United Nations CERF Central Emergency Response Fund

RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

19-RR-KEN-39625

KENYA

RAPID RESPONSE

FLOODS

2019

RESIDENT/HUMANITARIAN COORDINATOR	SIDDHARTH CHATTERJEE

<table>
<tr><td>a.</td><td>Please indicate when the After-Action Review (AAR) was conducted and who participated.</td><td colspan="2">N/A</td></tr>
<tr><td></td><td colspan="3">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.</td></tr>
<tr><td>b.</td><td>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.</td><td>Yes ☒</td><td>No ☐</td></tr>
<tr><td></td><td colspan="3">Yes. The RC and humanitarian partners were informed during the CERF application and implementation through the Kenya Humanitarian Partner Team Meetings and the Inter-sector coordination meetings.</td></tr>
<tr><td>c.</td><td>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)?</td><td>Yes ☒</td><td>No ☐</td></tr>
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PART I

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**15,110,000**
FUNDING RECEIVED BY SOURCE	
CERF	3,009,272
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	50,000
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**3,059,272**

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)

Agency	Project code	Cluster/Sector	Amount
FAO	19-RR-FAO-037	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	500,000
IOM	19-RR-IOM-037	Emergency Shelter and NFI - Shelter and Non-Food Items	200,000
UNFPA	19-RR-FPA-050	Health – Health	149,773
UNICEF	19-RR-CEF-110	Health – Health	209,496
UNICEF	19-RR-CEF-111	Emergency Shelter and NFI - Shelter and Non-Food Items	199,999
UNICEF	19-RR-CEF-112	Water Sanitation Hygiene - Water, Sanitation and Hygiene	500,004
WFP	19-RR-WFP-070	Logistics - Common Logistics	504,000
WFP	19-RR-WFP-070	Food Security - Food Assistance	396,000
WHO	19-RR-WHO-054	Health - Health	350,000
TOTAL			**3,009,272**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**2,344,741**
Funds transferred to Government partners*	165,350
Funds transferred to International NGOs partners*	366,474
Funds transferred to National NGOs partners*	0
Funds transferred to Red Cross/Red Crescent partners*	132,709
Total funds transferred to implementing partners (IP)*	**664,531**
TOTAL	**3,009,272**

** These figures should match with totals in Annex 1.*

2. HUMANITARIAN CONTEXT AND NEEDS

The short rains usually experienced between October to December started early in September 2019 in Northern, Eastern, Coastal, Central and Western regions, with heavy rains affecting 25 of the 47 counties in the country. As of 3 November, more than 144,000 people were estimated to be affected by riverine and flash floods, rock falls, mudslides and landslides, according to the Kenya Red Cross Society (KRCS). The Government's National Disaster Operation Centre (NDOC) also confirmed that at least 17,000 people had been displaced and 48 deaths confirmed as a direct result of the floods. Weather forecasts indicated high chances of heavy rains until the end of November 2019, while the NDOC expected the number affected by the floods and requiring humanitarian assistance to rise to more than 300,000 through to March 2020 with Mandera, Wajir, Garissa, Tana River, Turkana, Marsabit, Kisumu and Lamu counties being the most affected.

The above average rains were attributed to a positive Indian Ocean Dipole (IOD) phenomenon which raised temperatures 2.15 degrees higher than normal. Heavy rains were experienced in October and heavier rains in November 2019 which caused more devastation across the country. According to the National Disaster Operations Centre (NDOC), the rains caused destruction of crucial livelihoods, including an undetermined acreage of farmland and livestock which heavily impacted the food security situation across the Country. At the time Kenya was already facing an increase in food insecurity prior to the floods. The latest report from the Integrated Food Security Phase Classification (IPC) 3 projected 3.1 million people to be in crisis and emergency levels of food insecurity during the month of October 2019. It was noted that some of the communities that were affected were still reeling from the impact of a crippling drought, they most affected included families in Garissa Tana River, and Turkana Counties, eroding the resilience of affected communities gradually.

The Government of Kenya and various development partners such as the Kenya Red Cross, UNICEF, WHO, IOM, FAO, and WFP activated early actions and response plans to affected communities who were cut off from lifesaving support. Most of the families were without food, water, and required medical care and supplies. The Government of Kenya and the KRCS carried out assessments in flood affected areas. Findings of these assessments confirmed widespread destruction of shelter increased water and sanitation needs as well as increased health needs to manage active outbreaks and prevent further ones. The widespread damage and /or disruption of livelihoods due to significant loss of livestock and damage to farmlands as damages of key infrastructure including bridges, schools and health facilities in multiple locations worsened the overall situation. Roads were cut off in at least eight counties, paralyzing transport and hampering humanitarian assistance in Mandera, Wajir, Marsabit, Turkana, Garissa, Lamu, Kwale and Mombasa. According to Frontiers Council Development Council (FCDC), major road links like the Mandera-Wajir highway at Kutulo, Moyale-Mandera road, the Isiolo-Sericho road, Wajir North and the rest of Wajir West are impassable. In Marsabit County, Sololo-Moyale road was adversely affected, and people were displaced in Godoma, Dabel, Bori, Elebor, Wolde and Saku. In Turkana County, Turkana West, Kerio and Loima communities were cut off due to flash floods.

In inaccessible areas, World Food Program used drones undertake aerial assessments in Moyale and Marsabit Counties and determine the extent of the damages. This helps to identify priority needs for affected communities. Mapping out locations of displaced families was critical as well finding alternative routes to deliver support. Food, NFIs and Shelter, were prioritized as the most immediate needs of the affected populations. In addition, WASH and health interventions were critical, given the high human and animal disease risk in the affected locations due to pre-existing poor hygiene practices and poor access to clean water as well as the limited Government intervention in these sectors.

In Counties of Wajir, Mandera and Moyale the floods exacerbated an already existing cholera disease outbreak since January 2019, medical supplies were quickly diminishing in areas cut off by the floods. The floods increased the risk of other water- borne disease including the Rift Valley fever, and other livestock illnesses, such as contagious bovine pleuropneumonia, foot and mouth diseases. The disruption of livelihoods added to displacement and food insecurity will increase protection concerns such gender-based violence.

The CERF allocation enabled UN agencies, IOM, WFP, FAO, UNFPA, UNICEF and WHO to assist the most vulnerable people and those the most at-risk for health issues. Specific attention was dedicated to the needs of the elderly, people with disabilities, children and lactating and pregnant women and single headed families during distribution of essential items as well as when undertaking disease surveillance and treatment interventions.

3. CONSIDERATION OF FOUR PRIORITY AREAS[1]

In October 2019, heavy rains were experienced throughout the Country, more so the Western and North East parts of the country were adversely affected by the floods. According to the National Disaster Operations Centre (NDOC), the rains caused destruction of crucial livelihoods, income generating activities and physical access to people in need. The four priority areas were determined to respond to the most acute humanitarian needs, focusing on the most vulnerable people and trying to find strategies to promote and support social cohesion as phasing out of the crisis as fast as possible.

a. Women and girls, including gender-based violence, reproductive health and empowerment

This action aimed to integrate gender and inclusion into all interventions to preserve the dignity of affected populations. All agencies involved ensured women and girls strategic needs were incorporated throughout the response. Women and girls were provided with culturally appropriate dignity kits and the needs of boys and men were taken into consideration. Sensitization of sexual gender-based violence was incorporated in existing platforms through health, wash, food and non-food items, emergency shelter and livelihoods interventions. The UN agencies under this action actively collaborated in information sharing for gender-based affected to grant accessibility to services. This action further assisted towards the provision of life-saving sexual reproductive health service (SRH) including to refugees and women with disabilities. The women were provided with a wide range of Sexual and Reproductive Health (SRH) services, including 8,062 who received skilled birth attendance services. All 71,295 women received family planning services and information and 3,091 women of reproductive age were issued with dignity kits.

b. Programmes targeting persons with disabilities

The activities engaged under this CERF allocation promoted the inclusion of people with disability whose voices are often excluded. The participating agencies recognised that disabilities are not a homogenous group and further designed targeted interventions to meet the various needs of people with disability. For example, information and messages related to floods and Covid-19 were designed in different formats and made available to them. They were active members of the village relief and development committees and active participants of the decision-making processes. This action further promoted advocacy on the integration of persons with disabilities into disaster risk analysis processes. and build their capacity to recover and build back better. This action targeted women with disability to access skilled birth attendance due to sensitizations done by community healthcare workers, tracking of cases by safe motherhood promoters, availability of sign language interpreters in health facilities and referral services to overcome mobility challenges. There was equally good achievement in providing health services especially women maternal services to women living with disability through integrated outreaches at the beginning of the year before Covid-19, counselling support and multiplicity of modern contraception choices. Use of sign language interpreters also improved the achievement (55%) against the target of 58%. UNFPA and KRCS used prepositioned dignity kits to increase the number (118%) due to the augmented demand as result of the Covid-19 pandemic and floods that aggravated livelihood access for women with disability.

c. Education in protracted crises

The needs of children were addressed at the household levels through provision of life saving assistance of food needs and medical services and care while the National Authorities through the Ministry of Education provided floods affected schools and infrastructure rehabilitation and appropriate funds were allocated for recovery interventions and reconstruction of facilities.

d. Other aspects of protection

The project was implemented in line with the national and county structures for harmonization and effective coordination of response interventions. The implementing agencies utilized national and county disaster response steering committees, SRH and GBV technical working groups at national and county levels, GBV community resource persons, and organizations of persons with disability. The International Rescue Committee (IRC) implemented the emergency response through close collaboration with the Ministry of Health (MOH) at the County and Sub-county levels, including planning joint implementation and subsequent documentation of the activities through reports, pictures and data entry to the District Health Information System 2 (DHIS2) platform.

[1] In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. Please see the Questions and Answers on the ERC four priority areas here https://cerf.un.org/sites/default/files/resources/Priority_Areas_Q_A.pdf

The IRC is committed in upholding the rights and dignity of vulnerable communities, under this project IRC ensured accountability to project beneficiaries by providing targeted training on accountability, prevention on sexual exploitation and abuse(PSEA).IRC further sensitized community members and target project beneficiaries on community feedback and complains mechanisms that included suggestion boxes , client exit interviews , clients satisfaction surveys , and help desks that maintained an open door policy .

4. PRIORITIZATION PROCESS

CERF strategy was determined and endorsed at the Kenya Humanitarian Partners Team meetings and inter-sector coordination to support the scaling up of time critical lifesaving humanitarian assistance to prevent an increase in floods-induced humanitarian needs for six months in twelve most affected counties of Garissa; Isiolo; Kilifi; Mandera; Marsabit; Samburu; Tana River; Turkana; Wajir; West Pokot; Baringo; and Kwale. CERF funding allowed to kick start the floods response filling response gaps identified by the Government and partners during the first response. The CERF funding prioritised providing the much-needed logistics support, of emergency shelters assistance through non-food items (NFIs), WASH, health, and food and treatment and prevention of animal and human diseases.

The Government and partners provided resources to respond to life-saving activities following the prolonged drought in 2018/19 affecting more than 3 million severely food insecure people, including food through a $7 million allocation by the national government; a $5 million CERF allocation as well as limited and incomplete NFI kits prepositioned by the KRCS. These resources helped cushion some of the impact of the floods. However, major gaps were identified by recent assessments and additional resources have been difficult to secure due to an overstretched drought response. The CERF RR allocation was to kick-start the humanitarian response to additional needs triggered by the floods. In addition, the project design was informed by the findings of Kenya Inter Agency Rapid Assessment (KIRA), conducted at community level at the onset of the floods. Further, communities' opinions and voices captured during the assessment formed the basis of the sector decision for implementation of this project. The project beneficiaries were involved through community consultations during implementation and their feedback was sought through post distribution monitoring (PDM) that aimed to determine relevance, appropriateness and coverage of the response as well as effectiveness and quality of the response from community perspectives.

Gender and age were considered through the design of this project. The concerns of the elderly were taken into consideration specifically agencies like WFP ensure that general food distribution points were stationed in locations accessible to the elderly. Safe spaces were created for women and girls accessing reproductive health services to ensure their protection and safety. In addition, in order to preserve the dignity of affected populations gender and inclusion were integrated into all interventions. All agencies awarded CERF funds ensured women and girls strategic needs were incorporated throughout the response. Women and girls were provided with culturally appropriate dignity kits and the needs of boys and men were taken into consideration. Sensitization of sexual gender-based violence was incorporated in existing platforms through health, Wash, food and non-food items, emergency shelter and livelihoods interventions. Participation of the affected person was ensured throughout the project cycle. 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. Also, the project utilized community structures to implement the project such as community health volunteers and community protection groups from within the affected population.

Community engagement and accountability frameworks were implemented across the implementing agencies and partners. The accountability to affected populations frameworks ensured that communities were at the centre of the project implementation by integrating communication and participation throughout the programme cycle or operation. The project ensured the use of the most appropriate communication approaches such as community barazas, community dialogue sessions, suggestion boxes, toll-free number, and one on one sessions to listen to communities' needs, feedback and complaints.

5. CERF RESULTS

In 2019, CERF allocated $3 million for rapid response to the floods emergencies to provide lifesaving assistance to floods affected communities including refugees and internally displaced persons. The funding enabled UN agencies and partners to provide and meet immediate needs of 545,463 people. A total of 200,969 women,128,218 girls,110,561 boys and 105,715 men were directly reached with lifesaving assistance. CERF funds enabled UNICEF to deliver critical life-saving interventions to the most-affected populations in a timely manner, through making it possible to accelerate procurement and distribution of critical supplies and mobilization of response teams to provide essential services at community and household level. The funds from CERF arrived at a time when UNICEF had already

exhausted its emergency funds, and thus were critical to bridge this gap, to safeguard the loss of lives and reduce the impact of ongoing human suffering. Flexibility to transfer funds directly to government counterparts supported timely response to the WASH and health needs of children in hard-to-reach areas that remained inaccessible to NGO partner.

Through this CERF UFE grant, FAO was able to reach 23,017 households equivalent to 197,765 people (Turkana 62,476, Kwale 9353, Marsabit 31,092, Isiolo 49,038 and Wajir 45,836)

The following outputs were achieved:

Through this CERF RR grant, IOM and partners reached a total of 16,650 people (3,906 men, 3778 women, 4,479 boys and 4,487 girls) with lifesaving shelter and non-food items kits comprising of tarpaulins, sleeping mats, blankets, jerry cans, plastic buckets, cooking pots, kitchen set, soap, mosquito nets, etc. All of which contributed to meeting basic shelter and NFI needs of flood affected population. In Wajir North, IOM reached 1850 households in 13 villages (Qarsa Bulla (100), Qarsa Sare (100), Gurar (150), Handaraka (100), Buna (500), Godoma (100), Harade (50), Lesayu (120), Sirey (50), Tuluroba (70), Walesututu (300), Watiti A & B (150) and Basakorow (60).

