

**KENYA
RAPID RESPONSE
DROUGHT
2021**

21-RR-KEN-49369

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:

After the September 2021 presidential declaration of drought as national disaster, CERF allocated US\$5,001,019 to Kenya to support the provision of life-saving assistance to support the Government of Kenya (GoK) interventions after drought ravaged the Arid and Semi-Arid Lands (ASAL) counties. CERF funding was received at a critical time and was particularly helpful in filling response gaps identified by the government and partners in the initial stages of the emergency and in the context of the Kenya Drought Flash Appeal. CERF funding enabled the UN agencies and their partners FAO, UNFPA, UNICEF in cooperation with the government to address the most urgent, life-saving needs faced by 385,425 people affected by drought in Baringo, Wajir, Isiolo, Kilifi, Turkana, Garissa, Samburu, Marsabit and Tana River counties through various interventions such as provision of food assistance, treatment of malnourished children and women, protection of women and girls from gender-based violence; child protection improving access to safe water and hygiene; and health services. 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.

CERF's Added Value:

CERF funding was instrumental in sending an unequivocal clear signal to other donors about the importance and severity of needs occasioned by the drought and on the need to act quickly with additional funding for the response. At the time, forecasts for October-December 2021 rainy season were already showing high likelihood of below-average rainfall. It was thus imperative to take a “no regrets” approach in responding to the needs. CERF funding also served to help better position the humanitarian community in fulfilling its mandate to provide lifesaving assistance to communities affected by this severe drought. In addition, it also enhanced political buy-in for the UN in Kenya with regards to sustaining dialogue with the government regarding its plans to respond to the crisis.

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

Yes

Partially

No

UN agencies and their implementing partners moved quickly to provide lifesaving assistance to communities affected by drought. That said, implementation of GBV-response activities were slowed down by, among others, bureaucratic delays with approvals to import key supplies as well as disruptions to global supply chain systems due to COVID-19 resurgences in late 2021 as well as effects of the conflict in Ukraine.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

CERF funding was announced at the most critical time where early-response was most required to save lives and livelihoods from the effects of deteriorating drought. The funding was critical to fill gaps and bolster ongoing humanitarian responses in the face of resource shortfalls.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

This allocation improved both intersectoral and multisectoral coordination including through meetings of the Kenya Humanitarian Partnerships Team (KHPT) at the national level. At county levels, response was coordinated through the various County Steering Groups (CSGs) which are comprised of government actors and other actors such as UN agencies, national NGOs, international NGOs, faith and community-based organisations and the Kenya Red Cross Society (KRCS).

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

CERF funding served as a catalyst for mobilization of resources, though limited, from other donors to supplement the implementation of drought response interventions in the face of deteriorating conditions.

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. For instance, 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. The project was also gender responsive. As an example, under the FAO intervention, sensitisations and beneficiary selection ensured that a clause targeting had 60% of all beneficiaries targeted to be of the female gender. During the community sensitization, this rule was properly packaged and ensured those not selected as beneficiaries as per the developed criteria did not feel discriminated and unfairly treated. This part of identification was led by properly briefed village elders who would use cultural values of protecting women as the carers of children when men move with livestock to dry season grazing areas and leaving milking herds with women within the homestead.

Communities were sensitized on GBV reporting mechanisms including the national GBV hotline's toll-free number. Local women led organizations such as Healthcare Assistance Kenya were involved in project implementation. The focus on sexual and reproductive health and gender-based violence ensured that women's reproductive health rights and needs were addressed while their protection risks are mitigated. Implementation of the UNFPA project involved the participation of a women led disability focused organization, This-Ability Trust. The organization was supported to ensure persons with disability especially women and girls have access to SRH and GBV information and services, including dignity kits tailored to their needs.

