

**KENYA
RAPID RESPONSE
FLOOD
2020**

20-RR-KEN-43346

Stephen Jackson

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

N/A

No AAR was undertaken. However, implementation of CERF activities was included on the agenda during the Kenya Humanitarian Partner Team Meetings and Inter-sector coordination meetings.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

In May 2020, CERF allocated US\$3,006,018 to Kenya to support the provision of life-saving assistance to support the Government of Kenya (GoK) response to provide immediate life-saving response interventions after floods ravaged six counties. CERF funding was particularly helpful in filling response gaps identified by the Government and partners during the first stages of the emergency. Funding prioritised providing emergency shelters and essential non-food items (NFIs), WASH, health, and food assistance for 236,866 people (62,201 women, 60,969 men, 57,416 girls and 56,280 boys) affected by floods in Taita Taveta, Siaya, Busia, Wajir, Kisumu and, Tana River counties. Due to the COVID-19 pandemic and its attendant priorities, resource mobilization from the traditional donors were largely unsuccessful. As such, the impact of CERF funding cannot be understated as it was the only fund providing support for flood response efforts. This allocation also 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.

CERF's Added Value:

CERF funding allowed IOM, UNICEF and WFP as well as their implementing partners to immediately initiate procurement processes which reduced lead times and enabled agencies to quickly deploy emergency supplies including emergency shelter and essential non-food items, food and WASH supplies to alleviate the suffering of people affected by flooding. Timely humanitarian assistance supported the protection of displaced people from life-threatening elements and offered early relief from the shocks of displacement. 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 partners. County governments also provided government vehicles and fuel for assessments, distribution of NFIs and project monitoring. In line with COVID-19 protocols, CERF funding enhanced virtual coordination, improved information-sharing and analysis for decision making, thus enhancing collaboration, efficiency and effectiveness of the response. Joint virtual reviews of programmatic issues with partners helped to identify critical gaps and challenges that were addressed collaboratively. Unfortunately, due to competing priorities occasioned by the COVID-19 pandemic further resource mobilization remained largely unsuccessful.

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

Yes

Partially

No

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Considerations of the ERC's Underfunded Priority Areas¹:

This action aimed to integrate gender and inclusion in all interventions to preserve the dignity of affected populations. All agencies involved ensured women and girls strategic needs were incorporated throughout the response. Welfare for mothers, including teen mothers was provided through the antenatal and maternal referral services under the Health project. Improving access to safe water had a direct link to the safety and dignity of women and girls through reduced distance and time taken to collect water, thus reducing vulnerability to GBV during water collection hours. Communities were sensitized on GBV in the COVID-19 context as well as GBV reporting mechanisms. The national toll-free numbers and contacts to the police gender desks for confidential reporting of GBV cases were shared widely. WFP targeted the most vulnerable population the majority being women who accounted for 54% of beneficiaries reached. Recipients were sensitized on the need for household collaboration and engagement in household decision-making. WFP continued with awareness and strengthening of the community structures on GBV prevention, mitigation, and response.

People living with disabilities were considered as priority group among the identified beneficiaries. During distribution of NFIs, dedicated queues were availed for people living with disabilities to ensure they received these items with dignity and necessary assistance was provided by the distribution team as well as help to carry the items. In addition to that KRCS volunteers assisted the beneficiaries to set up their living areas camps and construct the emergency shelters while considering COVID-19 preventative measures. That said, in future programmes, the targeting of people with disabilities will be reinforced.

IDPs protection concerns were met by providing dignified assistance to the displaced population through emergency shelters, without which, affected persons would not have access to dignified sheltering and would be living in crowded communal setting like schools and would have been exposed to protection concerns/ risks. In the COVID-19 context, World Vision Kenya (WVK), deployed the Last "Mile Mobile Solutions (LMMS)" technology which enhanced infection prevention by eliminating the need for ES/NFI beneficiaries to sign forms. Further, IOM provided facemasks to those who didn't have and ensured distributions were held in open spaces identified by the community members. Hand sanitizers were also provided at all distribution points and social distancing was maintained by deploying sufficient crowd control personnel at all distribution points.

Table 1: Allocation Overview (US\$).

Total amount required for the humanitarian response	14,500,000
CERF	3,006,018
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	3,006,018

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 HCTs/UNCTs 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. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
IOM	20-RR-IOM-017	Emergency Shelter and NFI - Shelter and Non-Food Items	390,000
UNICEF	20-RR-CEF-036	Health - Health	510,001
UNICEF	20-RR-CEF-037	Water Sanitation Hygiene - Water, Sanitation and Hygiene	966,018
WFP	20-RR-WFP-031	Food Security - Food Assistance	1,037,399
WFP	20-RR-WFP-031	Logistics - Common Logistics	102,600
Total			3,006,018

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	2,205,304
Funds sub-granted to government partners*	245,031
Funds sub-granted to international NGO partners*	251,210
Funds sub-granted to national NGO partners*	170,991
Funds sub-granted to Red Cross/Red Crescent partners*	133,482
Total funds transferred to implementing partners (IP)*	800,714
Total	3,006,018

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Since the end of March 2020, heavy rains in Kenya have caused flooding, especially in the West Kenya, parts of Coast and North Eastern areas. Landslides have affected Rift, Central and Coast areas. As of 15 May 2020, more than 69,000 households (351,000 individuals) have been affected including 33,576 households (166,000 people) who were displaced by floods in 20 out of the 23 most affected counties. In addition, as a result of the heavy rains, 230 fatalities and 34 injuries have been reported. In the flooded areas, almost 75% of the households have reported their houses damaged or destroyed while many communities have been forced to leave their homesteads. Key infrastructure, including roads, bridges, schools and health facilities, have been destroyed in multiple locations. Roads have been cut off hampering humanitarian assistance in Turkana, West Pokot, Kisumu and several other counties in the Western region. The flooding in Tana River, Kisumu, Busia, Siaya, Wajir, Garissa, Turkana, Marsabit and Isiolo counties has resulted in destruction of water and hygiene infrastructure. 234 suspected cholera cases have been reported in Marsabit County, with more counties at risk of outbreaks. The Government predicted a malaria upsurge and outbreaks of Rift Valley Fever (RVF) with women and children under five facing the highest risks. People threatened by floods in Garissa and Tana River counties have been evacuated. An emergency appeal was launched at the beginning of April requesting a total of \$268 million, mainly to respond to the Covid-19 impact but also including flood response.

