilities in Mandera, Wajir and Samburu counties. The county nutrition team continuously liaised with KEMSA and Kenya Red cross society for alternative drop off points and arrangements were made for delivery of the supplies to the final destinations.

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Nutrition - Nutrition				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	14,563	73,134	73,721	161,418
Total	0	14,563	73,134	73,721	161,418
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Nutrition - Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	68,844	61,255	63,738	193,837
Total	0	68,844	61,255	63,738	193,837
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The number of pregnant and lactating women reached were significantly higher compared to planned target. The caseloads in the 8 target counties were revised from 14,563 to 50,182 following the August 2019 Long rains assessment in which food security and nutrition situation indicated significant deterioration across most of the counties.
---	--

4.c Persons Indirectly Targeted by the Project
N/A

5. CERF Result Framework

Project Objective	Contribute towards the nutrition wellbeing of vulnerable women and children in severely drought-affected counties through scale up of life saving nutrition interventions.
--------------------------	--

Output 1	Increased coverage and quality of the treatment of acute malnutrition in severely drought-affected counties			
Sector	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Performance indicators for management of acute malnutrition maintained within the sphere standards	Above 50% for coverage rates, 75% recovery rates, less than 15% defaulter rates and less than 10% and	<p>The Outpatient therapeutic care (OTP) coverage rates ranged from 49.4 in Isiolo county to 78.5% in Wajir</p> <p>The supplementary feeding programme (SFP) coverage rates ranged from 44% in Isiolo to 75.2% in Marsabit county</p> <p>The performance indicators for management of acute malnutrition were maintained within the sphere standards. SAM recovery rate: 87%, Default rate: 7.3%, Death Rate: 0.4%</p> <p>MAM recovery rate: 83.4%, Default rate: 9.8%, Death rate: 0.1%</p>	Coverage assessment reports and Kenya Health Information System (KHIS)
Indicator 1.2	18,635 cartons of Ready to use Therapeutic food supplies distributed adequate and in the targeted counties	Zero stock out of therapeutic supplies	<p>RUTF stock out rates: 4.5% for the reporting period.</p> <p>A total of 18,635 cartons of RUTF were procured and distributed in the target counties.</p>	Logistics Management Information Systems (LMIS)
Indicator 1.3	Number of children reached with treatment for acute malnutrition.	146,855 children (38,930 SAM and 107,925 MAM)	124,993 (39,272 SAM and 85,721 MAM reached)	Kenya Health Information System (KHIS)
Explanation of output and indicators variance:		<p>100.9% of SAM and 79.4% of MAM target beneficiaries were reached. According to the results of the Long rains assessment released in August 2019, the acute malnutrition caseloads and targets increased following a deterioration in the food security and nutrition situation.</p> <p>The results of the coverage assessments conducted in 2019 indicated there was slight improvement in the programme coverage rates. The Outpatient therapeutic care (OTP) coverage rates ranged from 49.4 in Isiolo county to</p>		

		78.5% in Wajir while the supplementary feeding programme (SFP) coverage rates ranged from 44% in Isiolo to 75.2% in Marsabit county. The overall RUTF stock out rates for the reporting period stood at 4.5% with the highest stock out rate of 13% in December 2019 attributed to significant resource gap to cover the full 2019 RUTF pipeline requirements.
Activities	Description	Implemented by
Activity 1.1	Procurement of therapeutic food supplies (RUTF) for treatment of severely malnourished children below five years old	UNICEF
Activity 1.2	Distribution of therapeutic food supplies (RUTF) to health facilities for treatment of severely malnourished children below five years old	KEMSA/MOH
Activity 1.3	Technical support to the MoH and implementing partners for continued scale up of the full package of High impact nutrition interventions at health facility and community level. This will include screening and support for inpatient and outpatient treatment of SAM	MoH/Implementing partners
Activity 1.4	Micronutrient supplementation to children below five years.	MoH/Implementing partners