The CERF fund awarded to UNFPA directly assisted a total of 71, 295 women of reproductive age including 11,025 women from the host community in Turkana County; 14,324 refugee women in Kakuma and Kalobeyei refugee camps; 44,545 others from target counties; and 1,401 women with disabilities. The women were provided with a wide range of Sexual and Reproductive Health (SRH) services that included 8,062 who received skilled birth attendance services. All 71,295 women reached directly received family planning services and information. A total of 3,091 women of reproductive age were issued with dignity kits. The project oriented 39 healthcare workers on the Minimum Initial Service Package (MISP) and supported 18 integrated health outreaches especially before Covid-19. The project indirectly reached 10,876 sexually active refugee men and boys; 43,639 sexually active non-refugee men and boys; and 297 Government and non-State actors who included healthcare workers

The CERF grant to WFP was used to procure lifesaving food assistance (cereals – sorghum (216mt), pulses (43.2mt) and vegetable oil (14.4mt)) to 12,000 communities) in Turkana county in coordination with the county government. The rations were provided at 75 percent of a standard 2,100 KCal ration per person per day, for two months. Further, WFP drew on its global logistics and air operations capacity to provide timely, cost-efficient services to the Government of Kenya supporting and additional 40,000 people. A Russian Mi-8 helicopter with 3mt capacity was deployed to deliver government relief assistance to families in parts of Mandera, Wajir, Isiolo, Garissa, Tana River and West Pokot counties. In November 2019, WFP began airlifting Government relief food and supplies to areas that were cut off by widespread flooding and could not be accessed. The assistance delivered was quite diverse, including food and non-food items such as mosquito nets, water purification tablets and medicine.

The CERF funds awarded to WHO humanitarian responses were scale up to target boys and girls of ages 6 months to under 15 years, pregnant women, displaced populations, people with special needs, communities hosting displaced and elderly. The key interventions included scaling up infectious diseases' investigation, confirmation and management of cases in health facilities for cholera and other infectious, water and vector borne diseases. The CERF contributed towards the procurement of essential lifesaving medicines for cholera treatment and laboratory kits as well as scaling up health emergency information management and early warning to guide the response in the above targeted counties. WHO reached a total of 64,655 vulnerable population and indirectly target 341,705. This included 32,624 (90%) out of 36,249 children under five (15,986 boys and 16,638 girls), and 2,473 (90%) out of 2,748 pregnant/lactating women with above listed lifesaving interventions.

6. PEOPLE REACHED

The CERF project reached a total of 545,463 from the planned figure of 222,046 to floods affected communities in 12 counties of Kenya comprising of Wajir, Mandera, Turkana, West Pokot, Marsabit, Kwale,Samburu,Kilifi, Tana River West Pokot, Garissa and Isiolo counties.

A total of A total of 200,969 women,128,218 girls,110,561 boys and 105,715 men were directly reached with lifesaving assistance. Food aid interventions reached 52,000 people, access to safe water and appropriate sanitation support benefitting 290,000 people including health and sexual reproductive health response services to 150,000 women and 65,000 girls and 45,000 sexually active boys. In addition, the project directly assisted a total of 71, 295 women of reproductive age who included 11,025 women from the host community in Turkana County; 14,324 refugee women in Kakuma and Kalobeyei refugee camps; and 4,541 people living with disabilities.

The total reach figures were much higher due to various reasons as outlined below:

- **Agriculture**: The training of local based vernacular radio station presenters on the impact of RVF outbreak led to wide reach and programs properly publicised through these local stations. Due to closure of schools, more young adults were available to participate in all activities including presenting livestock for treatment. During monitoring by FAO and County teams, it was established that in these counties,
- In addition, the figures reached were higher as the project interventions reached more household numbers, at the planning stage the estimated 5 members per household was lower, the actual registration average household number recorded was 6.5 members per household.
- **Health**: The number of expectant refugee women attending health facilities who access skilled birth attendance increased remarkably (156%) due to community sensitization by safe motherhood promoters, continuity of services during the Covid-19 pandemic, and referral services. Family planning services were integrated into other health programmes especially Maternal New-born and Child Health (MNCH) which broadened avenues for access.
- Community sensitizations using methods such as radio and use of community health workers to disseminate contraception choices also increased uptake of the family planning services and information (92%). Demand for family planning (FP) services also increased during the Covid-19 period due to limited mobility of the refugee population and increased sexual activity.
- **WASH**: There was a significant increase in the number of people reached, which is attributed to repairs of three additional piped water schemes. The repaired piped water schemes are strategic as they serve a large population and assisted in the restoration of strategic flood – damaged water supply systems reaching an additional 99,168 project beneficiaries.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY[1]

Category	Number of people (Planned)	Number of people (Reached)
Host communities	67,061	180,444
Refugees	15,600	14,324
Returnees	0	0
Internally displaced persons	19,187	108,385
Other affected persons	120,198	242,310
Total	**222,046**	**545,463**

[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 AGE[2]

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	33,307	88,818	44,409	55,512	**222,046**
Reached	105,715	200,969	110,561	128,218	**545,463**

[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)	352	2,532	325	348	**3,557**
Reached (Out of the total reached)	391	1,401	448	449	**2,689**

[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**
Emergency Shelter and NFI - Shelter and Non-Food Items	7,457	7,737	6,776	7,030	**29,000**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	19,232	28,683	28,846	43,437	**120,198**
Food Security - Food Assistance	3,750	3,750	3,750	3,750	**15,000**
Health - Health	17,603	19,952	24,137	24,556	**86,248**
Logistics - Common Logistics	8,750	8,750	8,750	8,750	**35,000**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	7,644	7,956	7,056	7,344	**30,000**

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**
Emergency Shelter and NFI - Shelter and Non-Food Items	7,819	7,898	8,179	8,238	**32,134**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	52,002	49,920	43,446	52,397	**197,765**
Food Security - Food Assistance	5,812	6,188	0	0	**12,000**
Health - Health	18,430	69,894	25,284	26,788	**140,396**
Logistics - Common Logistics	8,700	11,500	8,700	11,500	**40,400**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	31,382	32,664	28,969	30,152	**123,167**

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

7. CERF'S ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

- CERF funds enabled UNICEF and partners to deliver critical life-saving interventions to the most-affected populations in a timely manner, through making it possible to accelerate procurement and distribution of critical supplies and mobilization of response teams to provide essential services at community and household level. The funds from CERF arrived at a time when UNICEF had already exhausted its emergency funds, and thus were critical to bridging the funding gaps, without which the lives of the most vulnerable would not have been saved, and ongoing human suffering would not have been averted. Flexibility to transfer funds directly to government counterparts supported timely response to the WASH and health needs of children in hard-to-reach areas that remained inaccessible to NGO partner.
- The CERF fund was released within shortest time possible and confirmation received immediately. IOM was able to immediately secure the required supply to meet the lifesaving needs of affected population who would otherwise have remained unsupported for a prolonged period, exposing them to further risk. The flexibility to transfer funds to the implementing partners based on their operational strength as identified in the project proposal saved time to identify implementing partners.
- While the funds were meant to assist people affected by floods, it was disbursed towards the end of the floods and while the UN implementing agencies were preparing to start implementation in the field, Covid-19 pandemic hit Kenya.

b)	**Did CERF funds help respond to <u>time-critical needs</u>?**
	YES ☒ PARTIALLY ☐ NO ☐

- Timely access to safe water through distribution of water treatment chemicals and water connection and storage vessels to affected households before repairs and restoration of flood-damaged facilities were completed and access to treatment for water-borne diseases through integrated health outreaches significantly contributed to reduced morbidity and mortality at the peak of the flooding emergency
- Timely procurement of emergency ES/NFI was made possible with funding from the CERF and affected population were supported within reasonable time.
- FAO was able to respond to all reports on possible outbreak of Rift Valley Fever by immediately dispatching team to the
- Directorate of Veterinary services and Field based Veterinary Laboratories to carry out Surveillance in suspect areas of the
- country.

c) Did CERF <u>improve coordination</u> amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

- CERF funding enhanced sectoral and multi-sectoral coordination, improved information sharing and analysis for decision making as well as interagency collaboration, thus enhancing efficiency and effectiveness of the response. Joint assessments and programmatic monitoring visits with partners helped to identify critical gaps and challenges that were addressed collaboratively. UNICEF collaborated with County Governments and NGO partners in the planning, implementation and monitoring of the CERF projects through its sector lead role.
- CERF funding appropriated to UN implementing partners projects improved sectoral and interagency coordination at county level including with national and county administration who were involved in coordination meetings and decision-making processes for the successful inclusive implementation of the CERF application.
- At National level IOM engaged national government stakeholders at high political levels to deliberate on holistic response to chronic displacement in Kenya.
- UN-OCHA in Kenya was able to schedule regular meetings to report on the emergencies and established a dashboard for agency updates.
- The CERF project strengthened the work of GBV technical working groups and SRH coordination mechanisms in the respective counties where the UNFPA project was implemented.

d) Did CERF funds help <u>improve resource mobilization</u> from other sources?

YES ☒ PARTIALLY ☐ NO ☐

- CERF funds were used to mobilize contributions from NGO partners under the partnership arrangements, with NGO partners contributing between 15 and 25% of the total funding received from CERF to meet additional WASH needs. County governments also contributed to project logistics through provision of government vehicles and fuel for assessments, distribution of NFIs and project monitoring.
- An attempt was made by sector members to mobilize resources from the traditional donors, but this was largely unsuccessful due to competing priorities exacerbated by the COVID pandemic. However, in kind support for the project like temporal warehousing was mobilized through implementing partners (IPs) and government at county level.
- While this was anticipated the advent of Desert locust and Covid-19 minimised flood resource mobilization and focussed
- on Desert Locust and Covid-19
- UNFPA cited the CERF projects in the successful application for Olympic Refugee Foundation funding for a GBV prevention project in Kakuma and Kalobeyei refugee camps and the host community through sports.

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

- UNICEF reached more beneficiaries through cost-effective strategies such as promotion of household water treatment and repair of strategic water points to reach more beneficiaries with safe water. Integrated approaches to health service provision through use of shared multi-sectoral human and logistical resources ensured that more beneficiaries were reached with a package of timely interventions using fewer resources.
- The CERF funding was available during the Covid-19 pandemic outbreak, during this time attention shifted to prevention measures and risk communication strategies on Covid-19 and the ongoing deserts locusts invasion in the northern pastoral areas, the CERF funding was instrumental as it was the only fund providing support towards pastoral livelihoods in northern Kenya..

FAO also desert locust invasion. In all counties the CERF funding was the only funding supporting pastoral livelihoods

- hence was well received leading to a successful implementation.
- The CERF project expanded the response to the refugee humanitarian issue in Kenya who were also affected by the floods in the Kalobeyei and Kakuma camps. The project also helped to strengthen programming inclusivity to ensure persons with disability are supported.

8. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	**Suggestion for follow-up/improvement**
Simplification of the CERF proposal and reporting tool could contribute to faster proposal development processes	Consider a more user-friendly and summarized online tool
Although CERF funding has ensured rapid response to emergencies, and greatly contributed to its lifesaving mandates, there is room for improvement to eliminate country level obstacles to immediate response. The response speed is sometimes slowed by the external macro-environmental factors and supply chain challenges, therefore it's important for the CERF secretariat to act on early warning signals and disburse funds to agencies based on anticipatory action, this will enable agencies prepare well in advance of full-blown disasters and save more lives faster.	CERF secretariat to plot anticipatory action for emergency response in the region
There is need for an integrated SRH and GBV response during climate related emergencies such as floods.	Strengthen funding for integration of SRH and GBV in emergency programmes.
The focus on persons with disabilities is critical during emergencies	Sustain integration of disability components in CERF programming.

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Unexpected challenges such as the global Covid-19 pandemic and subsequent movement restrictions can completely alter the planned course of implementation of the planned interventions, calling for flexibility, innovation and creativity in delivering timely response. Virtual coordination with Government, implementing partners and contractors made it possible to unblock some of the bottlenecks to ensure continuity of response. Nonetheless, several partnerships were extended to allow partners to overcome some of the delays caused by Covid-19 restrictions and increased logistical demands as well as the evolving humanitarian needs in the Covid-19 context.	Need for increased investments in emergency information management and ICT capacity for government counterparts	RCO, UNOCHA and partners
Pre-financing of some of the partnership activities by partners allowed timely support to affected communities	Continued advocacy and mobilization of resources.	RCO, UNOCHA and partners
Item variation- although majority of the items were considered very highly by the community, the usefulness of the stainless-steel mug was limited to cold beverage. The knife size was very small to be useful especially for the pastoralist communities. Based on the threat caused by COVID-19 and frequent requirement to sanitize, addition of more soap, inclusion of sanitizers and facemasks is highly recommended in future intervention	Need for kit composition review, specifications of some items to be changed	Kenya Shelter and NFI Sector Members
One Health Approach which combined livestock treatment with public health is the best approach to realize big impact to the community	Employing multidisciplinary implementation in upcoming projects will create wholesomeness in achievements.	FAO and Development agencies
Disease surveillance, analysis and timely report turnaround by the Labs is instrumental in mapping out the high-risk areas in the counties	In cases of zoonotic and other disease outbreaks and threats laboratory surveillance is critical in combating the disease the risks in time and space.	FAO and development partners
Joint programme monitoring strengthens project delivery	Undertake joint monitoring mission in future projects	OCHA
There is need for flexibility in shifting the CERF intervention to address other emergencies that happen in the course of implementation. For example, floods conciding with the drought response in 2019-2020	Engage with partners for resource reprogramming.	OCHA

PART II

9. PROJECT REPORTS

9.1 Project Report 19-RR-FAO-037 – 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-037
5. Project Title:		Emergency livestock-based livelihoods assistance for flood affected households in Kenya		
6.a Original Start Date:		06/12/2019	6.b Original End Date:	05/06/2020
6.c No-cost Extension:		☐ No ☒ Yes	If yes, specify revised end date:	05.09 2020
6.d Were all activities concluded by the end date? (including NCE date)			☐ No ☒ Yes (if not, please explain in section 3)	
7. Funding	**a. Total requirement for agency's sector response to current emergency:**			US$ 2,000,000
	b. Total funding received for agency's sector response to current emergency.			US$ 500,000
	c. Amount received from CERF:			US$ 500,000
	d. Total CERF funds forwarded to implementing partners of which to:			**US$ 162,083**
	Government Partners			US$ 0
	International NGOs			US$ 162,083
	National NGOs			US$ 0
	Red Cross/Crescent			US$ 0

2. Project Results Summary/Overall Performance
Through this CERF RR grant, FAO was able to reach 23,017 households equivalent to 197,765 people belonging to these households (Turkana 62,476, Kwale 9353, Marsabit 31,092, Isiolo 49,038 and Wajir 45,836). Under the outputs of the project, the following were achieved: Output 1: RVF surveillance and rapid outbreak investigation improved; The project was able to support 2 National RVF surveillance and 9 in the 5 target Counties (9 Missions). In total 1,551 samples from sheep and goats and few camels and cattle were collected. Reports showed about 1% were positive for RVF through antibodies which were either from previous vaccination or infection, but none was positive for IgM which indicates active cases. The surveillance was usually planned in the counties and from suspected outbreaks carried by the DVS. There was reduction of time taken to respond to these suspect outbreaks to less than 30 days due to the CERF funding. Support surveillance and analysis, 9 types of chemicals, reagents and other inputs were procured and delivered to the DVS laboratories and the satellite field laboratories including Covid-19 sanitizers to support technicians during surveillance.
Under output 2, RVF awareness and public communication widespread and harmonized; - the project was able to train local

media personalities from the counties Vernacular FM stations across the country on responsible and knowledge-based reporting of RVF outbreaks as well as Covid-19 pandemic using the One-Health approach led of Health and Veterinary Personnel. This led to the high turnout during implementation. In total 31 radio presenters from county based vernacular FM stations were trained together with 75 technical officers from the DVS and (Ministry of Health) MOH. During these trainings nationally and at counties, RVF pamphlets were disseminated to all counties. Output 3 County government supported with inputs and logistics for the control of RVF and treatment of other flood related livestock diseases.: This was the major activity in the project were livestock owners have been supported with drugs chemicals. Four Letters of Agreement (LoAs) were developed and signed and implemented though with a no-cost extension due to the Covid 19 pandemic government regulations and partial lockdowns. During RVF control in the target counties, 501,127 Livestock (168,431 sheep, 265,177 goats, 58,117, cattle and 9399 camels) were treated with de-wormers, vector control, vaccination (in some counties) and treatments equivalent to .93442 Total Livestock Units(TLUs).During the implementation in flood risk areas 1,934 treated mosquito nets were distributed 1,934 mothers with children under 5 years and the sickly and old.