Operational Use of the CERF Allocation and Results:

In response to the floods, the Emergency Relief Coordinator on 21 May 2020 allocated \$3 million from CERF's rapid response window. This funding enabled UN agencies and NGOs to support the Government's response in providing immediate lifesaving assistance to 175,000 people (including 4,800 people with disabilities). The UN and NGOs prioritized the most time-critical life-saving activities in the health, water, sanitation and hygiene, emergency shelter/non-food items, logistics and food security sectors across the affected areas.

People Directly Reached:

The CERF application aimed to reach 165,000 persons corresponding to the planned number of beneficiaries of the WASH CERF-funded project. The implementation of the CERF funded projects reached 236,866 persons i.e. an addition of 71,866 persons equivalent to the number of people reached by the WASH CERF project. All CERF-funded projects (except for the emergency shelter/non-food items) reached a greater number of beneficiaries than originally planned but all of them are among the additional beneficiaries reached by the WASH CERF project. Therefore, to avoid double-counting and similarly as during the application process, the number of beneficiaries reached by the WASH CERF project is used as reference. Fewer people were reached under the ES/NFI sector because actual household sizes in some counties were lower than estimates used before project inception stage. Similarly, at the proposal stage, the project had planned to reach 4,800 people with disabilities. However, during project implementation, the number of people displaced by floods in target areas was fewer than expected and consequently, 579 people with disabilities received assistance.

People Indirectly Reached:

Community members with access to radios, though not directly targeted in this project, benefitted from the preventative health messages that were broadcasted through community radio stations, thus increasing the outreach for health-promoting behaviours. Women and men who presented their children for life-saving interventions at the integrated health outreaches also benefitted from health education sessions, which further improved their knowledge on the floods-related disease epidemics. Hygiene promotion messaging through local FM radio stations and vehicle-mounted public address systems reached a wider audience beyond the target population. The project also indirectly supported six county governments in Taita Taveta, Siaya, Busia, Wajir, Kisumu and Tana River by relieving schools, and other government institutions of the burden of hosting people displaced by the floods. In total, it is estimated that 3,000,000 people were indirectly reached. This figure corresponds to those who benefitted from radio messaging and health outreaches.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Emergency Shelter and NFI - Shelter and Non-Food Items	9,242	9,058	5,909	5,791	30,000	9,208	6,129	7,102	6,221	28,660
Food Security - Food Assistance	10,200	10,000	11,000	11,000	42,200	15,970	10,842	13,221	13,919	53,952
Health - Health	29,545	19,347	20,401	19,601	88,894	31,344	22,103	33,601	25,156	112,204
Water Sanitation Hygiene - Water, Sanitation and Hygiene	42,900	41,250	41,250	39,600	165,000	62,201	60,969	57,416	56,280	236,866
Total	91,887	79,655	78,560	75,992	326,094	118,723	100,043	111,340	101,576	431,682

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	107,000	100,000
Host communities	0	0
Other affected people	67,878	136,866
Total	174,878	236,866

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Total		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	45,468	62,201	1,479	132
Men	43,720	60,969	1,449	110
Girls	43,720	57,416	945	135
Boys	41,971	56,280	927	202
Total	174,879	236,866	4,800	579

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-IOM-017

1. Project Information			
Agency:	IOM	Country:	Kenya
Sector/cluster:	Emergency Shelter and NFI - Shelter and Non-Food Items	CERF project code:	20-RR-IOM-017
Project title:	Immediate response to emergency shelter and Non-Food Items (ES/NFI) needs for flood-affected populations in Kenya		
Start date:	01/06/2020	End date:	30/11/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 5,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 0
	Amount received from CERF:	US\$ 390,000
	Total CERF funds sub-granted to implementing partners:	US\$ 30,115
	Government Partners	US\$ 0
	International NGOs	US\$ 0
	National NGOs	US\$ 14,450
Red Cross/Crescent Organisation	US\$ 15,665.45	

2. Project Results Summary/Overall Performance

Through this CERF grant, IOM provided emergency shelter and non-food items to 28,660 people: 6,129 men, 9,208 women, 6,221 boys and 7,102 girls. Families were provided with full kits as per Kenya Shelter and NFI sector standards and were comprised of tarpaulins, jerricans, bucket with lids, kitchen sets, sleeping mats, mosquito nets, blankets and, soaps. Items were distributed by IOM and its partners- World Vision Kenya and the Kenya Red Cross in the six counties which were hardest-hit by the floods. World Vision Kenya covered 2,000 households in Tana River County (Tana North:1,482 HH, Tana Delta :450 HH, and Tana River subcounty:68 HH). In Kisumu and Siaya Counties, the Kenya Red Cross Society distributed items in Nyando sub-county:1900 HH and Alego-Usonga sub county: 235 HH). IOM distributed items directly in Busia County (Samia sub-county: 30HH, Bunyala sub-county: 1,144HH and, Teso North sub-county: 86HH), Taita Taveta County: 505HH and Wajir County (Bute sub-county: 200HH).

With CERF funding, IOM and partners over-achieved target and held more stakeholder consultations through participatory methodology. in all six counties with relevant government authorities and community members, considering COVID 19 preventative measures. These meetings aimed at better understanding community dynamics and creating synergy with other interventions in the respective sub counties. In Tana River, 18 pre-distribution consultation meetings were held at different levels: one county steering group meeting, two sub-county coordination meetings and 15 village level consultations for purposes of selecting the most vulnerable beneficiaries in accordance with selected criteria. In Busia, six consultations were held; three at sub-county level and three at community level; in Wajir three consultations

were held, one at sub-county level and two at community level, two consultations were held in Taita Taveta: one at community level and one at county level, eight in Kisumu (one at county level and seven at community level) whereas two were held in Siaya (one at community level and one at county level). These meetings and consultations culminated in community-led beneficiaries' identification in all the six counties and subsequent distribution of emergency shelter (ES)/NFI kits prioritizing the most vulnerable.