Output 2	Improved delivery of Infant feeding and young child feeding in emergency (IFE) interventions in the severely affected counties			
Sector	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	No. of health staff trained on Maternal Infant and Young Child Nutrition In emergencies (MIYCN-E) package	100	120	Implementing Partner's report
Indicator 2.2	No. of Pregnant and lactating women and caregivers of children 6 – 59 months reached with messages on IYCF.	14,563 pregnant and lactating women, 146,855 caregivers of children 6 – 69 months of age	68,844 pregnant and lactating women, 124,993 caregivers of children 6 – 59 months of age	Implementing Partner's report
Explanation of output and indicators variance:		Significantly high numbers of pregnant and lactating women were reached with messages on IYCF. This is attributed to increased acute malnutrition caseloads as a result of deterioration of food and nutrition situation. The caseloads in the 8 target counties were revised from 14,563 to 50,182 following the August 2019 Long rains assessment. Through scale up of Integrated outreaches were scaled up in mapped hotspot areas, a higher number of beneficiaries were reached.		
Activities	Description	Implemented by		
Activity 2.1	County level training of health workers on Maternal Infant and Young Child Nutrition In emergencies (MIYCN-E) package	MoH and Implementing partners		
Activity 2.2	Disseminate key messages on MIYCN.	MoH and Implementing partners		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>The target population, community leaders in the target counties have been involved throughout the programme period during the outreaches and community dialogue sessions. The community health volunteers (CHVs) have been involved in providing community level support for nutrition prevention and referral services. The mothers to mother support groups have been involved in the implementation of appropriate maternal, infant and young child nutrition (MIYCN) practices.</p>
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>The community health strategy structures at national and county level were used to ensure community engagement in the nutrition programme response. The community dialogue sessions, mother to mother support groups sessions and outreaches were used to engage communities. In addition, the community health volunteers were critical in ensuring programme information was passed on to the affected population. Feedback from the communities was critical in ensuring appropriate programmatic adjustments were made.</p>
<p>6.b IASC AAP Commitment 3 – Information, Feedback and Action</p>
<p>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</p> <p>Relevant Information to the affected people was regularly ensured during the community dialogue sessions, integrated outreaches and during the nutrition and health education sessions at the health facilities.</p>
<p>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Monthly community dialogue days with beneficiaries and community members and availability of complaint box at health facilities are some of the avenues utilized to get feedback from the community on the nutrition services offered. Frequent follow up to address the programme issues raised was ensured. In 2019, Nutrition supplies end user monitoring was undertaken in Marsabit, Isiolo, Garissa, Tana River and Baringo counties using a standardized monitoring tool. Discussions with end users on some of the key challenges included RUTF sharing at household level which contributed to longer stay in programmes. Messaging by health facility staff and community health workers to caregivers during visits to the health facility and at household level was undertaken.</p>
<p>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Through multisectoral linkages efforts, UNICEF works closely with the child protection partners to ensure local structures including women and girls' groups and other key protection stakeholders are enhancing identification, response and referral for gender-based violence and SEA issues. Food shortages at individual and household level can increase vulnerabilities and lead to negative coping strategies, thereby increasing risk of sexual exploitation and abuse.</p>
<p>Any other comments (optional): N/A</p>

7. Cash and Voucher Assistance (CVA)	
Planned	Achieved

No	No
----	----

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Information and data from ongoing programme monitoring and reporting was used to regularly review the progress on implementation of the project. Give the short implementation period of the project, no formal evaluation was planned	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.8. Project Report 19-RR-WFP-050 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Kenya
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	19-RR-WFP-050
5. Project Title:	Accelerate nutrition response to the drought emergency in priority arid counties		
6.a Original Start Date:	16/07/2019	6.b Original End Date:	15/01/2020
6.c No-cost Extension:	<input 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 type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 12,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,000,000
	c. Amount received from CERF:		US\$ 1,000,000
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF Rapid response funding, WFP successfully supported treatment for Kenyans affected by acute malnutrition in nine arid counties (Baringo, Garissa, Isiolo, Mandera, Samburu, Tana River, Turkana, Wajir and Marsabit). Technical support was provided to county health and nutrition officers, the Ministry of Health and Kenya Medical Supplies Agency officers on the Integrated Moderate Acute Malnutrition supply chain and commodity management and supported the implementation of SMART surveys conducted in Samburu and Marsabit counties to inform programming. WFP scaled-up its nutritional support in nine arid counties to reach 112,460 children aged 6-59 months and 94,590 pregnant and lactating women (PLWs) with specialized nutrition commodities. This contribution facilitated the scale up to Baringo County.</p> <p>WFP distributed 275 mt of RUSF that supported 112,460 children aged 6-59 months for treatment of moderate and acute malnutrition. Further, 0.189 MT of CSB++ reached 94,590 PLWs. WFP dispatched the nutrition commodities through the cooperating partners based in the nine ASAL counties that were targeted for this support. Further, distribution and reporting on the utilization of the commodity at the health facilities was undertaken by the Ministry of Health (MOH) and NGOs partners</p> <p>Programme performance met Sphere standards for moderate acute malnutrition treatment in terms of cure, recovery, defaulter, mortality, and non-response rates for the period of the project implementation- July 2019 to January 2020. Over 88 percent of children were successfully treated and no children who were admitted to the treatment programme died during the course of treatment.</p>

3. Changes and Amendments
None.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Nutrition - Nutrition				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	33,243	52,734	55,191	141,168
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	33,243	52,734	55,191	141,168
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Nutrition - Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	94,590	54,263	58,198	207,051
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	94,590	54,263	58,198	207,051
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

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

The number of beneficiaries reached was more than the planning figure. The increase in MAM caseload could be attributed to increase in nutrition interventions such as mass screening and referral of cases, active follow-up with counties following the poor performance of rains and messaging around an impending emergency. Further, it could also be attributed to the severe 2019 drought that led to reduced availability and access to food especially in the 8 priority counties and beyond.