Under output 3: Reduced impact of RVF in Kenya through improved coordination, surveillance and response-: the CERF funding fully achieved this output: All suspect RVF outbreaks were reported by field officers were supported with airtime and app to report any RVF outbreak. The DVS coordinated these RVF reports and request for surveillance while target counties used the DVS field-based laboratories for efficient response. The inputs and drugs procured through the CERF funds ensured that the RVF high-risk counties were able to respond to the risk of outbreak led by both the DVS and MOH technical officers under the One-Health model. During this reporting period the RVF outbreak has been controlled and the DVS continues to monitor the situation closely as the short rains was closely approaching.

3. Changes and Amendments

With implementation well under way, and as FAO prepared to move to the targeted counties (Turkana, Wajir, Marsabit, Isiolo and Kwale) with partners to undertake the final implementation as per the work plan, the COVID-19 Pandemic worsened in the country with the confirmation of the first case in early March 2020. The government, through the Ministry of Health implemented rules on movement, social distancing, and social gatherings among other regulation to curb the spread of the COVID-19 pandemic.

Considering that FAO were to undertake public meetings on community sensitization, RVF disease surveillance, county steering group technical meetings for beneficiary selection, setting of criteria, media and technical staff training at county level and targeting including mass vector control and treatment where people are supposed to congregate, the targeted counties requested that FAO and partners suspend implementation until appropriate strategies are in place for implementation in line with the government's rules on COVID-19.

It was envisaged that implementation of activities in the counties, and the second round of country wide RVF surveillance would be initiated in March 2020; however, the COVID-19 pandemic led to many activities being scaled down as per the Government of Kenya's directives. Due to these challenges and as a direct result of the COVID-19 pandemic, FAO requested for 3 months no cost extension which was granted by CERF Secretariat.

4.a Number of People40, 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	19,232	28,683	28,846	43,437	**120,198**
Total	**19,232**	**28,683**	**28,846**	**43,437**	**120,198**
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	52002	49920	43446	52397	197,765
Total	52002	49920	43446	52397	197,765
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 training of local based vernacular radio station presenters on the impact of RVF outbreak in the counties both in livestock and eventually to human, the publicity and messaging given by these trained media presenters led to wide reach and programs were properly publicised through these vernacular stations. Due to closure of schools, younger adults were available to participate in all activities including presenting livestock for treatment. During monitoring by FAO and County teams, it was established that in these counties, FAO through the CERF funding was the only development Agency intervening in Livestock which is the main livelihood in the target counties especially the pastoral areas.

4.c Persons Indirectly Targeted by the Project

Information on animal and human health disseminated through the local radio stations reached an indirect population of 250,000 pastoral communities. The Rift Valley fever disease as well risk communication on COVID -19 pandemic awareness and public communication was widespread and harmonized.

5. CERF Result Framework

Project Objective	Reduced impact of RVF in Kenya through improved coordination, surveillance and response

Output 1	RVF surveillance and rapid outbreak investigation improved			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Reduction in number of days between outbreak investigation and response	<30 days	Approx. 21 days	FAO field reports and requests from the Director of Veterinary Services (DVS)
Explanation of output and indicators variance:		None		

Activities	Description	Implemented by
Activity 1.1	One health Technical working group constituted under DVS(ZDU) constituted to drive the National RVF control strategy and communication	FAO and DVS
Activity 1.2	One health investigation teams supported on 10 field surveillance missions	FAO and DVS
Activity 1.3	Procurement of laboratory diagnostic kits and reagents.	FAO
Activity 1.4	Supply and transfer the laboratory diagnostic kits to the Central Veterinary Laboratories	FAO

Output 2	RVF awareness and public communication widespread and harmonized			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Reduction in number of new RVF human cases reported.	<20	0	Reports from ZDU
Indicator 2.2	% of the 1200 livestock owners reached through RVF inputs support surveyed knowing and implementing correct RVF control measures	50%	>75%	Partner (NGO) reports and Monitoring reports
Explanation of output and indicators variance:		Use of the local vernacular radio stations through the media training ensured a wide reach and participation during implementation of the activities including during sensitization. The radio publicity approach turned out to be the best during the Covid -19 regulations that limited large gatherings for publicity and sensitization. During surveillance and health facility interviews, no cases of RVF were reported and communities confirmed knowing the reasons for cross infections.		
Activities	**Description**	**Implemented by**		
Activity 2.1	Support to national and county coordination meetings	FAO and Service Providers		
Activity 2.2	Support to development and dissemination of RVF prevention and control messaging	FAO		

Output 3	County government supported with inputs and logistics for the control of RVF and treatment of other flood related livestock diseases.			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of households and individuals reached by government RVF response services and their livestock treated	20,200 HH (120,198 individuals)	23,017 HH (197,765 individuals)	Partner (SP) final reports
Indicator 3.2	Number of Letters of Agreement (LoAs) developed and signed with Service Providers (SPs)partners for delivery of RVF and animal health in target counties	4 LoAs	4	FAO contract documents (Signed by both parties)
Explanation of output and indicators variance:		The number of household members increased due to declaration of more members by male polygamous pastoralist participants in mass treatment who		

	refer to everyone in the households as one household hence the high individuals reached.

Activities	Description	Implemented by
Activity 3.1	Provision of inputs to national and county teams	FAO
Activity 3.2	Develop and sign letters of agreements (LoAs) with identified partners for support in RVF control and treatment	FAO
Activity 3.3	LoA inception and training workshop with implementing partners	FAO
Activity 3.4	Identification of high risk flooded areas and beneficiaries for RVF control fly repellent and mass treatment and field implementation by SP and County Government	FAO, SP and County Government
Activity 3.5	Manage and supervise the implementation of the LoAs	FAO

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 target counties had undertaken Kenya inter- agency rapid assessments (KIRA) that are usually multi agency that assessed the humanitarian needs of the right-holders or affected communities where their fears, aspirations and immediate needs for the community and the impact on livelihoods where assessed and documented for use by development agencies. These were the reports that FAO used in developing the project including what the UN-OCHA presented during the crisis during inter-agency briefing and Kenya Humanitarian Partners team meetings (KHPT) with the reports produced following consultations with communities. During implementation, the project was presented to the County management for adoption and targeting to ensure there was equity and fairness in interventions. The letters of Agreement with partners ensured there was a budget for community mobilisation and sensitization to ensure active and inclusive participation of communities in all 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?

The planning of the implementation started at the National level with clear definition of the roles at National and County levels. The National mechanisms coordinated by the DVS were taxed with the National coordination of RVF outbreaks and development and guiding on standard RVF Operational Procedures. At the local county level, the county mechanism through the county Departments responsible for livestock and health were the entry points followed by convening of the county steering groups that are used to map out the people highly affected by floods and prepared programs to be implemented by the Project Implementation Team (PIT). The PIT ensures the target communities are sensitized with specific reach on women and children. Gender representation was key to implementation especially during distribution of RVF prevention treated mosquito nets to families living with livestock within flooded areas.

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?

At the initial phase of project implementation, funds were factored in the letters of agreement (LoA) were the county management responsible for implementation and project implementation team were supported to travel to all target areas to sensitize the communities on the UN-FAO support. The communities further discussed project transparency and ethical concerns and agreed for all project participants to adhere to acceptable ethical standards including respect to people's culture, religion and practices.

FAO practices zero tolerance to unethical practices especially for partners implementing FAO programs through LoAs. These are

explicitly spelt out to partners during project briefings. FAO responsible officers maintain an open-door policy where any affected person during implementation can air their views.

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 ☐

FAO appointed a responsible officer to receive and respond to complaints and provide appropriate feedback. The responsible officer maintained an open-door policy where any complaints were welcomed from stakeholders including county representatives project, beneficiaries. A dedicated telephone number and email address were issued to facilitate a communication pathway to receive complaints and feedback.

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 ☒

FAO has mechanisms specifically for monitoring and addressing SEA and related complains. The FAO gender focal point officer is charged in the ensuring adherence to the PSEA and gender and protection protocols in all project interventions and has trained implementing partners to put in place PSEA reporting and feedback and referral pathways. No SEA or protection incidence were reported during project implementation.

Any other comments (optional):

The project implementation timelines were affected by the outbreak of covid-19 and desert locust invasion that delayed its completion hence request for no-cost extension. COVID-19 rules that limited social gathering for training during sensitization and only few people could attend during field mobilization and training. This increased cost as more sessions needed to be held. However, being the single development agency supporting livestock-based livelihoods, the achievement exceeded expectation.

7. Cash and Voucher Assistance (CVA)

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?

Project evaluation was carried out only during monitoring by FAO and County teams. Monitoring reports were prepared by the teams to show the project impact on beneficiaries in the target counties. No other scheduled evaluation was planned.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

9.2. Project Report 19-RR-IOM-037 - IOM

1. Project Information			
1. Agency:	IOM	**2. Country:**	Kenya
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items	**4. Project Code (CERF):**	19-RR-IOM-037
5. Project Title:	Immediate response to emergency shelter and non-food items (ES/NFI) needs for flood-affected populations in Kenya		
6.a Original Start Date:	06/12/2019	**6.b Original End Date:**	05/06/2020
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	05/09/2020
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 5,000,000
	b. Total funding received for agency's sector response to current emergency:	US$ 200,000
	c. Amount received from CERF:	US$ 200,000
	d. Total CERF funds forwarded to implementing partners	**US$ 5,900**
	Government Partners	US$0
	International NGOs	US$ 5,900
	National NGOs	US$0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

The project reached a total of 16,650 people (3,906 men, 3778 women, 4,479 boys and 4,487 girls) with lifesaving E/SNFI kits comprising of tarpaulins, sleeping mats, blankets, jerry cans, plastic buckets, cooking pots, kitchen set, soap, mosquito nets, etc. All of which contributed to meeting basic shelter and NFI needs of flood affected population. In Wajir North, IOM reached 1850 households in 13 villages (Qarsa Bulla (100), Qarsa Sare (100), Gurar (150), Handaraka (100), Buna (500), Godoma (100), Harade (50), Lesayu (120), Sirey (50), Tuluroba (70), Walesututu (300), Watiti A & B (150) and Basakorow (60).
The Implementing Partner, World Vision Kenya reached 300 households in Wajir South in nine Villages (Baji (32), Arbajahan, (50), Garsekoftu, (40), Baragothey (15), Hadado, Hadado Wagber,(41), Athibohol (41),Lolkuta,(20), Admasajida (40) and Lagdima,(21). World Vision Kenya also reached 500 Households in Tana River covering five villages (Saka, (150) Mnazini, (150), Mwina (100) Odha (40) and Handaraku (60)).

Through this CERF RR grant, IOM and partners held consultation meetings at county level in both Wajir and Tana River counties to disseminate project information to county stakeholders, seek their advice on project sites and beneficiary's distribution. These meetings were also aimed at creating synergies with related ongoing projects in the counties. Following the county level consultative meetings, community consultation was conducted in the selected sub counties of Wajir and Tana River. IOM conducted 5 pre-distribution community consultations in Wajir North while World Vision conducted 6 community consultations in Tana River and Wajir South. The purpose of the consultations was to bring the community on board to participate in project decision-making, including agreeing on final project sites (distribution), final project beneficiaries and selection criteria, as well as distribution modalities and dates.

3. Changes and Amendments

IOM surpassed the original target by reaching an additional 130 households in Wajir North. The target in the proposal was to reach 2520 households, 1720 in Wajir North, 300 in Wajir South and 500 in Tana River. With 130 additional households, the project reached 2,650 households. The additional beneficiaries and sites were prioritized following consultations with the county steering groups and Kenya Red Cross Society. Areas identified for additional support were discussed and agreed with local communities based on the actual unmet needs on ground. The additional support was made possible because of saving thanks to IOM's successful negotiation with NFI suppliers and transport vendors and use of the most efficient transport and distribution plan.

The project did not conclude within originally agreed timeline of six months due to cessation of movement necessitated by the COVID-19 pandemic. However, every effort was made to ensure all project deliverables were met hence CERF approved a three month no cost extension. It is worth noting that although initially Joint Post Distribution Monitoring (PDM) was envisioned for all project sites, this was only possible in Tana River and Wajir South, and even then, only representative key informant interview methods were used. In Wajir North, only IOM was present to conduct the PDM. The project was not able to undertake Focus Group Discussions as IOM sought to uphold do no harm principles and avoid flaunting WHO guidelines put in place by the Ministry of Health to supress the spread of COVID-19. Ultimately, feedback from PDM was received. However, correlating this information against FGD was not actualized as envisioned during project development.

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

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
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	3,272	3,406	2,902	3,020	**12,600**
Other affected persons	0	0	0	0	**0**
Total	**3,272**	**3,406**	**2,902**	**3,020**	**12,600**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	327	341	290	302	**1,260**

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

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
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	3,906	3,778	4,479	4,487	**16,650**
Other affected persons	0	0	0	0	**0**
Total	**3,906**	**3,778**	**4,479**	**4,487**	**16,650**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	391	378	448	449	**1,666**

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 total figure reached is higher because IOM reached an additional 130 households (845 individuals) and the average household size was estimated at 5 members per household during the proposal development stage, but after actual registration the average household size was found to be 6.5, explaining discrepancy of figure under reached and planned.

4.c Persons Indirectly Targeted by the Project

The project indirectly supported two County Governments, the County Government of Wajir and Tana River who would have otherwise borne a heavier burden of addressing the needs of the displaced populations within their respective counties. The project also indirectly benefitted the IDP host communities by reducing the pressure for providing shelter and NFIs support to affected populations.