3. Changes and Amendments

Following sector-level consultations and based on evolving needs in the country, IOM reallocated 1,000 ES/NFI Kits initially meant for Kilifi county to Tana River county. Needs in Kilifi County were met through other available resources by a member of Kenya Shelter and NFI sector. The Tana River allocation was distributed through World Vision Kenya (WVK). To facilitate distribution of the additional 1000 kits by WVK, IOM disbursed US\$ 7,185 to cater for transportation of kits from IOM warehouses in Nairobi, loading and offloading, local storage, local transportation within Tana River and distribution. The decision to re-allocate the kits from Kilifi to Tana River was made immediately upon receiving the information on gaps and at the early stage of the emergency and the project implementation. Thus, it was easy to accommodate and did not cause any delays to the project. The project over-achieved its initial target in Busia - Bunyala subcounty of 1,160 HH, by 100 HH. This possible due to saving measures on transport costs as well as a cost-effective distribution plan deployed by IOM based on lessons learnt from previous CERF interventions.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	9,242	9,058	5,909	5,791	30,000	9,208	6,129	7,102	6,221	28,660
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	9,242	9,058	5,909	5,791	30,000	9,208	6,129	7,102	6,221	28,660
People with disabilities (PwD) out of the total										
	1,479	1,449	945	927	4,800	132	110	135	202	579

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project indirectly supported six county governments in Taita Taveta, Siaya, Busia, Wajir, Kisumu and Tana River by relieving schools, and other government institutions of the burden of hosting people displaced by the floods. Schools in Busia were particularly congested with more than five families sharing a classroom before the provision of ES/NFI by IOM. In addition, the project indirectly benefitted thousands of families who would have been exposed to diseases including COVID-19 due to overcrowding and lack of social distancing which would have rendered the community more susceptible to the spread of this disease.

6. CERF Results Framework

Project objective	Improve the living conditions of flood-affected populations through provision of emergency shelter and NFIs in the target counties			
Output 1	Most vulnerable displaced households are provided with ES/NFI kits			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	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	8 (1 per target site)	39 (18 in Tana River, 6 in Busia, 3 in Wajir, 2 in Taita Taveta, 8 in Kisumu and 2 in Siaya)	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	6,000 HH 50.5% female: 15,15049.5% male: 14,85039% under 15 years old 2.4 % 65 years and above 16% liv	6,100 HH 57.04% female, 42.92% male, 2.02% persons living with disabilities, 21.7% boys and 24.78 % girls	IOM beneficiaries receipt form and IP report
Indicator 1.3	Percentage of beneficiary households satisfied with the assistance provided	75%	81 % fully satisfied, 16 % partially satisfied 2 % are neutral and 0 % are dissatisfied under 18 years old.	Post distribution monitoring report.
Indicator 1.4	Number of joint field missions and end user monitoring visits conducted	8 (1 per County)	5 (1 Wajir, 1 Tana River, 1 Kisumu, 1 Busia, 1 Siaya)	Post distribution monitoring report
Indicator 1.5	Number of monitoring visits conducted	8 (1 monitoring visit per County)	7 (2 Tana River, 1 Kisumu, 1 Siaya, 1 Busia, 1 Wajir, 1 Taita Taveta)	IOM and partners activity report
Explanation of output and indicators variance:		Total number of households reached is higher because IOM was able to deliver an additional 100HH kit in Busia. That said, the total number of people reached was lower than planned because the actual family size in some counties was lower than five. For instance, in Siaya and Kisumu, the average household size was 3.38 members per household as opposed to estimated 5 member per household.		
Activities	Description	Implemented by		
Activity 1.1	Sign the implementing partners agreement	WVK, KRCS, IOM		

Activity 1.2	Conduct community consultations prior to distribution	WVK, KRCS, IOM
Activity 1.3	Identify beneficiary households in target areas	WVK, KRCS, IOM
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	WVK, KRCS, IOM
Activity 1.6	Carry out the joint field visits to monitor the progress of the activities	WVK, KRCS, IOM
Activity 1.7	Conduct the Post distribution monitoring	WVK, KRCS, IOM

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)³:

The project was designed through consultative processes and based on findings of Kenya Inter Agency Rapid Assessment (KIRA) conducted at onset of the emergency which incorporated feedback from the affected population. KRCS, IOM, and WVK targeting and registration procedures involved community committees in identification of those in greatest need of assistance. IOM and its partners conducted joint post distribution monitoring (PDM) in five counties (Tana River, Siaya, Wajir, Kisumu and Busia) in which 460 beneficiaries participated (61.5% female and 38.5% male). PDM findings indicate that 82% of respondents felt that items delivered met the basic needs of the beneficiaries, with 82% fully satisfied with the items delivered, and 81% agreed that distribution was well organized. 88% of respondents ascertained that gender balance considerations were incorporated during beneficiary selection. On the vulnerability consideration, 85% of the respondents agreed that vulnerabilities within target population were considered when choosing beneficiaries. On the communication and feedback during the implementation of the project, 95% of respondents considered the communication was excellent or good while 4% considered it fair and 1% gave feedback that communication was poor.

b. AAP Feedback and Complaint Mechanisms:

The project was implemented through a consultative process that involved local authorities and sub county steering groups that came up with prioritization of the actual IDPs villages and camps based on local assessment. Taking into account other ongoing interventions, at the community level, the beneficiaries' identification was done through participatory community approaches, where the communities identified the vulnerable flood affected population by ranking the most vulnerable. Examples of vulnerability categories were: widows, widowers, orphans, the sick, single parents, senior citizens, physically challenged and IDPs living in makeshift shelters and or shelter in public institutions such as schools, colleges and churches/mosques. The selection of final beneficiaries was done in transparent manner and those who had grievances saw them addressed through community leaders/ camps managers before the distribution list was

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

generated and approved. IOM and partners distributed to those who had been cleared as most vulnerable by the community members themselves.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Prevention of Sexual Exploitation and Abuse (PSEA) training is mandatory for all IOM staff. IOM extended this training to the sector members especially the implementing partners. IOM's partner agreements have clear clauses on prevention of sexual exploitation and abuse by partners and partners are legally obliged to abide by it. There were no reports of sexual exploitation and abuse received during implementation of this project from IOM staff members, partner staff and any other personnel engaged by IOM including truck drivers and security personnel

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Throughout the project implementation, female and child-headed households were given the priority in generation of distribution lists. IOM and partners also ensured the distribution was done in locations that were easily accessible to everyone and during daytime. Distribution timing was done in such way that beneficiaries could walk home in good time after receiving the kits, to avoid exposing the beneficiaries to unnecessary danger.

e. People with disabilities (PwD):