4.c Persons Indirectly Targeted by the Project

None

5. CERF Result Framework				
Project Objective	Contribute towards the nutrition wellbeing of vulnerable women and children in severely drought-affected counties through scale up of life saving nutrition interventions.			
Output 1	Increased coverage and quality of the treatment of acute malnutrition in severely drought-affected counties			
Sector	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Performance indicators for management of acute malnutrition maintained within the sphere standards	75% recovery rates, less than 15% defaulter rates less than 10% and 3% death rates for severe and mod	PLWs Average % recovery rates: 87.8% % Deaths: 0.1% % Defaulter rates: 8.0% Male U5 Average % recovery rates: 82.9% % Deaths: 0.1% % Defaulter rates: 10.0% Female U5 Average % recovery rates: 83.5% % Deaths: 0.1% % Defaulter rates: 9.7%	DHIS
Indicator 1.2	Quantities of Ready to use supplementary food (RUSF) and super cereal flour distributed in the targeted counties	183 MT RUSF 159 MT super cereal	275 MT of RUSF, 0.189 MT super cereal	WFP M&E system (COMET)
Indicator 1.3	Number of beneficiaries reached, by gender (6-59 months and PLWs)	107,925 6-59 months children 33,243 PLWs	112,461 children 6-59 months and 94,590 PLWs]	DHIS
Indicator 1.4	Number of health facility patients exposed to health and nutrition messaging	Equal or above 70%	90%	WFP internal process monitoring reports
Explanation of output and indicators variance:		<p>More beneficiaries were reached than planned. The increase in MAM caseload could be attributed to increase in nutrition interventions such as mass screening and referral of cases, active follow-up with counties following the poor performance of rains and messaging around an impending emergency. Further, it could also be attributed to the severe 2019 drought that led to reduced food availability and access to food especially in the 8 priority counties and beyond.</p> <p>Quantities of RUSF procured and distributed was more than planned whereas the quantities of super cereal bought and distributed were less than the planning figures. WFP received funding for super cereal during the implementation period and hence prioritized procurement of more RUSF to bridge the gaps in nutrition commodities them</p>		
Activities	Description	Implemented by		
Activity 1.1	Procurement of RUSF and super cereal plus	WFP		
Activity 1.2	Distribution of RUSF and super cereal flour to health facilities	Cooperating partners (World Vision, Relief Consortium and Development, Strategies for Northern Development Organization, Arid Lands Development Focus, Consortium of Cooperating Partners and the Kenya Red Cross)		

Activity 1.3	Consistent and timely provision of MAM services at health facility and outreach level	MOH (UNICEF supported outreaches)
--------------	---	-----------------------------------

6. Accountability to Affected People	
6.a IASC AAP Commitment 2 – Participation and Partnership	
<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>The programme was designed based on survey findings that showed the prevalence of acute malnutrition and the most affected population groups and regions. It is for this reason that WFP scaled up its response to Baringo county. The targeted groups included malnourished children 6-59 months, and pregnant and lactating women who carry the highest risk of mortality and morbidity in drought situations. At implementation level, community health workers were drawn from local communities, thus support to building local health capacities. Government systems were also used from facility to national level to monitor performance of the nutrition programme.</p>	
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>The response was coordinated by government from the national level up to the health facility level. At the national level, the response was coordinated by the Emergency Nutrition Advisory Group. At the country and sub county levels, the response was coordinated by the County Nutrition Technical Forum and Sub-County Nutrition Technical Forum, respectively. At health facility level, the programme was coordinated by the Health facility Oversight Group which is composed of community members.</p>	
6.b IASC AAP Commitment 3 – Information, Feedback and Action	
<p>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</p> <p>The agency response supported the larger national and county responses to the drought. The agency undertook an initial introduction and explanation of its proposed support to the various coordinating mechanisms at national and county levels. These introductions included explanations on the package and duration of support, and the parameters of involvement of the agency and its contractual partners.</p> <p>WFP enhanced the effectiveness of its complaints and feedback mechanism by improving awareness of the toll-free line and community-based structures across all activities involving direct beneficiary engagement. Complaints committees were trained as avenues through which communities can provide feedback on WFP programmes. WFP also made live calls to beneficiaries in remote areas, such as Mandera, to pass on key messages on their eligibility, entitlements and length of the programme. Complaints and feedback data were analyzed monthly and presented in the monthly committee meetings. Key recommendations were agreed and tasked to specific teams. Quarterly remote monitoring of health facilities for the treatment of malnutrition of vulnerable Kenyans was undertaken. Beneficiary feedback was documented, analyzed and integrated into programme improvements for all interventions involving beneficiaries directly or indirectly.</p>	
<p>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>The programme was implemented through government of Kenya health facilities, and a complaint mechanism (complaint box) is a standard requirement for all health facilities and services in Kenya.</p>	
<p>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>This is an area that requires strengthening within the government health system, it is not a standard practice for all health facilities to have SEA related complaints mechanism, therefore only a few health facilities had these facilities available. WFP designed and rolled out interventions in a manner that contributed to the safety, dignity and integrity of beneficiaries in line with WFP's Humanitarian Protection</p>	