5. CERF Result Framework

Project Objective	Improve the living conditions of flood affected persons through provision of emergency shelter and NFIs in the target counties

Output 1	Most vulnerable displaced households are provided with ES/NFI kits Emergency Shelter and NFI - Shelter and Non-Food Items			
Sector	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of community consultations conducted in the target locations 6 (4 in Wajir North, 1 in Wajir South and 1 in Tana River)	(6 consultations 4 in Wajir North,1 in Wajir South, 1 in Tana River)	11 Consultation (5 in Wajir South, 3 in Tana River and 3 Wajir North)	IOM activity and IP report
Indicator 1.2	Number of households provided with ES/NFI kits by IOM and implementing partner disaggregated by age and gender	2,520	2,650	IP report and IOM beneficiaries receipt forms /Database
Indicator 1.3	Percentage of beneficiary households satisfied with the assistance provided	75%	80.%	PDM report
Indicator 1.4	Number of joint field missions and end user monitoring visits conducted	2 (1 visit per target site)	2 (Wajir and Tana River)	PDM report
Indicator 1.5	Number of monitoring visits conducted	1 monitoring visit per County	1 monitoring visit per County	IOM activity
Explanation of output and indicators variance:		IOM was able to reach an additional 130 households (845 individuals) and the average household size was estimated at 5 members per household during the proposal development stage, but after actual registration the average household size was found to be 6.5, explaining discrepancy of figure under reached and planned.		

Activities	**Description**	**Implemented by**
Activity 1.1	Sign the implementing partners agreement	IOM, World Vision Kenya
Activity 1.2	Conduct community consultations prior to distribution	IOM, World Vision Kenya
Activity 1.3	Identify beneficiary households in target areas	IOM, World Vision Kenya
Activity 1.4	Procure the ES/NFI kits and dispatch to target areas	IOM
Activity 1.5	Distribute the ES/NFI kits to identified beneficiary households	IOM, World Vision Kenya
Activity 1.6	Carry out the joint field visits to monitor the progress of the	IOM, World Vision Kenya

	activities	
Activity 1.7	Conduct the Post distribution monitoring	IOM, World Vision Kenya

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 design was informed by the findings of Kenya Inter Agency Rapid Assessment (KIRA), which was conducted at community level at the onset of the floods. Further, communities' opinions and voices captured during the assessment formed the basis of the sector decision for implementation of this project. The project beneficiaries were involved through community consultations during implementation and their feedback was sought through PDM that aimed to determine relevance, appropriateness and coverage of the response as well as effectiveness and quality of the response from community perspectives.

In Wajir North, beneficiaries expressed through the Key Informant Interviews that the items delivered were necessary for the households as floods had washed away most of their basic items. The kits were comprehensive, thus fully or partially met the basic needs of the beneficiaries' households. 98% of the respondents fully agreed and were satisfied with the items delivered indicating that that they met their basic needs, whereas the remaining 2% partially agreed that kits met the basic need of their households.

In Wajir South 93.5% of the respondents fully agreed and were satisfied that the items met their basic needs. While in Tana River, 50% were satisfied with the assistance received and agreed the items addressed their basic needs while in IDP sites. The IDP community valued the assistance given to them. Most beneficiaries were utilizing the items provided with a few having been washed away by the recent floods.

Regarding the distribution exercise, 91% of the respondents considered it well organized. On other hand, only 9% considered it to be timely. The distribution was delayed by two months after the onset of floods, delays can be attributed to long procurement timelines, and these delays require the sector to look into improving its prepositioning capacity to reduce timelines required by suppliers to provide the items. The delay in responding to emergencies has been a protracted issue that requires sector's proactive engagement with the donor community as early as possible following disaster early warning signal. The respondents agreed that the response was gender balanced and sensitive, at 95%.

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?

IOM and World Vision Kenya engaged County Steering Groups (CSG) from Wajir and Tana River Counties for guidance in the targeting of all the project beneficiaries. The CSG decisions were guided by the multisector/ multi agencies flood assessment report conducted in Wajir and Tana River at the onset of the floods. Selection of the beneficiaries in the 31 identified sites (29 in Wajir and 5 in Tana River) was coordinated by the CSG and overseen by the Ministry of Interior and Coordination of National Government, and the Community Based Targeting and Distribution (CBTD) approach was used. This is a participatory process of targeting where the community members with help of local chiefs and Community Disaster Committees were given the opportunity to identify their own vulnerable households with support from World Vision, IOM and the Sub-county Administrators, thereafter selecting their own distribution committees and identifying the beneficiaries by themselves.

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?

IOM recognizes that there is often an inherent power differential that tilts towards aid and service providers in the course of interactions between IOM staff members and the people they are tasked to assist. Cognizant of the above, IOM and partners deployed experienced emergency staff who were able to give the community required feedback about the project and principles IOM adheres to. Further, community feedback and concerns were documented during PDM and shared with relevant departments for further actions and future

improvement of the interventions.

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 ☐

IOM and World Vision ensured continuous community engagement and information sharing at all stages of the project and community members were engaged and involved in decision making processes. The process involved mobilization, meeting the community at public barazas, and giving feedback to their concerns. Community led feedback was encouraged with IOM and World Vision providing necessary technical assistance to guide the process.

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 IOM staff, IOM extended this to training the sector members especially the implementing partners. IOM's partner agreements have clear clauses on prevention of sexual and abuse by partners and partners are legally obliged to abide by it. There was no report of sexual exploitation and abuse received during implementation of this project.

Any other comments (optional):
N/A

7. Cash and Voucher Assistance (CVA)

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?

No formal evaluation was conducted although post distribution and regular activities' monitoring was ensured to achieve project deliverables efficiently.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

9.3. Project Report 19-RR-FPA-050 - UNFPA

1. Project Information			
1. Agency:	UNFPA	**2. Country:**	Kenya
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-FPA-050
5. Project Title:	Provision of Life-Saving Sexual and Reproductive Health Services to Mitigate Negative Health Effects of the Floods Emergency in Kenya		
6.a Original Start Date:	05/12/2019	**6.b Original End Date:**	04/06/2020
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 450,000
	b. Total funding received for agency's sector response to current emergency.	US$ 149,773
	c. Amount received from CERF:	US$ 149,773
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 82,197**
	Government Partners	US$ 0
	International NGOs	US$ 16,116
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 66,081

2. Project Results Summary/Overall Performance

The CERF Rapid Response allocation, UNFPA through interventions under the refugees program the projects directly assisted a total of 71,295 women of reproductive age who included 11,025 women from the host community in Turkana County; 14,324 refugee women in Kakuma and Kalobeyei refugee camps; 44,545 others from target counties; and 1,401 women with disabilities. The women were provided with a wide range of Sexual and Reproductive Health (SRH) services that included 8,062 who received skilled birth attendance services. All 71,295 women reached directly received family planning services and information. A total of 3,091 women of reproductive age were issued with dignity kits. The project oriented 39 healthcare workers on the Minimum Initial Service Package (MISP) and supported 18 integrated health outreaches especially before Covid-19. The project indirectly reached 10,876 sexually active refugee men and boys; 43,639 sexually active non-refugee men and boys; and 297 Government and non-State actors who included healthcare workers.

3. Changes and Amendments

The humanitarian context changed drastically during the period due to three main factors. The locust infestation in January, February, May and June which affected 34 out of 47 counties in the country especially Turkana and Marsabit counties. The impact on the project was de-prioritization of Government efforts to address the floods as attention shifted to the locust menace that was the worst in 70 years. The second factor was the long rains season from March to May which was unusually heavy in 2020, leading to 346 deaths and 288 internally displaced camps being established to accommodate thousands of displaced households. The flooding that occurred during this period compounded effects of the 2019 short rains flooding season that informed the design of the project. More health facilities were cut off by the floods and landslides that destroyed infrastructure and blocked access roads.

The Covid-19 pandemic is the third factor that has presently affected all the 47 counties in the country, with 36,576 people testing positive and 642 deaths occurring as per the reporting period. The Covid-19 pandemic containment measures such as lock downs and

curfews restricted movement, overstretched the availability of healthcare workers for continuity of services, and created stigma about health facilities and workers. The combined effect of these factors led to an increase in the need for dignity kits. UNFPA procured an extra 650 dignity kits over and above the planned 1850 to enhance the response. The project was not modified in any way. However due to the foregoing factors a total of $2,999 will be returned to the donor. The funds were meant for technical assistance in Kakuma which was inaccessible especially after Covid-19 were reported in the country.

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	13,000	0	0	**13,000**
Refugees	0	15,600	0	0	**15,600**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	48,117	0	0	**48,117**
Total	**0**	**76,717**	**0**	**0**	**76,717**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	2,532	0	0	**2,532**

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	11,025	0	0	**11,025**
Refugees	0	14, 324	0	0	**14, 324**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	44, 545	0	0	**44,545**
Total	**0**	**69,894**	**0**	**0**	**69,894**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	1,401	0	0	1,401
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:	Overall, the project reached 91% of the target population. The shortfall is attributed to the flooding period during the March, April to May (MAM) long rains season that rendered some parts of the country inaccessible and the Covid-19 containment measures that restricted mobility and interactive group meetings. The project directly targeted 15,600 refugee women coming from South Sudan and Somalia, of reproductive age but reached 14,324 (92%) due to restricted humanitarian access to the refugee camps as part of the Covid-19 infection prevention and control measures and overstretched health care workers as majority were involved in the Covid-19 response. UNFPA and partners used community health care workers, safe motherhood promoters,				

	radio communication to sustain demand and uptake of services. Healthcare workers trained on the MISP during the project and before were instrumental in implementation despite the foregoing challenges. The project reached 44,545 other affected persons against a target of 48,117 (93%) mostly due to the stringent restrictions introduced in the country in response to the Covid-19 pandemic such as lock downs in Kilifi and Mandera counties, restrictions on inter-county movement, the ban on social gatherings of more than 15 people, and deployment of health care workers to the Covid-19 response. Working with local humanitarian actors such as the Kenya Red Cross Society (KRCS) helped in overcoming the mobility challenges since they had permission for movement across the country. The number of women of reproductive age with disability reached were 1,401 against the targeted figure of 2,532 (55%). This again is as a result of movement restrictions during Covid-19 despite availability of referral services (ambulances) to ease their movement and heavy flooding during the MAM period. Tracking of women with disability cases through community social / health workers, use of information, education and communication (IEC) materials and radio channels to create awareness about existing services, and availability of sign language interpreters strengthened their access to services.

4.c Persons Indirectly Targeted by the Project

Sexually active refugee men and boys: 10,876 (91%)
Sexually active non-refugee men and boys: 43,639 (93%)
Government and non-State actors: 297 (110%).

5. CERF Result Framework

Project Objective	Reduction of morbidity and mortality among women of reproductive age (WRA) in nine floods affected counties.
Output 1	76,117 women of reproductive age access quality reproductive, maternal and newborn health services.
Sector	Health - Health

Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of health care workers oriented on MISP for Reproductive Health.	50	39 (78%)	Kenya Red Cross Society reports
Indicator 1.2	Number of expectant women attending health facilities who access skilled birth attendance.	5,322 (80%)	5,889 (89%)	Kenya Red Cross Society & International Rescue Committee reports, DHIS2
Indicator 1.3	Number of WRA among the targeted population receiving family planning information and services.	44,147 (58%)	55,570 (73%)	Kenya Red Cross Society & International Rescue Committee reports
Indicator 1.4	Number of dignity kits procured	1,390	2,040 (147%)	UNFPA and Kenya Red Cross Society Committee reports
Indicator 1.5	Number of women of reproductive age receiving dignity kits	1,390	2,520 (194%)	Kenya Red Cross Society & International Rescue Committee reports
Explanation of output and indicators variance:		The slightly less than targeted (78%) health workers training on MISP was due to the Covid-19 pandemic that saw more health workers engaged in the response. Restrictions on mobility and physical		

	meetings as Covid-19 prevention and control measures also limited the number of healthcare workers who could be trained. Flooding during the MAM period cut off infrastructure also contributing to inaccessible training locations for some health care staff. Health care workers previously trained on the MISP helped to address the gap. The project targeted to reach 80% of expectant women attending health facilities who access skilled birth attendance but reached 89% instead. This was due to availability of community and healthcare workers trained on the MISP, referral services, and Inter-Agency Reproductive Health (IARH) kits that facilitated provision of services even in community level health facilities due to Covid-19. The project targeted to reach 58% of WRA among the targeted population receiving family planning information and services but instead reached 73% due to effective sensitization using community level radio stations, integration into other health programmes, integrated health outreaches and availability of multiple family planning options. More dignity kits were procured (147%) than planned for due to favourable pricing. The demand for dignity kits increased as a result of the combined effects of floods and Covid-19. UNFPA and KRCS therefore utilized dignity kits that had been prepositioned to address the gap which led to more kits being distributed than those procured (194%).

Activities	**Description**	**Implemented by**
Activity 1.1	Conduct orientation session for 45 health care workers on MISP (5 per county).	Kenya Red Cross Society and the International Rescue Committee
Activity 1.2	Provide an emergency referral system in 9 counties for transfer of those with obstetric and newborn emergencies.	Kenya Red Cross Society and the International Rescue Committee
Activity 1.3	Provide voluntary contraceptives/ family planning services to women of reproductive age.	Kenya Red Cross Society and the International Rescue Committee
Activity 1.4	Procure 1,390 dignity kits for WRA	UNFPA and Kenya Red Cross Society reports.
Activity 1.5	Distribute 1,390 dignity kits to WRA.	Kenya Red Cross Society and the International Rescue Committee

Output 2	Demand for quality reproductive, maternal and newborn health services increased.
Sector	Health - Health

Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of mobile integrated community health outreaches conducted	27	18 (67%)	Kenya Red Cross Society & International Rescue Committee reports

Explanation of output and indicators variance:	The number of integrate health outreaches reduced significantly (67%) due to Covid-19 containment measures that restricted mobility and large gatherings.

Activities	**Description**	**Implemented by**
Activity 2.1	Conduct mobile integrated community health outreaches	Kenya Red Cross Society and the International Rescue Committee

Output 3	15,600 refugee women of reproductive age access quality reproductive, maternal and newborn 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.	352 (100%)	2,104 (156%)	Kenya Red Cross Society & International Rescue Committee reports
Indicator 3.2	Number of refugee women of reproductive age receiving family planning services among the targeted population.	9,048 (58%)	14,324 (92%)	Kenya Red Cross Society & International Rescue Committee reports
Indicator 3.3	Number of dignity kits procured.	400	400 (100%)	UNFPA and Kenya Red Cross Society reports
Indicator 3.4	Number of refugee women of reproductive age receiving dignity kits.	400	500 (125%)	Kenya Red Cross Society & International Rescue Committee reports

Explanation of output and indicators variance:	
	The number of expectant refugee women attending health facilities who access skilled birth attendance increased remarkably (156%) due to community sensitization by safe motherhood promoters, continuity of services during the Covid-19 pandemic, and referral services. On average, the Kakuma health facility supports 300 skilled deliveries per month while the Kalobeyei health facility supports 100 skilled deliveries per month. Availability of health care workers trained on the MISP and Reproductive Health (RH) Officers also enhance service provision to expectant mothers. Family planning services were integrated into other health programmes especially Maternal Newborn and Child Health (MNCH) which broadened avenues for access. Community sensitizations using methods such as radio and use of community health workers to disseminate contraception choices also increased uptake of the family planning services and information (92%). Demand for family planning (FP) services also increased during the Covid-19 period due to limited mobility of the refugee population and increased sexual activity. UNFPA and KRCS were able to provide more dignity kits (125%) to refugee women of reproductive age due to procurement pre-positioned kits and the increased demand during Covid-19 especially by adolescent girls and youth who were out of school as Covid-19 containment measure.