People living with disabilities were considered as priority group among the identified beneficiaries. During distribution dedicated queues were slotted for people living with disabilities to ensure receive their assistance in dignity and necessary assistance was provided by the distribution team, assistance to carry the items to their sites. In addition to that KRCS volunteers assisted the beneficiaries to set up the camps and construct the emergency shelters while considering COVID 19 preventative measures.

f. Protection:

The project was designed with concerns of all affected population in mind, to provide lifesaving shelter and NFI. The design of the project ensured protection concerns of the IDPs were met by providing dignified assistance to the displaced population through provision of emergency shelters, without it the affected persons would not have access to dignified sheltering and would be living in crowded communal setting like schools and would have been exposed to protection concerns/ risks. The project ensured that prioritized beneficiary received shelter kits that provided protection-oriented shelters.

g. Education:

Not applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	None

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Cash delivery was not considered because the items were unavailable in local markets in quantity required and delivering the cash or voucher to the beneficiaries would not have addressed the needs of the affected population. Given the market capacity at the time, cash-based assistance would have disrupted local markets and interfered with demand and price equilibrium and adversely affect those who would not have been covered under the project. IOM buys NFIs in bulk thus has comparative advantages in bargaining for better prices. However, in the future IOM remain committed to delivering through CVA whenever local dynamics and market conditions permit.

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter	https://twitter.com/IOMKenya/status/1325731047057879040
Twitter	https://twitter.com/IOMKenya/status/1301748147954294784
Twitter	https://twitter.com/IOMKenya/status/1301423122810318849

3.2 Project Report 20-RR-CEF-036

1. Project Information

Agency:	UNICEF	Country:	Kenya
Sector/cluster:	Health - Health	CERF project code:	20-RR-CEF-036
Project title:	Rapid Life-saving Health Emergency Response to Floods and Associated Diseases Outbreaks in Kenya		
Start date:	04/06/2020	End date:	03/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 3,500,000
	Total funding received for agency's sector response to current emergency:	US\$ 50,000
	Amount received from CERF:	US\$ 510,001
	Total CERF funds sub-granted to implementing partners:	US\$ 238,530
	Government Partners	US\$ 120,713
	International NGOs	US\$ 0
	National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 117,817	

2. Project Results Summary/Overall Performance

UNICEF used the CERF funds to provide timely life-saving health interventions to vulnerable segments of the population, reaching a total of 112,204 people (33,601 girls, 25,156 boys, 31,344 women and 22,103 men) in eight target counties. UNICEF worked in partnership with the Ministry of Health (MoH), County Health Management Teams (CHMTs) of the eight focus counties and the Kenya Red Cross Society (KRCS) in mapping areas of implementation as well the implementation of interventions, monitoring, review and coordination. The implementation of integrated outreach services was very critical since the communities in the hard-to-reach areas were already vulnerable to lack of access to quality health care, and at the same time the caseload of COVID-19 was on the increase, with most community members not visiting health facilities due to fear of contracting the virus. Were it not for the integrated outreach services, many of the children, women and men would not have accessed timely, life-saving primary health care, which would most likely increase morbidity and mortality.

During implementation, challenges were encountered related to COVID-19 movement restrictions thus, physical meetings and monitoring visits were not possible. The health system was increasingly overwhelmed by the COVID-19 response and social stigma to COVID-19 resulting in low uptake of health interventions at facility level and reduced attention to other critical disease outbreaks and facilitation of continuation of primary health care in the COVID-19 context. In mitigation, UNICEF together with the eight counties and KRCS arranged to have the integrated outreach services begin early in the morning and end early afternoon in order to fit into the government curfew hours. In line with COVID-19 prevention protocols, handwashing stations were erected at the outreach sites for use by community members as they participated in the sessions. UNICEF further engaged KRCS and the select teams from the eight counties in virtual coordination meetings, which presented an opportunity for sharing best practices and addressing identified gaps.

3. Changes and Amendments

No changes or amendments were made to the project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	11,125	1,185	4,490	4,216	21,016	11,802	1,354	7,395	5,411	25,962
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	18,420	18,162	15,912	15,385	67,879	19,542	20,749	26,206	19,745	86,242
Total	29,545	19,347	20,402	19,601	88,895	31,344	22,103	33,601	25,156	112,204
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Community members with access to radios, though not directly targeted in this project, benefitted from the preventative health messages that were broadcasted through community radio stations, thus increasing the outreach for health-promoting behaviours. Women and men who presented their children for life-saving interventions at the integrated health outreaches also benefitted from the health education sessions, which further improved their knowledge on the floods-related disease epidemics. In total, it is estimated that 3,000,000 people were indirectly reached with health messaging.

6. CERF Results Framework

Project objective	Contribute to reduction of morbidity and mortality of 40,003 vulnerable children, 29,545 pregnant and women over 18 years-lactating women and 19,347 women and men above 18 years in 8 Kenya Counties affected by floods and consequent disease outbreaks.			
Output 1	A package of live-saving health interventions delivered to displaced communities marooned in floods and those living far from static facilities thus not able to access life-saving services through integrated outreach services Health - Health			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number and % displaced children (boys and girls) accessing quality lifesaving Newborn Child Adolescent Health interventions at community level in the 8 targeted counties	40,003 (100%)	58,757 (33,601 girls and 25,156 boys)	Project reports
Indicator 1.2	Number and % displaced flood affected women (including pregnant and lactating women) accessing quality life-saving Maternal Health interventions in the 8 targeted counties	29,545 (100%)	31,344	Project reports
Indicator 1.3	Number of essential life-saving commodities stock out	0	0	Project reports
Indicator 1.4	Number of supervisory reports with recommendations outlined	5	5	Project reports
Explanation of output and indicators variance:		More beneficiaries were reached than planned due to enhanced community mobilization, thus increasing demand for health services		
Activities	Description	Implemented by		
Activity 1.1	Procure life-saving medical commodities to targeted integrated outreach sites.	MOH, KRCS, UNICEF		
Activity 1.2	Support distribution of life-saving medical commodities and to flood affected displaced children and women from 8 target counties	MoH, CHMTs, KRCS, UNICEF		
Activity 1.3	Support life-saving integrated outreach sessions including rapid response teams (RRTs)	MoH, CHMTs, KRCS, UNICEF		

Activity 1.4	Support the conduct of monthly joint monitoring and supervision visits in the 8 counties	MoH, CHMTs, KRCS, UNICEF
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Output 2 Support the establishment of cholera treatment centres for the management of cholera cases in at least 4 of the 8 targeted counties reporting laboratory confirmed outbreak