Policy (2012). WFP utilized feedback from beneficiaries, including people living with disabilities, women and girls, to put in place measures that improved service delivery for beneficiaries. Complaints and feedback mechanisms included referral systems on gender-based violence and sexual exploitation and abuse.

Any other comments (optional):

None

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

The supported intervention was a scale up of the routine programming. A monitoring and evaluation plan is embedded in the internal process and findings from annual outcome monitoring have been included in the performance section	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.9. Project Report 19-RR-WHO-040 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Kenya
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-040
5. Project Title:	Emergency Response to Disease outbreaks especially among children in Marsabit, Wajir, Turkana, Isiolo, Garissa, Tana River, Baringo and Mandera		
6.a Original Start Date:	19/07/2019	6.b Original End Date:	18/01/2020
6.c No-cost Extension:	<input 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 type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 640,000
	c. Amount received from CERF:		US\$ 349,999
	d. Total CERF funds forwarded to implementing partners		US\$ 59,696.22
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 59,696.22
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF Rapid Response grant WHO and its partners provided life saving emergency health services to 179,552 drought affected and displaced people which exceeded the targeted population including children and women with life-saving health interventions. Specifically, 78135 boys and 70,516 girls below 18 years of age. 62,837 of the children were under five years of age. of which 34,705 were girls and 28,132 were boys, and 23,400 were pregnant/lactating women with lifesaving interventions. The interventions included active case follow up in the communities using the Health volunteers, management of mild cases at the local health centres and severe cases in the sub-county and County hospitals as well as timely detection of new cases and their confirmation and quality control. The project also treated 24,001 children less than 5 years, who received medical treatment from the health facilities in the 8 counties in the ASAL regions. In Kenya, the cholera and measles outbreaks were controlled in the 8 target counties within seven months and line with the IASC standards. WHO hired a dedicated Epidemiologist who provided technical, coordination and monitored the implementation of the projects in the affected counties. There was uninterrupted supply of life saving drugs, disinfectants and observation of infection prevention and control. The counties appreciated the interventions that brought the outbreak under control in a timely manner from 19th July 2019 to 18th January 2020, even though the community risk factors will persist for some time.</p>

3. Changes and Amendments
N/A

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	26,392	54,660	55,090	136,142
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	10,000	12,209	22,209
Other affected persons	0	0	0	0	0
Total	0	26,392	64,660	67,299	158,351
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	689	30,212	68,071	58,252	157,224
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	10,064	12,264	22,328
Other affected persons	0	0	0	0	0
Total	689	30,212	78,135	70,516	179,552
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")					

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

The number of direct beneficiaries were derived from the situational reports from the counties, Weekly Epidemiological bulletins, Kenya Red Cross reports and from the National Disaster Operations Centre regular briefs to the KHPT especially on the population displaced and from the reports of the joint monitoring missions. The number of men benefitted from case management for the disease outbreaks in health facilities. The women were reached through treatments for cholera during outbreak investigations and response and majority also during health promotion activities

4.c Persons Indirectly Targeted by the Project

The entire population from the eight counties targeted by health sector totalling 263,918 (men, women, and children of all ages, irrespective of their status) indirectly benefited from the UNICEF Kenya Country Office CERF supported project interventions- specifically during awareness campaigns implemented by community health volunteers on drought, cholera, measles, integrated management of childhood illnesses and the key practices implemented to prevent communities from contracting cholera and other epidemic diseases.

5. CERF Result Framework

Project Objective	To interrupt transmission and control the cholera and measles outbreak in the 8 target counties in ASAL Kenya
--------------------------	---

Output 1	Lifesaving medical interventions for Cholera and Measles and other communicable diseases at health facilities scaled up			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Monthly morbidity and mortality reports available	24	24	MOH Montly and Weekly Epidemiological Reports and Bulletins
Indicator 1.2	Case fatality for Measles, Cholera and other epidemic diseases reduced to national standards	<1%	0.98%	Weekly Situational Reports
Indicator 1.3	Proportion of cholera and measles cases benefited from the drugs and nondrug consumables items	90%	98%	Weekly Epidemiological Sitrep
Indicator 1.4	All eight counties receive life saving drugs and distributed to the 52 health facilities	52	52	MOH Situational Reports
Indicator 1.5	Number of guidelines and tools set for the management of Cholera, Measles and other communicable diseases distributed to the counties	3	3	WHO Reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Print guidelines for the management of Cholera, Measles and other communicable diseases	WHO		
Activity 1.2	Reorientation for health workers on the case management of, Measles, Cholera and co morbidities	WHO, MOH and County Health Teams		
Activity 1.3	Procure essential lifesaving drugs, nondrug consumables items to target health facilities and county health teams in the 8 counties	WHO		
Activity 1.4	Distribute essential lifesaving drugs and nondrug consumables items to target health facilities and county health teams in the 8 counties	WHO to the County Health Teams		