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 and the International Rescue Committee
Activity 3.2	Provide voluntary contraceptives/ family planning services to refugee women of reproductive age	Kenya Red Cross Society and the International Rescue Committee
Activity 3.3	Procure 400 dignity kits for refugee women seeking ante-natal care.	UNFPA and Kenya Red Cross Society reports.
Activity 3.4	Distribute 400 dignity kits to for refugee women seeking post-natal care.	Kenya Red Cross Society and the International Rescue Committee

Output 4	2,532 women of reproductive age (WRA) with disability access quality reproductive, maternal and newborn 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.	57 (100%)	69 (121%)	Kenya Red Cross Society & International Rescue Committee reports
Indicator 4.2	Number of WRA with disability receiving	1,469	1,401 (55%)	Kenya Red Cross Society

	family planning services among the targeted population.			& International Rescue Committee reports
Indicator 4.3	Number of dignity kits procured.	60	60 (100%)	UNFPA and Kenya Red Cross Society reports
Indicator 4.4	Number of women of reproductive age with disability receiving dignity kits.	60	71 (118%)	Kenya Red Cross Society & International Rescue Committee reports
Explanation of output and indicators variance:		The number of women with disability accessing skilled birth attendance was achieved remarkably (121%) due to sensitizations done by community healthcare workers, tracking of cases by safe motherhood promoters, availability of sign language interpreters in health facilities and referral services to overcome mobility challenges. There was equally good achievement in providing FP services to WRA with disability through integrated outreaches at the beginning of the year before Covid-19, counselling support and multiplicity of modern contraception choices. Use of sign language interpreters also improved the achievement (55%) against the target of 58%. UNFPA and KRCS used prepositioned dignity kits to increase the number (118%) due to the increased demand as result of the Covid-19 pandemic and MAM floods that aggravated livelihood limitations for women with disability.		

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 and the International Rescue Committee
Activity 4.2	Provide voluntary contraceptives/ family planning services to women of reproductive age with disability.	Kenya Red Cross Society and the International Rescue Committee
Activity 4.3	Procure 60 dignity kits for women with disability seeking ante natal care.	Kenya Red Cross Society and the International Rescue Committee
Activity 4.4	Distribute 60 dignity kits to women with disability seeking ante natal care.	Kenya Red Cross Society and the 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?

Participation of the affected person was ensured throughout the project cycle. 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. Also, the project utilized community structures to implement the project such as community health volunteers and community protection groups from within the affected population.

A community engagement and accountability framework was implemented this framework ensured that communities were at the centre of the project implementation by integrating communication and participation throughout the programme cycle or operation. The project ensured the use of the most appropriate communication approaches such as community barazas, community dialogue sessions, suggestion boxes, toll-free number, and one on one sessions to listen to communities' needs, feedback and complaints.

Further, the project 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. The KRCS utilized 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. The International Rescue Committee (IRC) implemented the emergency response through close collaboration with the Ministry of Health (MOH) at the County and Sub-county level, including planning joint implementation and subsequent documentation of the activities through reports, pictures and data entry to the District Health Information System 2 (DHIS2) plat form.

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 KRCS provided affected communities with information through various platforms such as community meetings or mass media platforms e.g. local radio stations or public address. Targeted messages to specific audiences were shared through group meetings such as peer to peer support groups and Gender Based Violence (GBV) survivor groups. The communication channels were chosen based on the audience and message as well as the desired outcome taking into consideration the various diversities within the communities. The communication channels were inclusive taking into consideration persons with disabilities, cultural practices, gender sensitivity and do-no-harm to ensure that all persons receive the relevant information.

The IRC established inclusive community structures trained them on accountability, Prevention of Sexual Exploitation and Abuse (PSEA) and the existing feedback mechanisms and conducted monthly structured feedback meetings organized. In addition, other ad hoc forums were organized informed by issues raised by the community. The IRC has clear feedback and reporting channels that are well understood by the community and are open to all including, suggestion boxes, client exit interviews, client satisfaction surveys, community meetings, help desk, suggestion and complaint box, email, phone numbers and upholding an open-door policy. The IRC has a staff dedicated to clients' / beneficiaries' feedback and uses the feedback to improve service delivery.

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 KRCS implemented a complaints and feedback mechanism where community members could report their 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. Once the complaints and feedback are received, it is logged into the database and forwarded to the relevant department or persons for timely follow-up and response. The feedback on the complaints raised is therefore shared back with the community through the various platforms.

The IRC implemented a sound complaints and response mechanism. The mechanisms involved five channels of collecting client's complaints and feedback. They were help desk assistants, suggestion boxes, hotline number, e-mail address and walk into the office. A total of 150 (98 females and 52 males) concerns were reported 6 from the host community related to access to services and treatment. 103 internal and 4 external referrals were conducted for support. 43 clients were assisted at the help desk as they required information and or explanation for services offered.

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 ☐

KRCS has a Prevention of Sexual Exploitation and Abuse (SEA) Policy that serves as an illustrative guide for staff in sustaining ethical behaviour in their professional and, even, private lives, in turn, safeguarding the communities we work with. The policy maintains that the duty of care is placed on KRCS staff and volunteers and therefore all staff and volunteers are mandated to sign the PSEA policy. During the inception of the project, the community members were taken 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 on SEA were also put out at the county branch offices and the community level. In a situation where a PSEA related case is reported through any of the reporting mechanisms, the case is

presented to the investigation committee and the complainant advised on options including reporting the matter to police

IRC has put in place a mechanism for reporting sexual exploitation and abuse. Email address feedback.kakuma@rescue.org and mobile hotline number 0701629346 were dedicated for reporting sexual exploitation cases from beneficiaries. The mechanisms were put in place for both staff and beneficiaries. The measures put in place by IRC to address SEA complaints were appointment of a male and a female SEA focal point persons and gender champions, printed IEC materials with reporting structures for SEA and conducted one training for prevention of sexual exploitation and abuse to 61 incentive staff and taking disciplinary measures as per the organization policy.

Any other comments (optional):

Protection mainstreaming training to equip staff with skills on need for clients and beneficiary protection is important and should be sustained. The partners will continue with Information dissemination to beneficiaries so that they know of their rights and entitlements in service delivery points.

7. Cash and Voucher Assistance (CVA)

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 did not have an evaluation component planned	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

9.4. Project Report 19-RR-CEF-110 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Kenya
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-CEF-110
5. Project Title:	Life-saving Health Emergency Response to floods and associated diseases outbreaks in Arid and Semi-Arid Lands (ASAL) Counties of Kenya.		
6.a Original Start Date:	03/12/2019	**6.b Original End Date:**	02/06/2020
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☒ No ☐ 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$ 405,287
	c. Amount received from CERF:	US$ 209,496
	d. Total CERF funds forwarded to implementing partners	**US$ 83,314**
	of which to:	
	Government Partners	US$ 16,688
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 66,625

2. Project Results Summary/Overall Performance

With CERF funding, UNICEF and implementing partners reached a total of 90,418 (25,284 boys, 25,763 girls, 20,941 women and 18,430 men) flood-affected people (105% of the total target), in Tana River, Mandera, Wajir, Garissa, Turkana, Baringo, Isiolo and Marsabit Counties with life-saving health interventions under this project. Other provisions included support to operational, technical, managerial oversight towards the procurement of essential life-saving interventions, timely delivery of life-saving interventions through integrated health outreach services, joint monitoring and supervision towards the management of cholera cases at the cholera treatment centres .In addition , the project developed risk communication messages for communities on key behaviour and social change messaging on disease prevention practices aimed at reducing their chances of contracting sever illnesses and possible deaths. UNICEF used its existing partnership with Kenya Red Cross Society to accelerate the implementation of life-saving interventions, with technical oversight and coordination by UNICEF Health Specialists at Nairobi and Zonal Office level and under the leadership of the county health management teams.

Life-saving health interventions in this project complemented the gains made during the July 2019-early January 2020 drought interventions. The massive floods emergency increased the needs of beneficiaries for essential life-saving health services like management of cholera, treatment of respiratory illnesses and needs for immunization services due to displacement of communities, with resultant increased burden of malaria, respiratory illnesses and diarrheal diseases, especially cholera outbreaks across Kenya which was prioritized for accelerated response by the health sector. UNICEF therefore increased the frequency and scope for delivery of a package of life-saving interventions through integrated outreach services in more locations as compared to the drought supported sites. Timely orientation of 250 Community Health Volunteers (CHVs) ensured dissemination of life-saving health promotive messages which was complemented by messaging through frequency-modulated radio stations, ensuring communities had adequate information on floods-related disease outbreaks and the need to promptly seek treatment. Communities were also sensitized on key household hygiene practices like handwashing with soap at critical times.

The project contributed towards the control of the Cholera outbreak as more frequent health promotion sessions were implemented in locations where cholera outbreaks occurred in Turkana, Marsabit and Garissa Counties. In addition, 10 new Cholera treatment centres were established for the case management of cholera cases. Through the partnership agreement with Kenya Red Cross Society (KRCS), UNICEF provided support to the establishment of five Cholera Treatment Centres (CTCs) and Isolation Units in Marsabit, Turkana and Garissa counties. In addition, surge teams were deployed to support the county health departments teams 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 (Ministry of Health) teams and hot-spot maps were used to ensure targeted interventions through community health volunteers (CHVs), including active case finding and community-level interventions in high-risk areas.

The integrated outreach sessions were preceded by community mobilization sessions through community health volunteers who informed members of communities on the schedules of outreach sessions, resulting in high turnout of community members during the integrated outreach services leading to increased uptake of the life-saving health interventions. Timely procurement and distribution of the life-saving health commodities including: (300 PACs of ORS/Zinc, 300 PACs of Cholera Rapid Diagnostic Kits (RDTs), 1,000 bottles/10,000 boxes of 500 millilitre Ringers lactate, 1875 bottles of 60 millilitre Erythromycin syrup and 1,000 PACs of tablets Erythromycin 250mg) in the 8 target counties were used in case management and treatment during the integrated outreach services and at the cholera treatment centres. The technical leadership of UNICEF in the planning, implementation, coordination, delivery of quality interventions, the joint programmatic monitoring sessions involving County Governments and KRCS offered timely guidance to the implementation teams whenever technical gaps related to implementation were identified.

The COVID-19 pandemic overwhelmed the government response capacities due to shifting of public health resources to COVID-19 response. Shortage of Personal Protective Equipment (PPEs) and general welfare of frontline health workers, fear of contracting COVID-19 while visiting health facilities coupled with social stigma negatively impacted provision of essential health services, with a noted decline in child and maternal health indicators. Health promotive messages were therefore integrated with messages on COVID-19 preventative measures and maintaining demand for essential health services in COVID-19 context, including SGBV and HIV prevention. UNICEF enhanced high-level advocacy and technical support for continuation of basic health services and support to critical frontline health workers in the COVID-19 context, ensuring that interventions under this project were implemented in a timely manner as planned.

3. Changes and Amendments

None

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	16,525	12,439	18,945	19,152	**67,061**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	1,078	7,513	5,192	5,404	**19,187**
Other affected persons	0	0	0	0	**0**
Total	**17,603**	**19,952**	**24,137**	**24,556**	**86,248**
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	17,300	13,065	19,861	20,078	**70,304**
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	1,130	7,876	5,423	5,685	**20,114**
Other affected persons	0	0	0	0	0
Total	**18,430**	**20,941**	**25,284**	**25,763**	**90,418**
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:	UNICEF was able to reach more children and women than planned by employing cost-effective strategies, specifically UNICEF and implementing partners employed prepositioning strategies of medical supplies and stock pilling of hygiene and sanitation materials, KHRC supported the distribution of the life saving medial and WASH materials reducing the cost of transportation promoting the provision of quality interventions.

4.c Persons Indirectly Targeted by the Project

Community members with access to radios, though not directly targetted in this project, benefitted from the preventitive health messages that were broadcasted through community radio stations, thus increasing the outreach for health-promoting behaviours.

5. CERF Result Framework

Project Objective	Contribute to reduction of morbidity and mortality of 32,624 vulnerable children, 2,748 pregnant and lactating women and 17,603 women and men above 18 years in 8 Kenyan Counties hit by flooding emergency and consequent disease outbreaks.

Output 1	Provide operational, technical and managerial support for 8 integrated outreach services teams			
Sector	Health – Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	% displaced children (boys and girls) accessing quality life-saving newborn Child Adolescent Health interventions at community level (excluding the Reproductive Health interventions outlined UNFPA outputs and activities) in the 9 targeted counties	32,624 (90%)	38,010 (105%)	Ministry of Health (MoH) and Kenya Red Cross Society (KRCS) reports
Indicator 1.2	% displaced flood affected pregnant women accessing quality life-saving Maternal Health interventions (excluding the Reproductive Health component in	2,473 (90%)	2,593 (94%)	Ministry of Health (MoH) and Kenya Red Cross Society (KRCS) reports

	UNFPA project sheet) in the 9 targeted counties			
Indicator 1.3	Number of essential life-saving commodities (Cholera Rapid Diagnostic Kits (RDTs, Erythromycin syrup-60 mls, Erythromycin 250mg tabs/PAC, Ringers lactate and ORS/Zinc) stock out	0 (no stock outs should be experienced)	0 (no stock outs were experienced)	Ministry of Health (MoH) and Kenya Red Cross Society (KRCS) reports
Indicator 1.4	Number of supervisory reports with recommendations outlined	2	2	Ministry of Health (MoH) and Kenya Red Cross Society (KRCS) reports
Explanation of output and indicators variance:		The integrated health outreaches provided communities with a package of critical basic health services at community and household level in a timely manner using shared multi-sectoral human and logistical resources. With this approach, there was a cost saving element from the sharing of staff cost, the saved costs were repurposed into activity costs increasing the procurement of medical supplies, which led to an increase in the number of women and children reached with health inventions.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procure life-saving medical commodities (Cholera Rapid Diagnostic Kits (RDTs, 1,875 bottles of Erythromycin syrup-60 mls, 1,000 PACs of Erythromycin 250mg tabs/PAC-100, 1,000 boxes of Ringers lactate and 300 PACs ORS/Zinc) to targeted integrated outreach sites.	Ministry of Health (MoH) Kenya Red Cross Society (KRCS) and UNICEF
Activity 1.2	Support distribution of life-saving medical commodities and to flood affected displaced children and women from 8 target counties	County Health Management Teams, Ministry of Health (MoH) Kenya Red Cross Society (KRCS) and UNICEF
Activity 1.3	Support life-saving integrated outreach sessions including rapid response teams (RRTs)	County Health Management Teams, Ministry of Health (MoH) Kenya Red Cross Society (KRCS) and UNICEF

Output 2	Awareness created for all flood 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	% of people who remember at least 3 key messages on floods	86,248 (100 %)	90,419 (105%)	Ministry of Health (MoH) and Kenya Red Cross Society (KRCS) reports
Indicator 2.2	% of people who practice at least 2 key messages on floods	85 % (73,311 of the 86,248 people)	77,623 (90%)	Ministry of Health (MoH) and Kenya Red Cross Society (KRCS) reports
Explanation of output and indicators variance:		Key preventative health messages were disseminated by Community Health Volunteers at the integrated health outreach sites and during community dialogue sessions using simple to use IEC materials. Use of radio stations with a wide reach in the community in the dissemination of messages also ensured that more people were reached.		