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of CTCs made operational for case management-2 each in 4 counties (Turkana, Tana River, Garissa and Wajir) – (HR, commodities, health and hygiene promotion)	8 CTS - 2 in each of the 4 of the counties (100%)	8	Project reports
Indicator 2.2	Percentage of people benefiting from the CTC services	640 (100%) of severe cases	623 (97%)	Project reports

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 2.1	Support set up and operationalization of CTCs in cholera active counties (4 of the 8 counties)	MoH, CHMTs, KRCS, UNICEF
Activity 2.2	Support assorted clinical health workers and community health volunteers allowance to manage CTCs	MoH, CHMTs, KRCS, UNICEF

Output 3 Awareness created for all flood affected people (children and pregnant women) for increased access to emergency life-saving health interventions

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	% of people who remember at least 3 key messages on floods	209,309 (100%) of the floods affected people in the 8 counties	203,457 (97%)	Project reports
Indicator 3.2	% of people who practice at least 2 key messages on floods	177,913 (85%) of 209,309	183,112 (87%)	Project reports

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 3.1	Orient community Health Volunteers (CHWs) to disseminate life-saving messages and basic management of common communicable diseases	MoH, UNICEF, KRCS
Activity 3.2	Support 400 community health volunteers, supervised by 50 community health extension workers, conduct interpersonal personal communication among communities at community level and CTCs and	MoH, UNICEF, KRCS

	emergency referral of severely ill community members to health facilities for specialised management	
Activity 3.3	Print and distribute IEC/BCC materials (at UNICEF cost)	MoH, UNICEF, KRCS
Activity 3.4	Air 1,260 radio spots and radio programmes to disseminate key lifesaving interventions (in local languages) Each of the 7 Frequency Modulation (FM) radio stations (Star, Risala, Maata, Sifa, Radio Akicha, Sulwe and Ramog). Each of the 7 FM stations will then air a slot 3 times each day for the first 2 months (60 days) of implementation of the CERF life-saving interventions. $7*3*60=1,260$	MoH, CHMTs, KRCS, UNICEF

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)⁵:

Through Community Health Volunteers (CHVs), community members in the eight focus counties actively participated in the design and implementation of the project. CHVs were able to easily identify members of communities who require treatment for various ailments, whose children require immunization services and they can influence them to seek medical attention. They also mobilize households to attend routine primary health care interventions at the health outreach sites. As they disseminate key messages on how to prevent the occurrence of the flood-related disease outbreaks, communities share with them information regarding their needs, and such information is collated to inform the design and implementation of the project. The CHVs have been UNICEF's strategic allies and the link between communities and health facility teams, where they gave critical feedback regarding the type of services that are being demanded by communities, as well as feedback on the interventions delivered.

b. AAP Feedback and Complaint Mechanisms:

CHVs provided critical feedback regarding the type of services that were being demanded by communities, as well as feedback on the interventions delivered. This feedback was instrumental 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.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

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

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

(1195 and 0800 221 0800) for reporting of cases were shared. No SEA cases were received during the entire duration of the project implementation.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

This project focused on primary health services for girls, boys, women and men. Welfare for mothers, including teen mothers was provided through the antenatal and maternal referral services under this project. GBV messages in the COVID-19 context were integrated into health promotion messages.

e. People with disabilities (PwD):

The project did not have a focus on people with disabilities and data is not available on any PwD reached.

f. Protection:

The health sector worked closely with the child protection sector in supporting child protection cases that were referred for medical attention.

g. Education:

The sensitization of community health volunteers, who further engage members of the community on awareness was an aspect of informal education.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA was not considered at the time of developing the proposal because there were no systems or structures in place to support CVA. UNICEF is supporting the Government of Kenya in the horizontally and vertically expanding the existing National Safety Net Programme (NSNP) in providing humanitarian cash transfers to the vulnerable households affected by humanitarian crises, which will facilitate CVA in future projects

9. Visibility of CERF-funded Activities

Title	Weblink
UNICEF has acknowledged the financial support from UNOCHA through the 2020 Humanitarian Situation Reports that are published globally	UNICEF global website and on Reliefweb

3.3 Project Report 20-RR-CEF-037

1. Project Information			
Agency:	UNICEF	Country:	Kenya
Sector/cluster:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	CERF project code:	20-RR-CEF-037
Project title:	Improving access to safe water and hygiene services for 165,000 flood-affected people in 13 counties in Kenya		
Start date:	04/06/2020	End date:	03/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 3,500,000	
	Total funding received for agency's sector response to current emergency:	US\$ 50,000	
	Amount received from CERF:	US\$ 966,018	
	Total CERF funds sub-granted to implementing partners:	US\$ 401,649	
	Government Partners	US\$ 124,318	
	International NGOs	US\$ 251,210	
	National NGOs	US\$ 26,121	
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

With CERF funding, UNICEF and partners reached 236,866 persons (58,136 girls, 55,560 boys, 62,981 women and 60,189 men) affected by floods in ten focus counties (Kisumu, Siaya, Migori, Busia, Garissa, Isiolo, Tana River, Taita Taveta, Kilifi and Mandera), through providing access to permanent safe water from repaired sources as well as access to temporary safe water through household water treatment and storage practices. This is 43% more than the target planned of 165,000 people, which is attributable 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 with a wide population coverage. At least 6,360 school children whose school water supply was restored after flood damage were reached with access to safe water, contributing to safe personal hygiene practices at school level, and thus averting water-borne illness. Over 15,457 households (77,283 people) also received WASH NFIs (Jeri cans, buckets, soap and water purification tablets) to improve temporary access to safe water for populations using unsafe sources through household water treatment and storage practice. A total of 204,964 girls, boys, women and men received critical WASH-related information including handwashing with soap at critical times. Using IEC materials and mass media (local FM Radio stations), key hygiene messages were delivered at the household, health facilities and school level as well as demonstration of household water treatment and safe storage to create awareness and improve household hygiene practices. UNICEF partnered with Lay Volunteers International Association (LVIA), Action Against Hunger (ACF), Plan International, Welthungerhilfe (GAA) World Vision and CARE International and three County Governments (Garissa, Migori and Kisumu). The county governments contributed to project logistics through provision of government vehicles and fuel for assessments, distribution of WASH supplies and project monitoring.