Output 2	Support County Health teams to investigate and respond to all rumours, alerts of Cholera and Measles and other communicable diseases and disease threats.			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Weekly epidemiological monitoring reports available	24	24	Reports at the EOC
Indicator 2.2	Number of alerts of communicable disease responded to within 48 hours monthly	100%	100%	Situational Reports and County Reports

Indicator 2.3	Proportion of cases confirmed by reference laboratory	80%	80%	Situational Reports
Indicator 2.4	Number of technical guidelines provided to clinicians and county health management and response teams	400	400	MOH donation letter
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Provide technical guidelines clinicians and county health management and response teams	WHO and MOH		
Activity 2.2	Provide reorientation on rumours, outbreak investigation, confirmation and timely response	WHO and MOH		
Activity 2.3	Provide logistical and financial support to the 8 county health teams	WHO		

Output 3	Public Health Emergency Operations Centre (EOC) activated and linked to the eight counties health teams			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Disease outbreak response plans available in all 8 counties	100% (8)	100%	EOC reports
Indicator 3.2	Daily monitoring reports released from the EOC	100%	100%	EOC Reports
Indicator 3.3	Timely situational reports, reports, sitreps and bulletins available	100%	100%	Weekly reports from EOC
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Support joint planning and implementation by partners in the county level in the eight (8) counties	WHO, MOH and County Health Team		
Activity 3.2	Ensure EOC connectivity – Internet and call services	WHO and ACCESS KENYA		
Activity 3.3	Provide airtime to Focal Points in the eight counties	WHO and County Health Teams		

Output 4	Communicable disease diagnostics enhanced in the eight counties			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	No stock out of or critical reagents and basic laboratory equipment and kits	0%	0%	Daily Situational Reports
Indicator 4.2	Number of communicable disease suspected cases investigated within 48 hours	80%	100%	Daily Situational Reports, Alert investigation reports at the EOC and the Weekly Epidemiological Bulletins and MEDS Delivery Reports

Indicator 4.3	Number of Cholera testing kits with reagents supplied to the health facilities per county (8)	200	200	WHO and MEDS Delivery Notes
Indicator 4.4	Number of health facilities benefiting from cholera testing kit and reagents	52	64	Daily Situational Reports, Alert investigation reports at the EOC and the Weekly Epidemiological Bulletins S
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 4.1	Procure laboratory reagents to target health facilities and county health teams in the 8 referral hospitals	WHO and MEDS		
Activity 4.2	Distribute laboratory reagents to target health facilities and county health teams in the 8 counties	WHO and MEDS		
Activity 4.3	Provide technical guidelines to the targeted health facilities, clinicians, county health teams and response teams	WHO and MOH		
Activity 4.4	Provide Logistical support to county health teams for investigation and confirmation	WHO and CHTs		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The project was designed after the rapid assessment was done by partners in the affected areas through engagement of community members and Kenya Red Cross. The information was generated through key informant interviews, focus group discussions with the community members as well as consultation with their opinion leaders. Recommended and appropriate interventions were recommended which was built into the project. The information was consolidated by MOH, WHO and health sector partners with inputs from the County Health teams and the sub county teams. With inputs from all levels, the national level consolidated the project by MOH and health sector partners during series of health sector meetings. As a result of the frequent emergencies and disasters experienced by the country and especially same counties affected, coordination forums existed at the National, county and sub county levels which guided the implementation of lifesaving interventions. All health sector partners operating at the various levels and led by the county health team, were members of the forums at all levels. WHO, the Health Cluster Lead and MOH through the Emergency Operations Center (EOC) coordinated with the affected county health teams. Health sector emergency coordination and monitoring forums also existed and co-chaired by WHO. Membership included UNICEF and UNFPA that participated at all levels. Health sector emergency coordination and monitoring forums also existed and co-chaired by WHO. Membership included UNICEF and UNFPA that participated at all levels. WHO deployed a dedicated Epidemiologist that facilitated implementation monitoring, data and information management and by the county health teams. Real time information reporting was facilitated by the District health information System 2 (DHIS2) and other existing emergency tools MOH and WHO at the national level consolidates all county and sub county reports which eventually was used for the many situational reports and that were widely disseminated to partners at all levels. Joint monitoring visits were conducted, and the implanting partners and community opinion leaders were engaged on the progress and satisfaction of the response activities.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Existing national, county, sub county and community structures were used at all levels including the use Community Health volunteers at the community level. At the national level, we had the PHEOC and the Health Sector committee. At the county level we had the County Response Team chaired by the County Health Director, and similar structure replicated at the sub county level. Below the county level we had the health volunteers who were in direct day to day communication with the community elders and the members. All concerns

were addressed timely and appropriately leaving no segment of society behind. The Governors of the counties ensured all concerns were addressed at the County coordination forums.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