Activities	**Description**	**Implemented by**
Activity 2.1	Orient Community Health Volunteers (CHWs) on Community engagement and delivery of life-saving community level health response	Ministry of Health (MoH) Kenya Red Cross Society (KRCS) and UNICEF

Activity 2.2	Support the delivery of lifesaving health response through Community Engagement and Dissemination of integrated floods and disease outbreak messages, key actions and behaviours	Ministry of Health (MoH) Kenya Red Cross Society (KRCS) and UNICEF
Activity 2.3	Production and dissemination of IEC materials in the affected counties.	Ministry of Health (MoH) Kenya Red Cross Society (KRCS) and UNICEF
Activity 2.4	Support a two months radio activation/campaign targeting vulnerable communities with life-saving disease outbreak messaging for behaviour change.	Ministry of Health (MoH) Kenya Red Cross Society (KRCS) and UNICEF

6. Accountability to Affected People

Community Health Volunteers (CHVs) who were key partners in the implementation of this project are valued members of the vulnerable communities, have easy access to the community and are a trusted source of information in the implementation of the integrated health outreaches and disseminating key messages on how to prevent the occurrence of the flood-related disease outbreaks. They are therefore UNICEF's strategic allies and the link between communities and health facility teams, where they gave critical feedback regarding the type of services received and demands by communities on the interventions delivered. This feedback was instrumental to the integrated outreach teams and teams at cholera treatment centres in improving the quality of life-saving interventions delivered. The CHVs also provided feedback to the communities on the quality of services, and reassurance that their continuous feedback and participation in the project was valued.

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?

Members of the affected communities participated in the multi-sectoral floods assessments, whose results and recommendations informed the scope of this project. Through community dialogue sessions, members of the affected communities and the community health volunteers participated in identifying the integrated health outreach sites and sites for the establishment of cholera treatment centres. Engagement was maintained with the community health committees and members of the health facility committees who participated in the mapping and mobilization of the vulnerable population. They remained key stakeholders, informants and gate keepers in the successful implementation of health outreach activities. Many community influencers and local leaders such as religious leaders, traditional leaders and youth leaders were also key strategic allies in the dissemination of messages.

During joint programmatic monitoring sessions, interviews and interactions with key informants from members of the affected communities including fathers, mothers, caregivers, community health volunteers and local leaders gave critical feedback on the implementation of the life-saving interventions, giving feedback and recommendations for critical life-saving interventions. Human-interest stories and quotes from these interviews were shared widely with key stakeholders and the general public on the UNICEF website and social media platforms.

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?

During assessments and joint programmatic monitoring sessions, focus group discussions and interviews with mothers were done. Safe spaces were created for teen mothers to give their recommendations for facilitating easier access to services and the impact of the services on their health and wellbeing and that of their children. UNICEF and partners deliberately targeted 50% female participation and engagement with community health volunteers in order to ensure that the voices of girls and women are included and to provide supportive fora for dialogue on issues affecting women and girls. The female community health volunteers were also mentored to act as role models and peer supporters for women and girls in health-seeking behavior.

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 life-saving interventions were implemented under this project are UNICEF-focus counties and therefore communities have continuously received information on UNICEF organization mandate, advocacy for the rights of children, participation of beneficiaries and zero-tolerance to sexual exploitation/abuse of children and fraud among UNICEF staff and partners. During the implementation period of this project, key messages were disseminated through frequency-modulated radio stations and community outreaches through the Community Health Volunteers and local authorities to create awareness, create demand and increase access to the UNICEF life-saving interventions among the affected 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) shared their toll-free hotline (1199) with beneficiaries and awareness was raised on lodging 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 common concerns on the quality and timeliness of services 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 UNICEF and KRCS staff and volunteers and a strict zero tolerance policy is maintained. Awareness among beneficiaries was raised and the government and KRCS-supported hotline numbers (1195 and 0800 221 0800) for reporting of cases were shared. No SEA cases were received during the entire duration of the project implementation.	
Any other comments (optional): None	

7. Cash and Voucher Assistance (CVA)

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?

An evaluation was not planned for this project, and therefore it was not factored in the project proposal	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

9.5. Project Report 19-RR-CEF-111 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Kenya
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items	**4. Project Code (CERF):**	19-RR-CEF-111
5. Project Title:	Immediate response to emergency shelter and NFI needs of flood-affected populations in Kenya		
6.a Original Start Date:	02/12/2019	**6.b Original End Date:**	01/06/2020
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 520,000
	b. Total funding received for agency's sector response to current emergency:	US$ 229,999
	c. Amount received from CERF:	US$ 199,999
	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 funds, over 17,192 people, translating to 2,800 households in Turkana county displaced by floods, received UNICEF Family Relief Kits, which are NFIs consisting of cooking utensils, soap, bedding, water collection materials and temporary shelter to facilitate re-establishment of routine household activities for hygiene, childcare and dignity, accounting for 123% of the planned target. Of these, 3,768 were children under five years, 694 were pregnant/lactating women, 447 were persons with disabilities, 918 were elderly (over 65 years) and 188 were child heads of households (orphans and very vulnerable children). A total of 2,800 UNICEF Family Relief Kits (NFIs consisting of cooking utensils, soap, bedding, water collection materials and temporary shelter) were procured and distributed to 2,800 flood-displaced households in partnership with the Turkana County Government.

More beneficiaries were reached as whereas one kit is designed for a household with five members, most of the households had more than five members.Turkana County was prioritized in this project as informed by Kenya Red Cross Society (KRCS) and county government assessments as well as UNICEF monitoring missions in December 2019 and January 2020, which informed that Turkana county had the most overwhelming response gaps (2,902 households), which were also exacerbated by off-season heavy rains in January 2020. An unforeseen delay in the procurement process delayed the planned distribution by two months between January and March 2020, however, all the kits were received at the distribution points by 9 April 2020, and distribution was completed by end of April. The distribution was also temporarily disrupted by the March-April-May rain season because trucks transporting supplies to distribution points were delayed by over-flowing rivers and damaged, impassable roads.

UNICEF transported the kits to strategic distribution points in order to ease distribution logistics for the Turkana county government, which were more difficult due to the COVID-19 preventative social distancing requirements, necessitating revision of the planned distribution process to be in strict compliance with COVID-19 prevention measures. The distribution was phased based on village-by-

village approach in order to ensure social distancing by avoiding big distribution gatherings. The distribution centres were set up in a way that allowed beneficiaries to collect their family kits in a safe and secure manner. These additional logistical requirements resulted in the distribution exercise taking three weeks longer than planned. The beneficiaries also received awareness on the pandemic preventative measures during the distribution exercise.

The Turkana County Government provided the distribution logistics on ground, including the human resources for mobilization, registration and distribution, and provided Personal Protective Equipment (PPEs) for the distribution teams. Due to the COVID-19 travel restrictions, it was not possible to undertake joint field monitoring visits as planned, therefore, remote monitoring was done with support from the UNICEF Zonal office in Lodwar, Turkana County, through which feedback was received from the beneficiaries on the quality and utility of the household items. Households with children under five years old, pregnant/lactating women, the elderly, female-headed households, child-headed households and persons with disabilities were prioritized in the distribution, community consultations, as well as post-distribution monitoring.

3. Changes and Amendments

None

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

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
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	3,521	3,753	3,252	3,474	**14,000**
Other affected persons	0	0	0	0	**0**
Total	**3,521**	**3,753**	**3,252**	**3,474**	**14,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	352	375	325	348	**1,400**

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

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
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	4,673	5,951	3,218	3,350	**17,192**
Other affected persons	0	0	0	0	**0**
Total	0	0	0	0	**0**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**

Persons with Disabilities (Out of the total number of "people reached")	167	201	36	43	**447**

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:	An additional 3,192 project beneficiaries, translating to 360 households were reached, this is attributed to an increase in the household size. During the project design stage, each household was estimated to have a total of five members, this has since changed as most households had more than five members and relief benefits and assistance was shared amongst family members.

4.c Persons Indirectly Targeted by the Project

None

5. CERF Result Framework

Project Objective	Improve the living conditions of 14,000 internally displaced persons through provision of emergency temporary shelter and NFIs to the flood-affected people in selected four target counties: Isiolo, Mandera, Marsabit and Turkana

Output 1	Most vulnerable displaced households are provided with NFI kits, inclusive of temporary shelter			
Sector	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of community consultations conducted in 8 target sites (two per county)	8 (1 consultation per target site)	13	Turkana County Government NFI distribution report
Indicator 1.2	Number of households provided with NFI kits, inclusive of temporary shelter by UNICEF and implementing partner: KRCS, disaggregated by head of household (female, male, elder, child, person with disability)	2,800	2,800	Turkana County Government NFI distribution report
Indicator 1.3	Percentage of beneficiary households satisfied with the assistance provided	75%	95%	Turkana County Government NFI distribution report
Indicator 1.4	Number of end user monitoring visits conducted in 8 target sites (two per county)	8 (1 visit per target site)	0 (no monitoring visits were conducted due to COVID-19 travel restrictions – virtual monitoring wad done instead)	UNICEF Virtual End-User Monitoring Reports
Indicator 1.5	Number of joint field monitoring visits conducted in four target counties	4 (1 monitoring visit per County)	0 (no monitoring visits were conducted due to COVID-19 travel restrictions – virtual monitoring wad done instead)	UNICEF Virtual Monitoring Reports
Explanation of output and indicators variance:		Due to COVID-19 travel restrictions, field monitoring visits were not conducted. Instead virtual end-user virtual monitoring meetings were		

	conducted. The physical monitoring visits were planned for 8 visits, since this was no longer feasible UNCEF conducted 13 virtual end user monitoring.

Activities	Description	Implemented by
Activity 1.1	Joint distribution planning as per MoU	IOM, UNICEF and Turkana County Government
Activity 1.2	Conduct community consultations prior to distribution	Turkana County Government
Activity 1.3	Identify beneficiary households in target areas	Turkana County Government
Activity 1.4	Procure the NFI kits, inclusive of temporary shelter and dispatch to target county	UNICEF
Activity 1.5	Distribute the NFI kits, inclusive of temporary shelter to beneficiary households	Turkana County Government
Activity 1.6	Conduct the end-user monitoring	UNICEF
Activity 1.7	Carry out the joint field visits to monitor the progress of the activities	UNICEF

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?

Beneficiaries were selected through a community participation process distribution committee consisting of community influencers and local leaders such as religious leaders, traditional leaders, women leaders and youth leaders were set up at the village level to support the Turkana County Government in the planning and organization of the NFI distribution process. The committees led the selection and verification of the beneficiaries and the most strategic sites for the distribution points. They received and witnessed the signing off the NFI consignments at the distribution points and thereafter provided security and storage. They then led the mobilization and re-verification of the beneficiaries and assisted with crowd control, ensuring that distribution exercises were conducted in an organized manner. The committees were key informants during the remote end-user monitoring process, where they provided critical data via mobile phones.

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?

Floods assessments were conducted by the Turkana County Government, Kenya Red Cross Society and other partners during which Focus Group Discussions (FGDs) with marginalized groups such as female-headed households, mothers with young children, the elderly and persons with disabilities as well as Key informant interviews (KIIs) that sought views of leaders of marginalized groups such as women leaders, gender activists and youth leaders were conducted. The Turkana County Steering group forum ratified the findings of the assessments and mobilized partners to support response interventions. Distribution was conducted on on-market days in order not to interfere with livelihood activities. Coordination was also done with other sectors in order to synchronize the NFI distribution with other community outreach activities such as food distribution and health outreach activities so as not to take time away from routine household activities of mothers and girls.

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?

Through the UNICEF Zonal Office in Lodwar, communities have continually been informed of UNICEF mandate in protecting and promoting the rights of children, and zero tolerance to violence and abuse of children. Visibly branded NFI items with the UNICEF logo enhanced project visibility and community members were sensitized on their entitlement to the NFIs at zero financial cost County

officials provided critical information on the scope of the project during public meetings and at the distribution centers and they strictly adhered to their professional code of conduct as guided by the civil service of the Government of Kenya, thus good working relationships with the community were maintained.

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 Turkana County office of public participation has set up complain box in offices and feedback section in county website, twitter handle and face book to allow the public to give feedback on service delivery. These were communicated to the community through members of the village distribution committees. No major complaints were received in this project and any concerns were addressed by the distribution committees. The only concern received on the quality of the NFI items included the durability of the cooking pots. UNICEF relayed this feedback to the supplier for their address in the next procurement.

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 ☐

SEA training has been conducted for the Turkana County Government officials, and communities were informed of the zero-tolerance policy to SEA. National hotlines and reporting channels were communicated to the communities through the distribution committees. No SEA complaint was received throughout the duration of the project.

Any other comments (optional):

None

Supplementary information (optional):

None

7. Cash and Voucher Assistance (CVA)

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?

No evaluation was planned under this project, and it was therefore not included in the project proposal. UNICEF has no funding to conduct an evaluation for this project.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

9.6. Project Report 19-RR-CEF-112 - 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-112
5. Project Title:	Improving access to safe water for 30,000 flood affected people in 8 Counties in Kenya		
6.a Original Start Date:	03/12/2019	**6.b Original End Date:**	02/06/2020
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 640,000
	b. Total funding received for agency's sector response to current emergency:	US$ 40,000
	c. Amount received from CERF:	US$ 500,004
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 331,037**
	Government Partners	US$ 148,662
	International NGOs	US$ 182,375
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

CERF Rapid Respond funding assisted UNICEF and partners to reach 123,168 persons (girls, boys, women and men) affected by flood emergency in eight Counties (Isiolo, West Pokot, Garissa, Baringo, Samburu, Wajir, Turkana and Marsabit) providing access to safe water at 7.5 to 15 litres per person/day from repaired sources and facilitation of household water treatment. This is four times the target planned of 30,000 people, this is attributed to repair of additional damaged water pipelines, repairs to large water pipeline schemes serving larger populations and replacement of selected flood-damaged water supply systems and equipment. At least 16,024 school children including 6,494 school going children in West Pokot had school water supply restored after floods damaged the water supply infrastructure.