UNICEF initiated remote and virtual implementation modalities including monitoring and convening of key fora, ensuring that planned activities were completed on time. Use of radio messaging and vehicle-mounted public address systems to pass messages on safe

hygiene practices including for COVID-19 prevention was prioritized over household hygiene demonstrations and outreaches in order to observe prevention regulations.

3. Changes and Amendments

There were no changes or amendments to the project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	27,820	26,750	26,750	25,680	107,000	27,040	24,960	24,960	23,040	100,000
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	15,080	14,500	14,500	13,920	58,000	35,941	35,229	33,176	32,520	136,866
Total	42,900	41,250	41,250	39,600	165,000	62,981	60,189	58,136	55,560	236,866
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People 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. Those indirectly reached with radio messaging under WASH is approximately two million people.

6. CERF Results Framework

Project objective	To improve access to safe water for 165,000 girls, boys, women and men affected by floods in 13 counties by December 2020.			
Output 1	165,000 girls, boys, women and men have access to 7.5-15 litres of water per person/day from repaired water sources			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	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)	165,000 people (41,250 men, 42,900 women, 39,600 boys, 41,250 girls)	236,866 People (62,201 women, 60,969 men, 57,416 girls & 56,280 boys)	Project reports
Indicator 1.2	# of households benefitting from WASH NFIs (Every household will get 1 Jerry can (20litres), 1 plastic bucket (10 liters), 3 bars of soap, 90 tablets of aqua tabs (for 10,000 HHs) or 90 sachets of PUR [for 5,000 HHs]) and menstrual Hygiene management materials.	15,000 households	15,457 Households	Project reports
Explanation of output and indicators variance:		More people reached from additional water sources repaired and additional procurement of household water treatment and storage facilities		
Activities	Description	Implemented by		
Activity 1.1	Identification of strategic water points for repair	County Governments and NGO partners- Isiolo, Garissa, Mandera, Taita Taveta, Kisumu, Busia, Migori, Kilifi, Tana River		
Activity 1.2	Emergency repair of key water points	County Governments (Garissa, Kisumu, Migori), NGO partners (Mandera, Garissa, Isiolo, Taita Taveta, Kilifi, Busia, Siaya, (LVIA, World Vision, Plan International, CARE, Welthungerhilfe, Action Against Hunger)		
Activity 1.3	Procurement of emergency WASH supplies- Water treatment (chlorine, alum, aqua tabs, PUR) and safe storage (jerrycans, buckets, soaps) and menstrual hygiene management materials.	UNICEF		
Activity 1.4	Distribution of emergency water treatment chemicals and water storage commodities to partners, for on-distribution to households, water utilities, schools and health centres	UNICEF and LVIA, World Vision, Plan International, CARE, Welthungerhilfe, Action Against Hunger		

Activity 1.5	Project monitoring and quality assurance	UNICEF, County Governments (Isiolo, Taita Taveta, Siaya, Kilifi, Kisumu, Migori, Busia, Tana River, Garissa and Mandera)
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Output 2 165,000 girls, boys, women and men have access to critical WASH related information for prevention of diseases

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster 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	165,000 people (41,250 men, 42,900 women, 39,600 boys, 41,250 girls)	204,964 people (53,824 women, 49,683 girls, 52,758 men & 48,699 boys)	Project Reports

Explanation of output and indicators variance: More people were reached through additional radio spots due to integrated hygiene promotion and Covid-19 messaging in selected areas

Activities	Description	Implemented by
Activity 2.1	Design and production of key behavior change communication messages	UNICEF
Activity 2.2	Promotion of key hygiene messages through community health volunteers and mass media messaging and IEC materials.	County Governments (Isiolo, Garissa, Mandera, Tana River, Kisumu, Migori, Busia, Kilifi, Siaya and Taita Taveta) and NGO partners (LVIA, WVK, ACF, Plan International, Welthungerhilfe and CARE)
Activity 2.3	Distribution of soap for hand washing and menstrual hygiene products.	County Governments (Isiolo, Garissa, Mandera, Tana River, Kisumu, Migori, Busia, Kilifi, Siaya and Taita Taveta) and NGO partners (LVIA, WVK, ACF, Plan International, Welthungerhilfe and CARE)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)⁷:

Targeted communities participated in the initial assessments and the information gathered from focus group discussions with women groups and village water committees was critical in identifying the most critical needs and ensuring prioritization of the most strategic facilities for repair and selection of the most vulnerable households for prioritization in the distribution of WASH supplies. A participatory approach among community members was used to identify the most vulnerable households due to poverty, chronic illness, orphaned vulnerable children, elderly, female-headed households, households with children under five years and those with pregnant/lactating mothers. Many community influencers, opinion leaders and local leaders such as religious leaders, traditional leaders and youth leaders were involved in the reinforcement of key household hygiene messaging.

b. AAP Feedback and Complaint Mechanisms:

Community leaders and Community Health Volunteers were the key channel for receiving complaints on any project implementation delays and concerns on quality of services, and consequently channelling them to departments of the County Governments and partner field staff on ground. Feedback from the women groups and the village water committees provided critical information on improvement of services.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

It was mandatory for UNICEF staff and staff of partner organizations to undertake PSEA training, and a zero-tolerance policy was maintained. NGO implementing partner organizations were required to sign compliance with PSEA guidelines with UNICEF before commencement of the Project Cooperation Agreements. Communities were sensitized on PSEA reporting and complaints mechanisms through the Kenya Red Cross and county authorities. No SEA cases were received during the implementation of the project.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Improving access to safe water had a direct link to the safety and dignity of women and girls through reduced distance and time taken to collect water, thus reducing vulnerability to GBV during water collection hours. Closer access to safe water to households also freed up time for women and girls for other household responsibilities, thus allowing additional study and play time for girls. In collaboration with the Child Protection sector, communities were sensitized on GBV in the COVID-19 context as well as GBV reporting mechanisms. The national toll-free numbers and contacts to the police gender desks for confidential reporting of GBV cases were shared widely.

e. People with disabilities (PwD):

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

No specific targeting of people with disabilities was done and data is not available on PwD beneficiaries.

f. Protection:

The project prioritized most affected Counties targeting displaced populations, populations losing safe water sources in 10 most affected counties out of the 13 originally targeted.

g. Education:

School-based WASH interventions were critical in promoting household hygiene, with children being key allies in influencing health promotive behaviours among their family members. The lengthy mandatory school closure due to COVID-19 restrictions significantly affected school-based interventions, thus losing critical time in enhancing behaviour change for disease prevention.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA was not an implementation strategy under this project as systems and structures were not in place to support cash-based interventions. UNICEF is supporting vertical and horizontal expansion of the National Safety Net programme to support humanitarian cash-based interventions, which will support future projects.