WHO had been involved in emergency response in the affected areas for a long time. WHO is a credible and trusted organization among the population in the affected areas following the frequent interactions with the communities for the many emergencies and disasters. The communities were and local authorities were engaged from the onset and the modus operandi explained to them with their consent before implementation began.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☐

The Kenya health facilities have, a complaint mechanism (complaint box) which is a standard requirement for all health facilities and services in Kenya that was used extensively. The close interaction with the local government and the local community structures was also used that ensured any serious complaint was addressed timely. In addition, there were project implementation committees at all levels. In addition, The County Health teams worked closely with these bodies down to the community level. During monitoring visits these committees were engaged for the discussion of the joint monitoring missions. Concerns were freely and addressed. Opinion leaders were also consulted and structured and unstructured key informant interviews and Group discussions were held for triangulation of the concerns. The recommended complains and adaptation of some of the interventions were agreed and adjustments made interventions were further discussed and agreed to suit the local environment. beliefs and culture

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☐

WHO and all implementing partners took Sexual Exploitation seriously in line with the UN and IASC Guidelines. The normal reporting channels were activated from the community to the national level. Through the multi-sectoral linkages efforts, WHO worked closely with the child protection cluster partners that had local structures including women and girls' groups and other key protection stakeholders are enhancing identification, response and referral for gender-based violence and SEA issues. WHO through support to the health facilities was responsible for treating all referred SEA victims using the MOH guidelines.

Any other comments (optional):

The project was executed with no serious complains from the local government or communities. The population appreciated the interventions that contributed to the control of the communicable diseases.

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

Evaluation of such projects is a joint effort by coordinated action of partners and at times by external evaluators. This was not planned at the inception of the project by all. In addition, there were several emergencies going on at the and beyond which required immediate response actions.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input 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\$
19-RR-CEF-081	Health	UNICEF	GOV	\$21,120
19-RR-CEF-081	Health	UNICEF	RedC	\$103,290
19-RR-WHO-040	Health	WHO	NNGO	\$59,696
19-RR-FPA-035	Protection	UNFPA	INGO	\$50,130
19-RR-FPA-036	Health	UNFPA	INGO	\$13,995
19-RR-FPA-036	Health	UNFPA	RedC	\$131,279
19-RR-FPA-035	Protection	UNFPA	RedC	\$165,249
19-RR-CEF-083	Water, Sanitation and Hygiene	UNICEF	GOV	\$26,423
19-RR-CEF-083	Water, Sanitation and Hygiene	UNICEF	GOV	\$19,943
19-RR-CEF-083	Water, Sanitation and Hygiene	UNICEF	GOV	\$53,816
19-RR-CEF-083	Water, Sanitation and Hygiene	UNICEF	INGO	\$40,469
19-RR-CEF-083	Water, Sanitation and Hygiene	UNICEF	INGO	\$62,465
19-RR-CEF-083	Water, Sanitation and Hygiene	UNICEF	INGO	\$253,298
19-RR-CEF-083	Water, Sanitation and Hygiene	UNICEF	INGO	\$79,256
19-RR-CEF-083	Water, Sanitation and Hygiene	UNICEF	INGO	\$66,014
19-RR-CEF-080	Child Protection	UNICEF	GOV	\$19,710.73
19-RR-CEF-080	Child Protection	UNICEF	NNGO	\$2,456.55
19-RR-CEF-080	Child Protection	UNICEF	GOV	\$13,409.96
19-RR-CEF-080	Child Protection	UNICEF	GOV	\$38,314.18
19-RR-CEF-080	Child Protection	UNICEF	GOV	\$20,131.23
19-RR-CEF-080	Child Protection	UNICEF	Gov	\$34,385.06
19-RR-CEF-080	Child Protection	UNICEF	GOV	\$22,830.46
19-RR-FAO-026	Agriculture	FAO	INGO	\$48,196
19-RR-FAO-026	Agriculture	FAO	INGO	\$96,408
19-RR-FAO-026	Agriculture	FAO	NNGO	\$48,193
19-RR-FAO-026	Agriculture	FAO	NNGO	\$96,506

ANNEX 2: Success Stories

Project Title: Provision of Life-saving Sexual Reproductive Health Services in Eight Drought Affected Counties in Kenya (19-RR-FPA-036)]