In addition, the students were reached with WASH services in schools which included access to safe water at 1-2 litres per child/day in addition to safe personal hygiene practices. More than 10,000 households (50,000 people) also received WASH NFIs (Jeri cans, buckets, soap, Aqua tabs and/or PUR) to improve temporary access to safe water at 7.5-15 litres/person/day for populations using unsafe sources (open wells, dams, rivers and trucked water etc.) through household water treatment and storage practice. A total of 155,795 girls, boys, women and men received critical WASH related information including hand washing with soap at critical times for the prevention of diseases. Using IEC materials and mass media (local FM Radio stations), key hygiene messages were delivered at the household, health facilities and schools creating awareness on improving household hygiene practices including demonstration of household water treatment and safe storage. UNICEF partnered with 5 INGOs (Lay Volunteers International Association (LVIA),

OXFAM, Action Against hunger (ACF), Finn Church Aid (FCA) and World Vision. Contributions of between 15 and 25 percent of the total funding received from CERF by NGO partners supported additional WASH needs. County governments also contributed to project logistics through provision of government vehicles and fuel for assessments, distribution of NFIs and project monitoring.

Destruction of roads, bridges and other infrastructure by the floods cut off access in many counties slowing response. The Covid-19 pandemic disrupted the supply chain and limited access which slowed project implementation and demanded additional logistics for timely interventions, thus necessitating extension of partnerships for some partners. COVID-19 travel restrictions and the need to maintain COVID-19 preventative requirements like social distancing negatively impacted convening of coordination fora at county level. Public Health staff and Community Health volunteers are critical front-line workers in the COVID-19 response and increased demands on their staff time affected their availability to support hygiene promotion activities, thus slowing down interventions. UNICEF initiated remote and virtual implementation modalities including monitoring and convening of key fora, ensuring that the planned activities in this project were completed on time. Continued advocacy for continuation of basic services and resource mobilization in the COVID-19 context were also maintained while supporting integration of COVID-19 response with floods and disease outbreak response in order to reduce demand on human and logistical resources. Following the COVID-19 pandemic, use of radio messaging and vehicle-mounted public address systems to pass messages on safe hygiene practices including for COVID-19 prevention were prioritized over household hygiene demonstrations and outreaches in order to observe prevention regulations.

3. Changes and Amendments

None

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	7,644	7,956	7,056	7,344	**30,000**
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	**7,644**	**7,956**	**7,056**	**7,344**	**30,000**
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	31,383	32,664	28,969	30,152	**123,168**
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	31,383	32,664	28,969	30,152	123,168
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:	There was a significant increase in the number of people reached, which is attributed to repairs of three additional piped water schemes. The repaired piped water schemes are strategic as they serve a large population and assisted in the restoration of strategic flood – damaged water supply systems reaching an additional 99,168 project beneficiaries.

4.c Persons Indirectly Targeted by the Project

Hygiene promotion messaging through local FM radio stations and vehicle-mounted public address systems reached a wider audience beyond the target population. This is an important incremental benefit for the prevention and control of water-borne diseases.

5. CERF Result Framework

Project Objective	To improve access to safe water for 30,000 girls, boys, women and men affected by floods in 8 Counties by March 2020

Output 1	30,000 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)	30,000 people (7,344 girls, 7,056 boys, 7,956 women and 7,644 men)	123,168 people (30,152 girls, 28,969 boys, 32,664 women and 31,383 men)	Partner reports
Indicator 1.2	Number of households benefitting from WASH NFIs (Every household will get 1 20 litre Jeri can, 1 10 litre plastic bucket, 3 bars of soap, 90 tablets of aqua tabs (for 2,000 HHs) or 90 sachets of PR [for 2,000 HHs])	4,000 Households	10,000 Households	UNICEF and partner reports
Explanation of output and indicators variance:		Water Infrastructure repairs and pipeline extension reached an additional total of 99,168 people. An additional 3 strategic water sources were repaired, and additional household water treatment and storage facilities were procured which led to a significant increment of project beneficiaries. At the design stage there was an error in the water floc supply calculation resulting to additional funds. During the project implementation phase the error was noted on the budget line on the purchase of water flocs, instead of USD11 per cartoon of 240 sachets. UNICEF inadvertently budgeted for USD 101, resulting to availability of funds. The implementing partner had planned to purchase 750 sachets @USD101 for USD 75,750 rather than 750 sachets at USD11 for USD8,259. The available funds were reprogrammed to reach more households covering up to 10,000 households, 6,000 more than		

	planned.

Activities	Description	Implemented by
Activity 1.1	Identification of strategic water points for repair	County Governments (Isiolo, West Pokot, Garissa, Baringo, Samburu, Wajir, Turkana and Marsabit)
Activity 1.2	Emergency repair of key water points	County Governments (Isiolo, West Pokot, Garissa, Baringo, Samburu, Wajir, Turkana and Marsabit) and NGO partners (LVIA, WVK, ACF, FCA and OXFAM)
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 and NGO partners (LVIA, WVK, ACF, FCA and OXFAM)
Activity 1.5	Project monitoring and quality assurance	UNICEF and County Governments (Isiolo, West Pokot, Garissa, Baringo, Samburu, Wajir, Turkana and Marsabit)

Output 2	100,000 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 critical WASH related information for the prevention of illnesses	100,000 (24,480 girls, 23,520 boys, 26,520 women and 25,480 men)	155,795 people (38,138 girls, 36,643 boys, 41,317 women and 39,697 men)	Partner reports
Indicator 2.2	# of radio messages and radio talk shows conducted	20 Radio spots are targeted including talk shows, call in sessions with experts	40 radio spots and talk shows	Partner reports
Explanation of output and indicators variance:		As a direct result of the Covid-19 pandemic, the planned hygiene promotion programming was interrupted. Covid-19 restrictions on social distancing and led to cancellation of planned face to face community dialogue meetings and public meetings. Broadcast on risk communication and prevention against Covid-19 leveraged on radio broadcasts which included talk and call in programmes. CERF approved reprogramming requests and approved a change request from face to face activities to allow social distancing in line with Covid-19 infections prevention guidelines compliance on Covid-19. The change of face to face activities to the use of media strategies led to an increase in the planned 20 radio sessions to 40 radio sessions. An additional 55,795 people were reached through additional radio spots due to integrated hygiene promotion and Covid-19 messaging.		

Activities	Description	Implemented by
Activity 2.1	Design and production of key behaviour change messages	UNICEF
Activity 2.2	Promotion of key hygiene messages through community health volunteers	County Governments (Isiolo, West Pokot, Garissa, Baringo, Samburu, Wajir, Turkana and Marsabit) and NGO partners (LVIA, WVK, ACF, FCA and OXFAM)

Output 3	5,000 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	5,000 boys and girls in schools	16,024	Partner progress reports
Indicator 3.2	# of schools benefitting from the interventions	20	35	Partner progress reports
Explanation of output and indicators variance:		Repair and restoration of one large-catchment water supply scheme serving 15 schools in West Pokot County reached four times more children than planned. The increase in project beneficiaries was attributed to water storage augmentation through the installation of additional and provision of new water storage capacity to schools, and additional connections to schools and communal water facilities on repaired water infrastructure.		

Activities	**Description**	**Implemented by**
Activity 3.1	Amendments to the current PCAs with partners	UNICEF and NGO partners (LVIA, WVK, ACF, FCA and OXFAM)
Activity 3.2	Repair school WASH facilities/install water tanks in schools	County Governments (Isiolo, West Pokot, Garissa, Baringo, Samburu, Wajir, Turkana and Marsabit) and NGO partners (LVIA, WVK, ACF, FCA and OXFAM)
Activity 3.3	Hygiene promotion education for school children and teachers	County Governments (Isiolo, West Pokot, Garissa, Baringo, Samburu, Wajir, Turkana and Marsabit) and NGO partners (LVIA, WVK, ACF, FCA and OXFAM)
Activity 3.4	Project monitoring and quality assurance	UNICEF and County Governments (Isiolo, West Pokot, Garissa, Baringo, Samburu, Wajir, Turkana and Marsabit)

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?

Targeted communities participated in the initial assessments and the information gathered from focus group discussions with women groups and village water committees as well as interviews with key informants was critical in identifying the most critical needs, prioritization of the most strategic facilities for repair and selection of the most vulnerable households for prioritization in the distribution of WASH NFIs. Many community influencers, opinion leaders and local leaders such as religious leaders, traditional leaders and youth leaders were involved in the progress monitoring of the activities and reinforcement of key household hygiene messaging. Feedback from the women groups, youth groups and local leaders was received during programmatic monitoring missions, which provided critical information on improvement of services.

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?

Through community health volunteers and village water committees, local communities participated in the identification of the WASH intervention sites, facilities and institutions to be supported, including selection of the most vulnerable groups, households and communities through local community structures. Deliberate targeting of 50% female participation in the water committees ensured that the voice of women was included in the response. Efforts were made to ensure that strategic water points were as close to the villages

as much as possible in order to minimize trekking distance by women and girls, who are responsible for collection of water for domestic use. Hygiene promotion activities were conducted at convenient for women and girls, minimizing time taken away from childcare and other household responsibilities. Female-headed households, pregnant/lactating mothers, households with children under five years, the elderly and persons with disabilities were prioritized with WASH interventions at household level.

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 and the NGO implementing partners have long-term presence in the respective counties and long-term working relationships with communities, who are well-informed of the respective mandates and promotion of the rights of the child. The communities were given information about the scope of the response and project beneficiary entitlements under this project. Project participants and community members were encouraged to participate and provide feedback. UN and partner staff were guided by humanitarian ethical standards and good working relationships with the communities were maintained.

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 ☐

Community Health Volunteers, hygiene promoters and village water committee members were always available to listen to complaints on access to safe water, and they were able to address the complaints with the support from public health staff and implementing partners at the project sites. There were no major complaints that were brought to the attention of UNICEF.

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 ☐

All INGO partner organizations signed mandatory SEA commitments prior to the partnerships becoming effective. All partners and UNICEF staff are trained and informed on zero tolerance to SEA. During community outreach and mobilization, communities were briefed on the need to observe and report any cases in collaboration with Child Protection and Education partners, with the national hotline numbers shared. No complaints were received during this project implementation period.

Any other comments (optional):

None

7. Cash and Voucher Assistance (CVA)

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?

An evaluation was not planned in this project and was not included in the proposal, therefore is no funding available for evaluation.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

9.7. Project Report 19-RR-WFP-070 - WFP

1. Project Information				
1. Agency:		WFP	2. Country:	Kenya
3. Cluster/Sector:		Logistics - Common Logistics Food Security - Food Assistance	4. Project Code (CERF):	19-RR-WFP-070
5. Project Title:		Flood Emergency Response to affected populations in Kenya		
6.a Original Start Date:		30/10/2019	6.b Original End Date:	29/04/2020
6.c No-cost Extension:		☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)			☐ No ☐ Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:			US$ 2,000,000
	b. Total funding received for agency's sector response to current emergency:			US$ 900,000
	c. Amount received from CERF:			US$ 900,000
	d. Total CERF funds forwarded to implementing partners of which to:			US$0
	Government Partners			US$ 0
	International NGOs			US$ 0
	National NGOs			US$ 0
	Red Cross/Crescent			US$ 0

2. Project Results Summary/Overall Performance
The Rapid Response CERF grant to WFP assisted towards the procurement of food assistance that comprised cereals, sorghum procured food assistance that comprised cereals – sorghum (216mt), pulses (43.2mt) and vegetable oil (14.4mt). 2,000 flood-affected households (approx.12,000 individuals) were directly reached with life-saving food assistance in Turkana county in coordination with the county government. The rations were provided at 75 percent of a standard 2,100 KCal ration per person per day, to meet their food requirements for two months. Further, WFP drew on its global logistics and air operations capacity to provide timely, cost-efficient services to the Government of Kenya. A Russian Mi-8 helicopter with 3mt capacity was deployed to deliver government relief assistance to families in parts of Mandera, Wajir, Isiolo, Garissa, Tana River and West Pokot counties. In November 2019, WFP began airlifting Government relief food and supplies to areas that were cut off by widespread flooding and could not be accessed. The assistance delivered was quite diverse, including food and non-food items such as mosquito nets, water purification tablets and medicine. By the end of December 2019, the operation had airlifted approximately 60mt of Government relief food reaching approximately 40,000 beneficiaries in 33 locations in flood-affected areas. The Air Operation was successfully carried out in collaboration with the national and county governments and humanitarian actors in those counties. Specialized all-terrain 6 x 6 trucks were also contracted to enable transport of government relief in-kind and NFIs (37.5mt) to the flood affected areas in Garissa County. The logistics support provided by WFP was complemented by funding from other donors.

Many poor households in the affected villages were still recovering from the impact of the 2018/19 drought, while negative impacts of the above-average rainfall received in the last quarter of the year (2019) continued to disrupt their livelihoods and constrain household food access. The emergency food delivered was a very welcome relief to many families whose food security situation was dire due to the sudden break in market supplies, compounded by the loss of assets and livelihoods.

WFP support was planned to complement and 'top-up' the Government of Kenya response to the flooding, noting that the national Government remains the first responder in times of crisis. Government support at both national and county levels - was mobilised to some of the counties that were initially targeted by this contribution. Some adjustments were made in order to ensure full complementarity with national efforts. Direct food distribution focused on Turkana county, where needs exceeded national capacities, reaching approximately 12,000 people out of the initially planned 15,000. The logistics support was required in an additional county -West Pokot - on request from the Government, and thus exceeded the targets set at the onset of the intervention, with an estimated 40,000 beneficiaries.

3. Changes and Amendments

None

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

Cluster/Sector	Logistics - Common Logistics				
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	8,750	8,750	8,750	8,750	**35,000**
Other affected persons	0	0	0	0	**0**
Total	**8,750**	**8,750**	**8,750**	**8,750**	**35,000**
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	Logistics - Common Logistics				
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	8,750	11,250	8,750	11,250	**40,000**
Other affected persons	0	0	0	0	**0**
Total	8,750	11,250	8,750	11,250	**40,000**

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**

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Food Security - Food Assistance				
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	3,750	3,750	3,750	3,750	**15,000**
Other affected persons	0	0	0	0	**0**
Total	**3,750**	**3,750**	**3,750**	**3,750**	**15,000**
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	Food Security - Food Assistance				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	5,812	6,188	0	0	**12,000**
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	5,812	6,188	0	0	**12,000**
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:	During the project implementation WFP in close collaboration with the National Government airdropped relief food packages to flood affected communities in hard to reach areas, specifically the airdrops assisted food relief packages to reach households in area were roads and bridges had been destroyed as a direct result following the floods. An additional 5,000 households were reached through this intervention as affected households had more than 6 households' members, reaching more women and girls with live saving support and food requirements. WFP directly provided food support through the general food distribution food assistance

	transfer modality and reached 12,000 vulnerable people, a discrepancy from the planned figure of 15,000. Coordination meetings with the National Government informed WFP that the food needs were for 12,000 flood affected communities and the 3,000 communities were supported by other agencies including the National Government. Further the targets changed from IDPs to host communities due to a realization that the floods caused temporary displacements of host communities as villages were marooned by the floods. During the response phase and as the water subsided communities were able to return to their permanent settlement for reconstruction and rehabilitation of their households shelters and basic infrastructure. There was no real definition of internally displaced persons, only households temporarily displaced by the floods who belong to the host communities.