9. Visibility of CERF-funded Activities

Title	Weblink
@GarissaGov supported by @UNICEFKenya to distribute essential WASH supplies to 425 households displaced by floods in Bakuyu & Ziwani villages.	https://twitter.com/UNICEFKenya/status/1258631743977992192?s=20
UNICEF has acknowledged the financial support from UNOCHA through the 2020 Humanitarian Situation Reports that are published globally	UNICEF global website and on Reliefweb

3.4 Project Report 20-RR-WFP-031

1. Project Information			
Agency:	WFP	Country:	Kenya
Sector/cluster:	Food Security - Food Assistance Logistics - Common Logistics	CERF project code:	20-RR-WFP-031
Project title:	Food assistance and logistics support to populations affected by floods		
Start date:	21/05/2020	End date:	20/11/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 2,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 500,000
	Amount received from CERF:		US\$ 1,139,999
	Total CERF funds sub-granted to implementing partners:		US\$ 130,420
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 134,420
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF allocation, WFP in coordination with the National Disaster Operations Centre and the Ministry of Devolution & ASALs and respective County Governments focused its flood response in four arid counties; Mandera, Tana River, Turkana and Garissa to complement the efforts of the national and county governments in the emergency response. WFP delivered approximately 1,000MT of assorted food commodities that included cereals, pulses and vegetable oil to 53,952 (54 percent female) flood-affected people to meet their short-term food security gaps. The number of people reached was about 25 percent higher than anticipated as WFP complemented national and county government efforts and responded positively to their requests. WFP support was for logistics and food distribution. Distributions were done once in all targeted counties and COVID- 19 safety measures were observed during the exercise. The rations were provided at 75 percent of the standard 2,100 KCal ration per person per day, to meet the food requirements of the beneficiaries. In Tana River, Mandera and Garissa counties, beneficiaries received rations to cover the needs for two months, while Turkana received one-month ration from WFP while the county government provided food ration the second month.

WFP provided logistics support by providing all-terrain six-wheel-drive trucks and motorized boats to deliver government food and non-food items to remote villages that were cut off because of floods and normal trucks could not reach. WFP hired seven 6 by 6 trucks that transported 92.75MT of food commodities for the county government of Garissa. WFP hired motorized boats to transport food to villages that were marooned by the flooding in Tana River county. The emergency food delivered saved lives of many families that were facing starvation due to the sudden break in market supplies, compounded by the loss of assets and livelihoods. WFP also provided logistics support to Samburu county government by moving food from the county strategic warehouses to all the food distribution points, within the county.

3. Changes and Amendments

At the onset of the flooding, the Government anticipated that they would require WFP's logistics support to move 250MT of food and Non-Food Items (NFIs) to flood-affected communities. However, during the response, county governments requested WFP to deliver only 93MT. Based on this demand WFP contracted 6X6 truck capacity and normal trucks to deliver of 93MT of county government food stocks and NFIs. Hence, out of the US\$100,000 planned for contractual services of trucks, WFP utilized only US\$ 20,000.

In the original proposal, WFP planned to buy 936MT of assorted commodities, although the actual tonnage purchased and distributed according to the county needs was 1,000MT. Despite the slight increase in tonnage, the overall food costs were US\$ 2,000 lower than planned. On the other hand, WFP incurred additional food transfer costs due to the increase in tonnage distributed and due to COVID-19 related costs throughout the supply chain and distribution. Additional costs incurred included procurement of Personal Protective Equipment (PPE), ensuring social distancing during the different emergency response coordination meetings with stakeholders and including additional transport costs among others. WFP food commodities had to be re-packed for ease of transportation by beneficiaries and to enable crowd management and ensure social distancing. Besides, quality control services and reagents for food quality testing were availed to county governments to confirm food safety and quality standards prior to distribution.

Considering this, WFP sought approval from CERF to reallocate the remaining balance of US\$80,000 under the budget line of contractual services and the remaining balance of US\$ 22,000 from the purchase of food budget line to the budget line of Food Transfer Costs to cover the additional costs incurred during the response.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Logistics - Common Logistics									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0
Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	10,200	10,000	11,000	11,000	42,200	15,970	10,842	13,221	13,919	53,952
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	10,200	10,000	11,000	11,000	42,200	15,970	10,842	13,221	13,919	53,952
People with disabilities (PwD) out of the total										
	100	100	100	100	400	4	13	3	16	26

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

N/A

6. CERF Results Framework

Project objective	To meet the short-term food security gap of populations identified as severely food insecure because of floods.			
Output 1	Provision of emergency in-kind food assistance Food Security - Food Assistance			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	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	42,200 persons	53,952	WFP distribution reports
Indicator 1.2	Quantity of food (MT) provided to food-insecure, flood-affected populations	936 MT	1,000MT	WFP distribution reports
Explanation of output and indicators variance:		Actual tonnage purchased and distributed was based on the county needs during response.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of food through WFP regional stocks	WFP		
Activity 1.2	Distribute food to food-insecure, flood-affected persons (women, men, boys and girls)	WFP, National and County Governments. WFP also contracted implementing partners; Consortium of Cooperating Partners (COCOP) and Arid Lands Development Focus (ALDEF).		