Duration: 6 months

Implementing Partners: The Kenya Red Cross Society and the International Rescue Committee

Project Context

An assessment of the rainfall recorded from 1st March to 30th May 2019 indicated that the rainfall performance was generally poor over most parts of the country. Several meteorological stations in the country recorded rainfall that was less than 50 percent of their seasonal Long-Term Means (LTMs) for March-April-May MAM season. The seasonal rainfall was characterized by late onset and poor temporal and spatial distribution. Most of the seasonal rainfall occurred during the last dekad of April and in May while the better part of the country remained generally sunny and dry in March and most of April 2019 (<http://www.meteo.go.ke/pdf/monthly.pdf>.) By end of April, the number of counties in the alarm drought stage had increased to ten from five in March. Another 11 counties were at the alert drought level. Counties classified in the alarm drought phase included Wajir, Mandera, Garissa, Marsabit, Turkana, West Pokot, Tana River, Samburu, Kilifi and Baringo.

The total population of those affected by the drought was 800,245 and 187,000 refugees. Based on the Minimum Initial Service Package (MISP) Calculator, out of the 800,245 affected persons, the number of pregnant women in the counties (excluding the additional 15% of pregnancies that will end in miscarriage) was 19,806 while 4,628 were pregnant among the refugee population. Persons with disability constitute 3.3% of each of the EmOC cases. This meant that women with disability whose pregnancies would end in miscarriage or unsafe abortion in the next 9 months were 130 in the counties and 31 in the refugee camps. The SRH project realized a total of 55,135 women of reproductive age (WRA) receiving skilled delivery support, including 2,719 refugees and 457 women with disabilities. Family planning services were offered to 38,280 women of reproductive age who included 2,464 refugees and 10 women with disabilities. Overall, provision of the EmOC services for the above populations averted 87 maternal mortality deaths in the counties and 20 in the refugee camps, according to the MISP Calculator.

Beneficiary Voice

Name of Location and Region/Province: Kakuma Refugee Camp, Turkana County, Rift Valley Province.

Beneficiary Name: Miriam Idi

Age: 23

Background

Miriam hails from Kakuma 1, Zone 4, Block 1 and at 23 years, she already had two children. With this being her third pregnancy, she was excited that she would deliver safely in a hospital.

Miriam was febrile and her malaria test turned out positive. She was in the latent phase of labor which is the preliminary phase and was at 38 weeks of gestation.

When Miriam Idi was brought to the IRC Main Hospital's maternity in the Kakuma Refugee Camp on 21st December 2019 by an IRC ambulance, she had no idea that she was facing serious obstetric complications.

On the first physical examination, everything was normal and with no history of complications during the previous pregnancies. Miriam was good to go!

However, the progress of labor was too slow, and the cervix was not opening normally, which prompted the doctor on call and the midwife to augment her. The contractions changed from mild to moderate, but the progress was not good enough. The medical team mounted intravenous fluids for the mother who by this time seemed tired and lethargic. The head of the baby was still high and on vaginal examination, there was meconium i.e. earliest stool of an infant. The mother's blood pressure also started rising drastically.

During the second day of labor, the doctor ordered an emergency caesarean section (CS) due to obstructed labor in a mother with malaria and pre-eclampsia. After transferring her via ambulance to the general hospital, Miriam was immediately prepared for the operating theater.

Obtaining consent was a tall order hence the doctor and midwife on duty took their time to explain to Miriam and the relatives the reasons behind the CS. After informed consent, Miriam was received in theatre, fully prepped.

A live male infant was extracted and cried immediately, and the mother smiled with a sigh of relief. She would finally hold the baby who had turned her last two days into a nightmare. It turned out to be the beginning of a three-hour ordeal that was a life and death affair.

The medical team noted abnormal bleeding from the incision site after the repair of the uterus. This was happening too fast and the mother's vital signs were alarming at this time, the anesthetist worked hard to keep the mother alive.

The laboratory came in handy with blood transfusion and the fresh frozen plasma for the patient who was slipping fast through the hands of the medics in the operating theatre.



Photo 1: Miriam at her home with her newborn baby, her first-born daughter and the Area's Community Health Promoter

The Doctor and the scrub nurse worked hard and moments later, the uterine tear involving an artery was successfully ligated and repaired.

Miriam, who was in shock, was slowly stabilized through blood transfusion, intravenous fluids, medications and close monitoring by a multi-faceted team. Her vital signs normalized, thanks to the well-equipped operating theatre and maternity with support from UNFPA.

Miriam started breastfeeding her newborn baby once she got into the ward. The medics accorded very close monitoring and all the treatment given as scheduled. She was discharged four days later with her bubbly baby, medications at hand and appointment dates given for follow up at the community level by the community health team.