Through Child Protection outreach activities, children and caregivers in drought affected areas were reached with child protection and GBV risk mitigation messages. Through the UNICEF-supported activities, the Directorate of Children Services (DCS) and Child Protection Volunteers (CPVs) sensitized children, caregivers, and community members on the rights of the child, child protection risks, available support services and the harmful consequences and protection risks associated with child labour, school dropout, family separation and harmful cultural practices such as FGM and child marriage. In addition, the CPVs and DCS Children Officers identified, supported and referred vulnerable girls and women at-risk or survivors of violence, abuse and exploitation – including those at risk of harmful cultural practices. The project beneficiaries primary target group was pregnant and lactating women and children who are mostly left behind as the rest of the family move with their livestock for pasture and water.

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 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	162,000,000
CERF	5,001,019
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	52,347,318
Total funding received for the humanitarian response (by source above)	57,348,337

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

Agency	Project Code	Sector/Cluster	Amount
FAO	21-RR-FAO-022	Food Security - Agriculture	500,000
UNFPA	21-RR-FPA-028	Protection - Gender-Based Violence	201,000
UNFPA	21-RR-FPA-028	Health - Sexual and Reproductive Health	99,000
UNICEF	21-RR-CEF-045	Water, Sanitation and Hygiene	1,505,101
UNICEF	21-RR-CEF-045	Nutrition	612,245
UNICEF	21-RR-CEF-045	Health	255,102
UNICEF	21-RR-CEF-045	Protection - Child Protection	178,571
WFP	21-RR-WFP-034	Food Security - Food Assistance	798,000
WFP	21-RR-WFP-034	Nutrition	602,000
WHO	21-RR-WHO-032	Health	250,000
Total			5,001,019

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

Total funds implemented directly by UN agencies including procurement of relief goods	3,078,338
Funds sub-granted to government partners*	1,060,018
Funds sub-granted to international NGO partners*	564,200
Funds sub-granted to national NGO partners*	221,695
Funds sub-granted to Red Cross/Red Crescent partners*	76,768
Total funds transferred to implementing partners (IP)*	1,922,681
Total	5,001,019

* 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:

Kenya has faced two consecutive below-average rainy seasons, with severe consequences for people in the Arid and Semi-Arid Lands (ASAL) region. The number of people in need of humanitarian assistance in the ASAL has increased by 47% to over 2.1m. 532,000 children under age 5 and 93,300 pregnant and nursing mothers are acutely malnourished. Worryingly, acute malnutrition has surpassed the emergency threshold in many areas, affecting between 15% and 30% of children in eight counties. Access to water is the most immediate concern for most people. Across most pastoral areas, below-average pasture conditions have resulted in increased migration as herders seek better access to pasture, browse, and water for their herds. This has increased intercommunal tensions and increased the potential for violence. Most ASAL areas have reported disease outbreaks, including due to reduced availability of safe water sources and lack of access to improved sanitation and hygiene services. In pastoral areas, the forecast for below-average October to December 2021 short rains is expected to worsen household food security. The President declared the drought a national disaster on 8 September. On 10 September, the Government announced that 2B Kenyan Shillings (approx. \$20M) would be allocated for drought response.

Operational Use of the CERF Allocation and Results:

In response to the crisis, CERF allocated \$5 million on 17 September 2021 from its Rapid Response window for the immediate commencement of life-saving activities. This funding will enable five UN agencies and partners to provide life-saving assistance to 454,797 people, including 193,756 women, 84,538 men, and 176,503 children. The CERF allocation will serve as a critical injection of early funds and will support the implementation of critical life-saving interventions, thus staving off a deterioration in the humanitarian situation and alleviating the negative impacts of worsening food insecurity, livelihood losses, and health issues for the most vulnerable households. The CERF funding will focus on Food Security, Health, Nutrition, Child Protection, Water, Sanitation and Hygiene (WASH), and Protection – Gender-Based Violence (GBV).