4.c Persons Indirectly Targeted by the Project

260,000 people were indirectly targeted through the general food distribution, during the post distribution exercise. It was noted food received was shared among family members comprising an average of 5 people per household size.

5. CERF Result Framework

Project Objective	Flood Affected Populations Receive food and non-food items in a flood emergency response that includes life-saving aviation support

Output 1	Food-insecure flood-affected populations receive unconditional food transfers to meet their food and nutrition needs			
Sector	Food Security - Food Assistance			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of food-insecure flood-affected persons (women, men, boys and girls) receiving food assistance	15,000 persons reached with life-saving support	12,000	WFP COMET data
Indicator 1.2	Quantity of food (MT) provided to food-insecure, flood-affected populations	492	273.6	WFP COMET data
Explanation of output and indicators variance:		WFP directly provided food support through the general food distribution food assistance transfer modality and reached 12,000 vulnerable people, a discrepancy from the planned figure of 15,000. Coordination meetings with the National Government informed WFP that the food needs were for 12,000 flood affected communities and the 3,000 communities were supported by other agencies including the National Government.		
Activities	**Description**		**Implemented by**	
Activity 1.1	Distribute food to food-insecure, flood-affected persons (women, men, boys and girls)		WFP	
Activity 1.2	Procurement of in-kind through WFP Forward Purchase Facility		WFP	

Output 2	Resources Transferred to Flood-Affected Populations through aviation support			
Sector	Logistics - Common Logistics			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**

Indicator 2.1	Number of food-insecure flood-affected persons (women, men, boys and girls) who receive life-saving air-drops of in-kind and NFIs through aviation support	35,000	40,000	WFP
Indicator 2.2	Quantity of food (MT) provided to flood-affected populations through life-saving aviation support	250	60	WFP
Explanation of output and indicators variance:		During the project implementation WFP in close collaboration with the National Government airdropped relief food packages to flood affected communities in hard to reach areas, specifically the airdrops assisted food relief packages to reach households in area were roads and bridges had been destroyed as a direct result following the floods. An additional 5,000 households were reached through this intervention as affected households had more than 6 households' members, reaching more women and girls with live saving support and food requirements.		
Activities	**Description**		**Implemented by**	
Activity 2.1	Undertake airdrops of in-kind and NFIs through aviation support		UNHAS	
Activity 2.2	Distribute food to flood-affected persons (women, men, boys and girls)		Government of Kenya	

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?

WFP incorporated the community-based targeting approach premised on the commitment that communities understand their vulnerability better that external persons and should actively participate in defining eligibility and exercise discretion in the identification of recipients of assistance. During this action WFP engaged communities affected by the floods to identify the most affected populations, and special consideration to the needs of the elderly, people living with disabilities, women and children were prioritized during 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?

WFP utilized the existing local administration and leaders to carry out the targeting, the governance bodies nominated by communities were charged with the responsibility of vetting the identified vulnerable persons. The governance structures comprised of village relief committees.

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?

WFP organised community led public forums before the action, where community members and direct project beneficiaries were informed on the proposed response and information regarding entitlements was provided during the fora. Channels to share feedback complains on concerns related to the intervention were shared widely which comprised of short messages codes (SMS) to a toll-free number.

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 ☐
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 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. WFP further strengthened measures to address complains by integrating an interactive voice response for the complaints and feedback hotline which provided access to the toll-free line during out-of-office hours and when the line was busy	
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 ☐
During this project implementation period WFP Kenya continued to mainstream and integrate protection including prevention against sexual exploitation and abuse into all its programmes and operations. The country office 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 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. WFP has developed standard operating procedures and action plans towards the prevention of sexual exploitation and abuse within the organization's operations to ensure that a standardised approach is in place with enhanced awareness and response on the relevant issues. Under this action there were no reported cases or incidence on PSEA.	
Any other comments (optional):	
N/A	

7. Cash and Voucher Assistance (CVA)

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?

There was no planned project evaluation during this project implementation phase.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

9.8. Project Report 19-RR-WHO-054 - WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Kenya
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-WHO-054
5. Project Title:	Life-saving Health Emergency Response to floods and diseases outbreaks in Arid and Semi-Arid Lands (ASAL) Counties of Kenya.		
6.a Original Start Date:	04/12/2019	**6.b Original End Date:**	03/06/2020
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 2,500,000
	b. Total funding received for agency's sector response to current emergency.	US$ 400,000
	c. Amount received from CERF:	US$ 350,000
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 0**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

The CERF funds awarded to WHO humanitarian responses were scale up to target boys and girls of ages 6 months to under 15 years, pregnant women, displaced populations, people with special needs communities hosting displaced and elderly. The key interventions included scaling up infectious diseases' investigation, confirmation and management of cases in health facilities for cholera and other infectious and waterborne and vector borne diseases. Procurement of essential lifesaving medicines and laboratory reagents and commodities was done and infection prevention and control in health facilities and treatment centers as well as scaling up health emergency information management and early warning to guide the response was conducted in the above targeted counties. WHO reached a total of 64,655 vulnerable population at risk and indirectly reached 341,705 indirect project beneficiaries. This included 32,624 (90%) out of 36,249 children under five (15,986 boys and 16,638 girls), and 2,473 (90%) out of 2,748 pregnant/lactating women with above listed lifesaving interventions.

3. Changes and Amendments

None

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	0	0	0	**0**

Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	1,078	7,513	5,192	5,404	**19,187**
Other affected persons	16,525	12,439	18,945	19,152	**67,061**
Total	**17,603**	**19,952**	**24,137**	**24,556**	**86,248**
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	17,300	13,065	19,861	**50,226**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	1,130	7,876	5,423	**14,429**
Other affected persons	0	0	0	0	**0**
Total	**0**	**18,430**	**20,941**	**25,284**	**64,655**
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:	WHO was able to reach more children and women than planned by using the most efficient strategies for example community outreach services to households and through leveraging on other internal funds to scale up project interventions and activities. During the project implementation, WHO's response focused on targeting host communities, a discrepancy from the targeted (Other affected person) during the project design phase. The discrepancy arose as the host communities were the most affected populations by the floods, at the time of response there was no classification of (Other affected persons) during project implementation.

4.c Persons Indirectly Targeted by the Project

An estimated 341, 705 were indirectly reached by the health interventions of immediate family members.

5. CERF Result Framework

Project Objective	Contribute to reduction of excess morbidity and mortality due to floods and disease outbreak in 8 most flood affected counties in Kenya

Output 1	Output 1 Life-saving medical response interventions for cholera, acute watery diarrhea, malaria cases uninterrupted in health facilities in targeted counties

Sector	Health - Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Monthly monitoring of life saving interventions in targeted counties by all health sector partners and reports available	5	5	National Public health operations centre (PHEOC)
Indicator 1.2	Case fatality rate for cholera and acute watery diarrhea diseases reduced to national standards in the eight targeted 8 counties	Less than 1%	<1%	Weekly Disease Outbreak Sitrep
Indicator 1.3	Number of health workers oriented on cholera and other acute watery diarrhea diseases prevention and control in affected counties	80	240	National Public health operations centre (PHEOC)
Indicator 1.4	Stock out of essential lifesaving drugs in targeted facilities in the affected counties	0	0	National Public health operations centre (PHEOC)
Indicator 1.5	Stock out of non-drug consumables kits	0	0	National Public health operations centre (PHEOC)
Explanation of output and indicators variance:		No variance		

Activities	Description	Implemented by
Activity 1.1	Print guidelines for the management of cholera and other acute watery diarrhoea diseases	WHO/MOH
Activity 1.2	Procure essential lifesaving drugs and consumable items (cholera kits, gauze, needles and syringes etc, antiseptics, cotton wool in line with MINISTRY OF HEALTH emergency standards list)	WHO
Activity 1.3	Distribute essential lifesaving drugs and consumable items (cholera kit, gauze, needles and syringes etc, antiseptics, cotton wool in line with MINISTRY OF HEALTH emergency standards list) to targeted counties	WHO
Activity 1.4	Orientation for county, sub-county teams and select clinicians on cholera and acute watery diarrhoea management and infection prevention and control	WHO

Output 2	National and County rapid response Teams supported to timely respond to cholera and acute watery diarrhea outbreaks			
Sector	Health - Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of cholera and other disease outbreaks investigated within 48 hours	100%	100%	National Public health operations centre (PHEOC)]
Indicator 2.2	Number of cholera and other diseases outbreak reports released from EOC (daily/weekly)	90%	100%	National Public health operations centre (PHEOC)
Explanation of output and indicators variance:		No variance		

Activities	Description	Implemented by
Activity 2.1	Orient community health workers on community-based surveillance and case search	WHO/MOH
Activity 2.2	Release cholera and other diseases outbreak reports from EOC	WHO/MOH
Activity 2.3	Provide Early warning technical guidelines and basic equipment to facilities	WHO
Activity 2.4	Support to National and county health teams for investigation and confirmation of all rumors	WHO

Output 3	Ensure continuous functioning of health sector coordination mechanisms at national and county levels			
Sector	Health - Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of county emergency reports and bulletins	78	78	National Public health operations centre (PHEOC)
Indicator 3.2	Number of monitoring and supervisory reports to targeted areas	6	8	National Public health operations centre (PHEOC)
Explanation of output and indicators variance:		No variance		

Activities	Description	Implemented by
Activity 3.1	Maintain functioning of EOC in the 8 targeted Counties and at national level	WHO/MOH
Activity 3.2	Produce emergency response reports and bulletins on a daily basis, and as need arises from targeted counties	WHO/MOH
Activity 3.3	Undertake joint programmatic monitoring missions	WHO/MOH

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 in consultation with MOH, UN partners and county health team that represent their local communities. Inputs from all health sector partners at the county level under the leadership of the county health teams were consolidated at sector level coordinated by WHO. Prioritization of the critical activities were discussed and compiled at National level.

Coordination forums exist at National, county and sub county level which guide implementation of life saving interventions. All implementing partners including the county health team, county governor's office and community representatives, UN and implementing agencies are members of the forum. All Agencies implemented with involvement of the community leaders in the whole implementation. All reports were discussed and reviewed at the county level health emergency coordination forums including the community opinion leaders and the county government.

The monitoring of emergency response for disease epidemics activities was undertaken directly by WHO with support of the MOH and county health teams. The existing daily joint emergency coordination meetings were conducted under the leadership of the county health teams with the implementing partners the affected counties. Using the DHIS2 and the existing tools, data on the floods, disease outbreak and disaster response was generated. Overall analysis was conducted at the national level and the information generated shared at the national emergency coordination meetings and other forums with stakeholders. Situational reports and bulletins were produced and disseminated to all levels. Monthly joint monitoring and evaluation visits was conducted.

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?

WHO facilitated community engagement through existing local mechanism at county level. The county director of health, and the entire county health management teams organized community led focused group discussions which informed programming to meet the needs of women, girls and marginalized groups as an integral part of health care management program. In addition, the consultative forums with communities facilitated an in-depth analysis and understanding population at risk and affected as a direct result of the floods to inform targeted relief assistance that meets the specific characteristics of the affected populations and applied culturally appropriate clinical interventions.

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 worked in close collaboration with the Ministry of Health, County health departments and UN agencies to establish referral pathways for communities affected by the floods. Information was disseminated through the County health information desks to communities seeking medical care at the health centres, to people living in camps, and other internally displaced populations. The county health departments in coordination with agencies like IRC provided information to populations in need of health care through outreaches in hard to reach 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 ☒

WHO did not directly implement a complain mechanism, through continuous engagement with community leaders, and working in close collaboration with county health departments and health care management systems WHO was informed on gaps and undertook key measures to meet the needs of excluded communities and those most vulnerable specifically children under the ages of 6 -months who were at a high risk of malnutrition .

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 did not directly establish a mechanism for reporting and handling Sexual exploitation and abuse, WHO endeavours to strengthen this key component and integrate PSEA in program delivery.

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?

No, there was no planned evaluation of this action though monthly project visits were conducted during the implementation cycle.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner	Total CERF Funds Transferred to Partner in USD
19-RR-FPA-050	Health	UNFPA	RedC	$66,081
19-RR-FPA-050	Health	UNFPA	INGO	$16,116
19-RR-CEF-112	Water, Sanitation and Hygiene	UNICEF	INGO	$33,784
19-RR-CEF-112	Water, Sanitation and Hygiene	UNICEF	INGO	$25,677
19-RR-CEF-112	Water, Sanitation and Hygiene	UNICEF	INGO	$34,673
19-RR-CEF-112	Water, Sanitation and Hygiene	UNICEF	INGO	$49,740
19-RR-CEF-112	Water, Sanitation and Hygiene	UNICEF	INGO	$38,501
19-RR-CEF-112	Water, Sanitation and Hygiene	UNICEF	GOV	$51,467
19-RR-CEF-112	Water, Sanitation and Hygiene	UNICEF	GOV	$49,856
19-RR-CEF-112	Water, Sanitation and Hygiene	UNICEF	GOV	$45,795
19-RR-CEF-112	Water, Sanitation and Hygiene	UNICEF	GOV	$1,544
19-RR-CEF-110	Health	UNICEF	GOV	$16,688
19-RR-CEF-110	Health	UNICEF	RedC	$66,625
19-RR-IOM-037	Shelter & NFI	IOM	INGO	$5,900
19-RR-FAO-037	Livelihoods	FAO	INGO	$29,894
19-RR-FAO-037	Livelihoods	FAO	INGO	$29,894
19-RR-FAO-037	Livelihoods	FAO	INGO	$29,894
19-RR-FAO-037	Livelihoods	FAO	INGO	$72,402
19-RR-FPA-050	Health	UNFPA	RedC	$66,081
19-RR-FPA-050	Health	UNFPA	INGO	$16,116

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Report
CERF	Central Emergency Response Fund
DVS	District Vertinery Services
DHIS2	District Health Information system 2
ERF	Emergency Relief Cordinator
FAO	Food and Agriculture Organization
FP	Famliy Planning
FCDC	Frontiers Council Development Council
GBV	Gender Based Violence
IRC	International Rescue Committee
KRCS	Kenya Red Cross Society
LoA	Letter of Agreement
MNCH	Materanal Newborn & Child Health
MOH	Ministry of Health
PDM	Post Distribution Monitoring
PPE	Personal Protective Equipment
NDOC	National Disaster Operations Centre
RC/HC	Residence Cordinator Humanitarian Coordination
RVF	Rift Valley Fever
SRH	Sexual Reproductive Health
SEA	Sexual Exploitation and Abuse
SP	Service Provider
UNICEF	United Nations International Children's Emergency Fund
UNFPA	United Nations Population Fund
WFP	World Food Program
WHO	World Health Organization
WASH	Water Sanitation and Hygiene