Output 2	Provision of logistics support through use of specialized vehicles, transporting in-kind and NFIs in facilitation of humanitarian partners and county government response.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Logistics - Common Logistics			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Quantity of food (MT) provided to 25,000 flood-affected populations through specialized logistics support	250 MT	93MT	WFP Supply chain reports
Explanation of output and indicators variance:		The Government anticipated that they would require WFP's logistics support to move 250MT of their food to flood-affected communities. However, WFP's support was based on demand and needs requested by the counties during response which amounted to 93 MT.		
Activities	Description	Implemented by		

Activity 2.1	Transport food and NFIs to flood-affected persons (women, men, boys and girls)	WFP, National and County Governments
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7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)⁹:

A multisectoral team comprised of National Government Administration Officers, County Governments, WFP and non-state actors coordinated the response. Community members, including men and women of different ages and diversities were at the driving seat in the design and implementation of the response, including identification of the most vulnerable households to receive assistance provided through this intervention. WFP and cooperating partners provided oversight in the consolidation and validation of the list of targeted households at the village level and sought their feedback on the proposed processes. Although most of the planning meetings were held virtually due to the COVID-19 context, WFP and its partners selected youth ambassadors to aid in sensitizing the targeted communities on the intervention, WFP's complaints and feedback mechanisms and COVID-19 guidelines to be observed during food distributions. Besides, local radio stations were contracted to make announcements in local dialect. Community feedback was documented, analysed and integrated into the programme.

b. AAP Feedback and Complaint Mechanisms:

WFP's Complaints and Feedback Mechanism (CFM) consisted of several avenues where beneficiaries and communities at large could voice complaints, make inquiries and/or provide feedback on the assistance provided. The avenues included direct engagement with WFP staff and those of implementing partners in the field when possible, a toll-free helpline, a line for sending short texts and an email address. All complaints, inquiries and feedback received were recorded in a customer relations management database (Sugar CRM). Appropriate resolutions were implemented immediately while issues requiring further action were escalated and resolved within agreeable timelines as stipulated in the WFP Kenya standard operating procedures. WFP's complaints committee met monthly to review cases and provide recommendations and solutions based on the feedback that was received from beneficiaries. Beneficiary feedback was documented, analysed and integrated into programme improvements for all interventions involving beneficiaries directly or indirectly.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WFP has zero tolerance policy on SEA. It has a robust complaints and feedback mechanism, which include reporting and referral systems on Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA). Besides, WFP has standard operating procedures and an action plan to prevent sexual exploitation and abuse and ensure a concerted effort and approach is in place to enhance awareness and response on the issues around sexual exploitation and abuse. The action plan focuses on providing an effective response to any reported cases of sexual exploitation and abuse through the appropriate tools and mechanisms. The project also integrated gender and protection

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

questions in the project monitoring tools to ensure that the intervention is done in a manner that ensures equal benefits by all beneficiaries across different gender age and diversities and protects the safety and dignity of the affected populations.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WFP targeted the most vulnerable population the majority being women and children. Women accounted for 54% of the beneficiaries reached. The targeted population planning data is disaggregated by sex and age, while the persons- related indicators disaggregated by sex and age. In recording the actual beneficiaries, the project adhered to the corporate WFP age categories. The beneficiaries were sensitized on the need for household collaboration and engagement in household decision making. Through the project committees, coordination and implementing staffs, the beneficiaries were sensitized on WFP established complaints and feedback mechanism for timely reporting and response to GBV in relation to the assistance. WFP continued with awareness and strengthening of the community structures on GBV prevention, mitigation, and response.

e. People with disabilities (PwD):

During the food distributions, people with special needs including those people living with disabilities, the elderly, pregnant and lactating women, and unaccompanied children were prioritized by being put on separate queues for easier, timely and safe access. WFP also encouraged these special groups to nominate proxies to collect food on their behalf. Several distribution points within the affected sub counties were verified by WFP and the relief committees before being used. This ensured convenience of the location of distribution centres, and accessibility to all with ease was taken into consideration.

f. Protection:

Guided by the various policies and frameworks including WFP Gender Policy, the Protection Humanitarian Policy and corresponding Action Plans, WFP Kenya mainstreamed and integrated protection into all its activities and operations, while ensuring design and roll out of interventions in a manner that contributes to the safety, dignity, and integrity of beneficiaries of all ages, gender and diversity.

Preceding the roll out of the assistance, WFP conducted awareness campaigns through mass media on protection and the beneficiary's rights to access assistance in a safe and secure manner while being treated with dignity. WFP communicated on it's the stand on zero tolerance to harassment, the beneficiaries were informed of the available complaints and feedback mechanisms for reporting should protection issues arise.

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

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA could not be feasible for a timely response/provision of food assistance to the flood-affected communities who were facing starvation due to the sudden break in market supplies and loss of assets and livelihoods. For flood-affected areas, where food commodities are not readily available, and even markets have been negatively affected, in-kind food assistance is most appropriate.

9. Visibility of CERF-funded Activities

Title	Weblink
Press Release	https://www.wfp.org/news/wfp-compliments-kenya-government-emergency-response-food-9000-families
Web Story	https://medium.com/world-food-programme-insight/wfp-reaches-families-affected-by-floods-in-kenya-ea70c1cf2e2
Twitter	https://twitter.com/WFP_Kenya/status/1286534324305764352 https://twitter.com/WFP_Kenya/status/1278986967124971521 https://twitter.com/WFP_Kenya/status/1280795481271042048 https://twitter.com/WFP_Africa/status/1285529791236657157 https://twitter.com/WFP_Kenya/status/1285883536222765056

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner	Total CERF Funds Transferred in USD
20-RR-IOM-017	Shelter & NFI	IOM	NNGO	\$14,450
20-RR-IOM-017	Shelter & NFI	IOM	RedC	\$15,665
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	NNGO	\$26,121
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	INGO	\$44,319
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	GOV	\$38,558
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	INGO	\$69,308
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	INGO	\$35,090
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	INGO	\$82,493
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	INGO	\$20,000
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	GOV	\$62,350
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	GOV	\$15,410
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	GOV	\$8,000
20-RR-CEF-036	Health	UNICEF	GOV	\$4,161
20-RR-CEF-036	Health	UNICEF	GOV	\$22,637
20-RR-CEF-036	Health	UNICEF	GOV	\$19,172
20-RR-CEF-036	Health	UNICEF	GOV	\$42,689
20-RR-CEF-036	Health	UNICEF	GOV	\$2,539
20-RR-CEF-036	Health	UNICEF	GOV	\$29,516
20-RR-CEF-036	Health	UNICEF	RedC	\$117,817
20-RR-WFP-031	Food Assistance	WFP	NNGO	\$75,289
20-RR-WFP-031	Food Assistance	WFP	NNGO	\$55,131
20-RR-IOM-017	Shelter & NFI	IOM	NNGO	\$14,450
20-RR-IOM-017	Shelter & NFI	IOM	RedC	\$15,665
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	NNGO	\$26,121
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	INGO	\$44,319
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	GOV	\$38,558
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	INGO	\$69,308
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	INGO	\$35,090
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	INGO	\$82,493
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	INGO	\$20,000
20-RR-CEF-037	Water, Sanitation and Hygiene	UNICEF	GOV	\$62,350