People Directly Reached:

A total of 385,425 people were reached with assistance through CERF-funded interventions. To avoid double-counting, a 'max' value per sector across all sectors has been used to determine the overall number of people reached. The initially planned figure planned under this allocation was 454,797 people. The actual number of people reached represents a 15.25% decrease. The reasons for this variance are as follows: there was deficit in the number of Inter-Agency Reproductive Health (IARH) kits procured was because of the high cost of the kits after prices were revised with effect from January 2022. The number of people benefitting from services enabled by IARH kits was 177,552 against the initially planned figure of 229,071 and was caused by delays in the procurement and delivery of the kits. The delays were occasioned by the upsurge in Covid-19 cases globally towards the end of 2021, the slow process of obtaining the necessary permits from the Pharmacies and Poisons Board in Kenya and the conflict in Ukraine that triggered supply chain disruptions globally. In addition, UNFPA had planned to procure 4,800 drought-tailored rapid response dignity kits but due to the increased cost of commodities including the drought itself and the Ukraine conflict, UNFPA was only able to procure 3,735 kits. Under WFP's Food Assistance intervention, all planned cash transfer recipients-54,600- were targeted and registered in WFP's system. However, when the data was registered in the mobile money operator's system, some recipients fell-off due to mismatch of their personal identification details. Efforts were made to confirm these details and most received payments save for some who couldn't be traced. Consequently, only 51,981 people received cash assistance.

People Indirectly Reached:

The population of approximately 2,000,000 of the surrounding counties affected by the drought indirectly benefited from the interventions specially the early warning and reduction of disease transmission due to the early detection and rapid control measures put in place. The community also benefitted from awareness creation activities around drought mitigation measures, risk communication and, nutrition improvement interventions through messages rolled out through various health care channels.

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
Food Security - Agriculture	23,829	15,978	36,086	23,965	99,858	33,831	24,099	45,132	32,405	135,467
Food Security - Food Assistance	10,000	8,000	19,600	17,000	54,600	23,732	11,438	8,373	8,375	51,918
Health	75,519	64,731	66,025	63,436	269,711	22,824	15,874	83,543	75,457	197,695
Health - Sexual and Reproductive Health	192,899	38,332	0	0	231,231	155,199	30,891	0	0	186,090
Nutrition	81,900	0	100,996	74,727	257,623	89,435	0	87,448	80,986	257,869
Protection - Child Protection	0	0	4,891	5,091	9,982	592	788	6,034	5,913	13,327
Protection - Gender-Based Violence	50,943	7,007	0	0	57,950	51,735	6,379	1,800	715	60,629
Water, Sanitation and Hygiene	87,600	84,164	47,169	45,319	264,252	64,409	61,832	66,985	64,408	257,634

* 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	0	0
Host communities	0	0
Other affected people	454,797	385,425
Total	454,797	385,425

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

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	193,756	155,159	3,574	4,262
Men	84,538	61,832	2,397	2,841
Girls	101,445	87,448	5,413	6,392
Boys	75,058	80,986	3,595	4,262
Total	454,797	385,425	14,979	17,757

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-FAO-022

1. Project Information			
Agency:	FAO	Country:	Kenya
Sector/cluster:	Food Security - Agriculture	CERF project code:	21-RR-FAO-022
Project title:	Protecting livestock assets and safeguarding livelihoods affected by severe drought in Kenya's Arid and Semi-Arid Lands		
Start date:	22/10/2021	End date:	21/04/2022
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\$ 21,337,000
	Total funding received for agency's sector response to current emergency:		US\$ 4,199,000
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 183,297
	Government Partners		US\$ 183,297
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF the project was implemented in the counties of Marsabit, Isiolo, Samburu and Baringo which were identified among other counties facing the highest vulnerability at the time of targeting and from the NDMA (Long rains assessment report-LRA) to be at the alert stage and situation is worsening.