Contact Person from Agency for Follow Up

Name: Joseph Lasuru

Position: Senior Field Coordinator, International Rescue Committee| Kakuma Refugee Program Email: Joseph.Lasuru@rescue.org

Project Title: Provision of Life-saving Sexual Reproductive Health Services in Eight Drought Affected Counties in Kenya (19-RR-FPA-036)]

Duration: 6 months

Implementing Partners: The Kenya Red Cross Society and the International Rescue Committee

Project Context

An assessment of the rainfall recorded from 1st March to 30th May 2019 indicated that the rainfall performance was generally poor over most parts of the country. Several meteorological stations in the country recorded rainfall that was less than 50 percent of their seasonal Long-Term Means (LTMs) for March-April-May MAM season. The seasonal rainfall was characterized by late onset and poor temporal and spatial distribution. Most of the seasonal rainfall occurred during the last dekad of April and in May while the better part of the country remained generally sunny and dry in March and most of April 2019 (<http://www.meteo.go.ke/pdf/monthly.pdf>.) By end of April, the number of counties in the alarm drought stage had increased to ten from five in March. Another 11 counties were at the alert drought level. Counties classified in the alarm drought phase included Wajir, Mandera, Garissa, Marsabit, Turkana, West Pokot, Tana River, Samburu, Kilifi and Baringo.

The total population of those

affected by the drought was 800,245 and 187,000 refugees. Based on the Minimum Initial Service Package (MISP) Calculator, out of the 800,245 affected persons, the number of pregnant women in the counties (excluding the additional 15% of pregnancies that

will end in miscarriage) was 19,806 while 4,628 were pregnant among the refugee population. Persons with disability constitute 3.3% of each of the EmOC cases. This meant that women with disability whose pregnancies would end in miscarriage or unsafe abortion in the next 9 months were 130 in the counties and 31 in the refugee camps. The SRH project realized a total of 55,135 women of reproductive age (WRA) receiving skilled delivery support, including 2,719 refugees and 457 women with disabilities. Family planning services were offered to 38,280 women of reproductive age who included 2,464 refugees and 10 women with disabilities. Overall, provision of the EmOC services for the above populations averted 87 maternal mortality deaths in the counties and 20 in the refugee camps, according to the MISP Calculator.

Beneficiary Voice

Name of Location and Region/Province: Kakuma Refugee Camp, Turkana County, Rift Valley Province.

Beneficiary Name: Atong Achol Nhial

Age: 28

Background

Atong Achol Nhial, 28, is a single mother of three. She arrived in Kakuma Refugee camp in 2013 after prolonged civil war broke out in South Sudan. Atong is disabled and walks on crutches following an accident she suffered a while back.

She narrates her story and the challenges she faces as a disabled woman living in a refugee camp.

‘Ever since I arrived in Kakuma my life became difficult as I was unable to do casual works. I therefore resorted to sex work to provide for my children,’ she explained, her eyes searching for a cool spot in sweltering heat of Kakuma.

“A man approached me in 2018 and promised to marry me, and to take care of my children. This enticed me to discontinue contraception. But upon realizing I was three months pregnant, with my third born, the man led and left me on my own,” she lamented, desolation echoing in her voice.

‘After delivery of my third child, the IRC suggested to me a long term contraceptive method which has enabled me to raise my children, without fear of getting pregnant. More children would mean additional burdens and daily struggles to survive.’



Photo 2:Atong Achol Nhial

Contact Person from Agency for Follow Up

Name: Joseph Lasuru

Position: Senior Field Coordinator, International Rescue Committee| Kakuma Refugee Program **Email:** Joseph.Lasuru@rescue.org

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ASAL	Arid and Semi-Arid Lands
CDVS	County Director of Veterinary Services
CERF	Central Emergency Response Fund
CHT	County Health Team
CHW	Community Health Worker
CMR	Clinical Management of Rape
CSG	County Steering Group
CSO	Civil Society Organization
DHIS2	District Information Management System 2
EOC	Emergency Operations Centre
EPI	Expanded Programme on Immunization
ERH	Emergency Reproductive Health
FAO	Food and Agriculture Organization of the United Nations
GBV	Gender Based Violence
IEC	Information, Education and Communication
IRC	International Rescue Committee
KRCS	Kenya Red Cross Society
LTA	Long-term average
MEDS	Mission for Essential Drugs and Supplies (Essential drugs supplier and distributor)
MISP	Minimum Initial Service Package
MOH	Ministry of Health
MOH	Ministry of Health
NGO	Non-Governmental Organization
PHEOC	Public Health Emergency Operations Center (National)
PIT	Project Implementation Team
PRC	Post Rape Care
PSEA	Prevention of Sexual Exploitation and Abuse
RH	Reproductive Health
SRH	Sexual and Reproductive Health
TWG	Technical Working Group