The project provided emergency support to 135,466 people in need through the provision of the following emergency support:

- 51,191 people in need (7959 households) benefitted from emergency distribution of animal feed that improved the productivity of 155,996 sheep and goats and 382 cattle. Through the CERF project that provided logistics, FAO through reprogramming of another project procured more feeds to support the CERF project in reaching more people. This led to more households and people in need receiving livelihoods support. More people and more villages were reached in each county.
- On animal health, all the recipient animal feed presented their livestock for deworming and provision of multivitamin to the very weak. The additional people who received animal health only were 78,036 from 12,473 households. The total number of livestock covered through the deworming support inclusive of livestock that received animal feed supplements were 650,438 sheep and goats and 23148 cattle for the 235,466 people including the 51,191 people who received animal feed supplements. The low number of cattle is because cattle are quickly affected by drought and are moved to the dry season grazing areas leaving the small stock to provide much needed milk within households. Only few pregnant and milking cattle are left behind but relocated soon after they dry up. The number of livestock reached resulted from procurement of more dewormers as one of the drugs for vector control was withdrawn from the market by the manufacturer at the time of procurement while the alternative was out of market arising from COVID-19

importation challenges. The funds earmarked for this external vector control drug led to procurement of more internal vector control dewormers. This led to higher number covered than targeted.

- Training: 75 county officers were trained on use of the Livestock Emergency Guidelines and Standards (LEGS) termed Training of Trainers (ToTs)

All beneficiaries were selected in collaboration with county relief committees. The project worked with these committees as well as the county offices responsible for livestock and the NDMA to identify the most appropriate beneficiaries. The selection of the beneficiaries was based on the following criteria:

The provision of livestock feed: Vulnerable livestock dependent households with less than 40 small stock (or equivalent) whose condition were seriously deteriorated because of the poor performance of the long rains, who lacked alternative livelihood means and were not already adequately covered by other projects or assistance. In addition, targeted households were to have at least two tropical livestock units near the homestead (at least half of which should be lactating) and had at least one child under the age of five who was dependent on milk.

Animal Health: The animal health activities aimed to target geographic area rather than individual households but all within areas benefitting from livestock feeds to ensure vulnerable households receive holistic livestock protection from the drought and hence increase productivity. All livestock whether targeted or no not received animal health support once presented at the treatment centres. The weak and sick received multivitamin supplements through injections.

3. Changes and Amendments

No amendments done.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
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	23,829	15,978	36,086	23,965	99,858	33,831	24,099	45,132	32,405	135,467
Total	23,829	15,978	36,086	23,965	99,858	33,831	24,099	45,132	32,405	135,467
People with disabilities (PwD) out of the total										
	3,574	2,397	5,413	3,595	14,979	4,262	2,841	6,392	4,262	17,757

* 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

At the end of the project 75 government officers from the drought affected counties were trained on the use of the Livestock Emergency Guidelines and Standards (LEGS) termed Training of trainers (TOTs) that enabled them to undertake the implementation of the emergency projects effectively and from knowledge and training their peers in the counties. This training will enhance proper planning, targeting and identification of beneficiaries. The knowledge will be transferred to the other officers who will then use the LEGS approach. If each officer trains 3 more officers, the number will add 2,250 officers. All 23 ASAL counties participated in this training. Those counties not targeted in the project sent their officers to the training including NGOs involved in livestock-based livelihoods drought support. The 7959 households (51,191 PiN) who benefitted from the animal feeds are expected to have increase milk production from the 2 tropical livestock units fed and will have enough for themselves and to sell to at least one neighbour bringing in another 9,543 households or approximate equivalent 51,191 people in need indirectly benefitting.

6. CERF Results Framework

Project objective	Food security, nutrition and livelihood status of targeted beneficiary households improved			
Output 1	Key Livestock assets are protected			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Feed provided to 3200 cattle and 72000 small ruminants, 90% of which are expected to survive	72000 small ruminants and 7200 cattle	155,996 sheep and goat and 382 cattle were reached and >90% of them are still surviving the drought	FAO Field Offices and Country Office
Indicator 1.2	Ag.3 Number of people benefiting from livestock inputs (animal feed/live animals/kits/packages)	24000	51,191 people in need	FAO Office and field office
Explanation of output and indicators variance:		At the start of implementation FAO through reprogramming another project, procured additional range cubes for the CERF counties to complement CERF funds and utilize CERF logistics. This increased the households receiving range cubes hence reaching more people in need. It led to CERF funds reaching more people and higher impact hence saving more people and their livelihoods		
Activities	Description	Implemented by		
Activity 1.1	Procurement of ranch cubes and Veterinary inputs	FAO		
Activity 1.2	Project inception workshop	FAO		
Activity 1.3	Setting up of project implementation committee (PIT)	FAO and County Government and NDMA		
Activity 1.4	Sensitization and publicity of project activities to pastoral target communities and training on LEGS	FAO. County Government, NDMA and LEGS certified Trainers		
Activity 1.5	Identification of target households and setting of feed distribution criteria	County Steering Committee, PIT and FAO county Officers		
Activity 1.6	Distribution of livestock feed	County Government Officers and NDMA		
Activity 1.7	Project monitoring and Post distribution monitoring(PDM) of range cubes	Monitoring done by FAO and CSG team		

Output 2 Livestock health in drought affected pastoral communities improved

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

Sector/cluster	Food Security - Agriculture			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Ag.2 Number of animals vaccinated, dewormed and/or treated (9114 cattle and 161716 sheep and goats and 90% surviving the drought)	170,830	650,438 sheep and goats 23,148 cattle dewormed	FAO and FAO field offices
Indicator 2.2	Number of people benefiting from livestock health support	75858	135,446	FAO county-based county reports

Explanation of output and indicators variance:	The number of livestock reached resulted from procurement of more dewormers as one of the drugs for vector control was withdrawn from the market by the manufacturer in Europe at the time of procurement while the alternative was out of market arising from COVID-19 importation challenges. The funds earmarked for this external vector control drug led to procurement of more internal vector control dewormers and multivitamins. This led to higher number of livestock covered than targeted in the prodoc as well as more beneficiaries. All feed beneficiaries presented their livestock for treatment/deworming
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Activities	Description	Implemented by
Activity 2.1	Training of Animal health providers on prudent use of antimicrobials and antimicrobial resistance	FAO and the Directorate of Veterinary Services
Activity 2.2	Identification of target areas, formation of animal health delivery teams and development of programs	The County Directorate of Veterinary Services, CSG and FAO
Activity 2.3	Provision of animal health services	The County Directorate of Veterinary Services
Activity 2.4	Monitoring of project activities and provision of technical support	FAO Technical Officer, County Director of Veterinary Services and Representatives of CSG

7. Effective Programming

a. Accountability to Affected People (AAP)²:

Accountability to the affected populations was ensured through involvement of the counties that were to receive the intervention support in the design and needs assessment. The National Drought Management Authority (NDMA) provided the reports of the Kenya Food Security Assessment and predictive forage condition indices including the county monthly bulletins that guided the selection of the counties. Once the project was funded, FAO engaged the fully with county management including holding inception workshops both centrally and at the county to through the County Steering Group responsible for drought intervention made of all development actors in the counties for introduction of project and activities including available funding as the project was to be directly implemented by the counties through county providing budgets and FAO funding the same, mapping and targeting vulnerable communities. This also included informing the county on the quantities of inputs to be procured by the project and how the beneficiary identification and targeting will be carried out using the FAO developed criteria and vulnerability index. At community level, direct engagement with communities through community-based implementation committees in each target village. The role of the village committee was to guide

² 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](#).

identification of vulnerable community members based on vulnerability index criteria provided and who the communities through public participation agreed on. The committees were therefore used in distribution of feeds, based on equity, fairness and set criteria provided and as adopted by the community committee.

b. AAP Feedback and Complaint Mechanisms:

FAO at the start of the project set mechanisms in place that ensured communities and beneficiaries had access to information and are aware of their rights & entitlements and that there was transparency and clarity on the interventions we were implementing and how we were implementing them, communities set up a beneficiary selection committees in all villages to ensure public identification of beneficiaries is done and using a criteria that ensured none of the deserving are left out unfairly. Beneficiaries participated and influenced decisions in a way that was inclusive and non-discriminatory, and recipients of assistance had an opportunity to assess what we were doing, how we were doing it and provided feedback and got responses. The leader of the county government and focal point officer including team leaders had direct phone numbers of the FAO officer in Nairobi office and an open WhatsApp group to post performance, observations, and any shortcomings. If any was reported, feedback was given within the shortest time possible. The county officers and management were given the communication channels that were distributed to beneficiaries including maintenance of confidentiality. This started at inception.

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

FAO during implementation was committed to offer a means for beneficiaries and community members to provide feedback on project implementation and to submit complaints on Sexual exploitation and abuse whether by FAO staff or county government officers and senior officials involved whether directly or indirectly in the processes of beneficiary identification and targeting. All officers and village committee members were sensitized on use of their powers to carry out sexual exploitation and abuse in exchange for registration as a beneficiary and also to respect all stakeholders in the implementation an regardless of gender and especially respect to women while undertaking implementation on behalf FAO. During inception and at the county launch of the project all stakeholders were informed that FAO does not condone any form of sexual exploitation and abuse and given phone number of FAO officers to report any complain and that all complaints are treated with utmost confidentiality and with feedback mechanism established for timely response. The email contacts of specific Officers in FAO who are tasked with receiving complaints was shared ;FAOke-complaint@fao.org and and phone numbers of the project manager was shared to all staff and committees for easy access and reporting anomalies including SEA. FAO has developed a guidelines on accountability & feedback/complaints mechanisms which will formed part of the inception agenda.

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

The different roles and responsibilities of women and men (of different age, ethnicity, and socio-economic group), and their access to resources and services was expressly considered during implementation. In this project women and girls were given priority especially women and girl child headed household while still ensuring that gender does not deny very deserving cases. The project during inception, sensitisations and beneficiary selection ensured that a clause targeting had 60% of all beneficiaries targeted to be of the female gender. During the community sensitization, this rule was properly packaged and ensured those not selected as beneficiaries as per the developed criteria did not feel discriminated and unfairly treated by the project. This part of identification was led by properly briefed village elders who would use cultural values of protecting women as the carers of children when men move with livestock to dry season grazing areas and leaving milking herds with women within the homestead. Unique gender concerns will be documented and mainstreamed during the period of implementation.

e. People with disabilities (PwD):

While the project was not specific for PwD and other marginalized persons, these formed a key part of the implementation where the rule of no-one is left behind was highly promoted and those marginalized and with unique needs were given priority. This took place through having the PwDs being given first opportunity during beneficiary identification and registration including ensuring those left at home are identified and profiled as beneficiaries. This was usually the first question during community based identification and beneficiary targeting. The pastoral village cohesiveness ensured that such data is readily availed.

f. Protection:

Like in protection against sexual exploitation and abuse, protection of all persons in the target counties, villages and community was ensured through the consideration of the different roles and responsibilities of women and men (of different age, ethnicity, and socio-economic group), and their access to resources and services were considered during implementation. The project ensured all community members were given equal consideration and no one is left behind during consideration of beneficiaries when entitled because of their gender, status. Complaints mechanisms were put in place and contacts through sharing of email of specific Officers in FAO who are tasked with receiving complaints and contacts; FAOke-complaint@fao.org while the phone number of the project manager was shared for quick information sharing.

g. Education:

Not considered

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.

Use of CVA was not envisaged for this intervention

9. Visibility of CERF-funded Activities

Title	Weblink
None	None

3.2 Project Report 21-RR-FPA-028

1. Project Information			
Agency:	UNFPA	Country:	Kenya
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	CERF project code:	21-RR-FPA-028
Project title:	Provision of Lifesaving Integrated Sexual Reproductive Health (SRH) and Gender Based Violence Services in 8 Drought Affected Counties in Kenya		
Start date:	21/10/2021	End date:	20/04/2022
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 125,000	
	Total funding received for agency's sector response to current emergency:	US\$ 100,000	
	Amount received from CERF:	US\$ 300,000	
	Total CERF funds sub-granted to implementing partners:	US\$193,280	
	Government Partners	US\$ 0	
	International NGOs	US\$ 0	
	National NGOs	US\$ 99,460	
Red Cross/Crescent Organisation	US\$ 93,820		

2. Project Results Summary/Overall Performance

Through the CERF rapid response grant, UNFPA and its partners delivered SRH and GBV services to population rendered vulnerable by the drought emergency in Kenya against the backdrop of the Covid-19 pandemic. The project reached 186,090 (80.5%) direct beneficiaries with a range of SRH services after procuring 42 Inter-Agency Reproductive Health (IARH kits) and 42 complementary commodities. A total of 74,103 women of reproductive age received skilled attendance services whereas 8538 were provided referral services. The project reached 2,949 women with disabilities with SRH services. Overall, the project supported 186,090 women of reproductive to access to quality reproductive, maternal and newborn health services, that included family planning information and services. The project reached 60,629 (105%) beneficiaries with gender-based violence information and services against the projected number of 57,950. All the targeted frontline workers (345) were oriented on clinical management of rape (160), psychosocial first aid (160) and GBV in emergencies (25). A total of 7,429 survivors received GBV core services while 45,426 were supported to access mental health and psychosocial support and care. The project was implemented in Turkana, Marsabit, Isiolo, Samburu, Baringo, Wajir, Kilifi and Tana River counties in Kenya between October 2021 and June 2022. The total number of direct beneficiaries reached under both sexual and reproductive health and gender-based violence is 246,719 (37,985 males and 208,734 females) who included 4,688 persons with disabilities. The success of the project is attributed to timely disbursement of funds by CERF, engagement of local women-led organization, robust awareness creation and information dissemination strategies and effective collaboration and coordination with other Government and non-State actors.

3. Changes and Amendments

The drought situation in Kenya has continued to worsen following failure of the long rains season from March to April 2022. Presently, 4.1 million people are estimated to be food insecure with 1,066,000 women of reproductive age (WRA) being in need of sexual and

reproductive health information and services, and facing increased risks of all forms of gender based violence and harmful practices such as child marriage and female genital mutilation.

The project requested for a No-Cost Extension from the original completion date of 20th April 2022 to 30th June 2022. The request was submitted to CERF and approved. The exigencies that compelled UNFPA to request for a No Cost Extension were the delay in procuring Inter-Agency Reproductive Health (IARH) kits occasioned by the slow process of obtaining the necessary permits from the Pharmacies and Poisons Board in Kenya and the conflict in Ukraine that triggered supply chain disruptions globally.

The project spent all the funds received from CERF following the No-Cost Extension request.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
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	50,943	7,007	0	0	57,950	51,735	6,379	1,800	715	60,629
Total	50,943	7,007	0	0	57,950	51,735	6,379	1,800	715	60,629

People with disabilities (PwD) out of the total

	967	133	0	0	1,100	1,014	138	0	0	1,152
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Sector/cluster	Health - Sexual and Reproductive 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	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	192,899	38,332	0	0	231,231	155,199	30,891	0	0	186,090
Total	192,899	38,332	0	0	231,231	155,199	30,891	0	0	186,090

People with disabilities (PwD) out of the total

	3,665	728	0	0	4,393	2,949	587	0	0	3,536
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* 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 targeted 350 duty bearers and managed to reach 345 of them. These included 160 health care professionals who were oriented on clinical management of rape and 160 community responders who were oriented on psychosocial first aid. Another 25 duty bearers were trained on GBV in emergencies. Through assorted IEC materials that were procured and disseminated, a documentary on mainstream television that has been featured several times, and community meetings, the project reached over 700,000 men and women with awareness creation information.

6. CERF Results Framework

Project objective To prevent the morbidity and mortality of women of reproductive age (WRA) and vulnerable men in eight drought affected counties.

Output 1 Access to quality reproductive, maternal and new born health services for the affected populations is scaled up.

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

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SP.2a Number of inter-agency emergency reproductive health kits delivered	50	42 full IARH kits and 42 complementary commodities procured.	UNFPA and KRCS records and reports
Indicator 1.2	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits	229,071	177,552 (78%)	MOH and KRCS records and reports
Indicator 1.3	RH.1 Number of live births attended by a skilled health personnel	14,405	74,103 (514%)	DHIS2 reports for the 8 counties (October – December 2021 and January – April 2022)
Indicator 1.4	PP.1a Number of referral pathways established and regularly updated	8	8 (100%)	KRCS records
Indicator 1.5	PP.1b Number of people benefitting from referral pathways	2,160	8,538 (395%)	KRCS records

Explanation of output and indicators variance: The project achieved this output significantly. Out of the projected 231,231 beneficiaries, the project reached 186,090 (80.5%) which attains the Sphere Standard for reproductive health services in emergencies at 80%. A total of 42 IARH kits and 42 complementary commodities were procured and distributed against the projected 50 IARH kits. The deficit in the number of kits procured was because of the high cost of the kits after prices were revised with effect from January 2022. The number of people benefitting from services enabled by IARH kits was 78% due to delays in the procurement and delivery of the kits. The delays were occasioned by the upsurge in Covid-19 cases globally towards the end of 2021 the conflict between Russia and Ukraine which disrupted supply chain mechanisms and shifted the global attention to the war in Ukraine. The number of births that received skilled attendance were 514% due to effective referral services, integrated health outreaches, training of healthcare workers on the Minimum Initial Service Package for Reproductive Health, prepositioning of IARH kits and awareness creation on existing SRH services. All the target eight counties were

	supported with effective referral services that led to the number 395% achievement of people benefitting from referral services. The project reached 2,949 women with disabilities with SRH services.			
Activities	Description	Implemented by		
Activity 1.1	Procure 50 assorted Inter-Agency Reproductive Health (IARH) kits to support provision of quality reproductive, maternal and newborn care services.	UNFPA and KRCS		
Activity 1.2	Distribute assorted 50 IARH kits to support provision of quality reproductive, maternal and newborn care services	KRCS and MoH		
Activity 1.3	Provide a county emergency referral system for transfer of those with obstetric and newborn emergencies	KRCS and MoH		
Activity 1.4	Provide voluntary contraceptives/ family planning services to women of reproductive age	KRCS and MoH		
Activity 1.5	Conduct 2 rounds of integrated reproductive, maternal and newborn health outreaches for drought affected communities in all the 5 counties	KRCS and MoH		
Activity 1.6	Print and distribute 5 batches of 500 pamphlets each of assorted life-saving Reproductive Health tools.	UNFPA, HAK and KRCS		
Output 2	Women of reproductive age at risk of sexual violence receive clinical management of rape services			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation	345	345 (100%)	KRCS / UNFPA/ MoH records and reports
Indicator 2.2	PS.2 Number of people benefitting from core GBV services (e.g. case management, psycho-social support, clinical management of rape, etc.) -Clinical management of rape cases only.	4,983	7,429 (149%)	DHIS2 reports for the 8 counties (October – December 2021 and January – April 2022)
Indicator 2.3	H.9 Number of people provided with mental health and psycho-social support services	43,922	45,426 (103%)	KRCS, HAK and TAT records and reports.
Indicator 2.4	PP.1a Number of referral pathways established and regularly updated	8	8 (100%)	KRCS records and reports
Indicator 2.5	PP.1b Number of people benefitting from referral pathways	8,700	7,429 (85.3%)	KRCS, HAK and MoH records and reports
Explanation of output and indicators variance:		The output was fully achieved. The project reached 60,629 (105%) beneficiaries against the projected number of 57,950. All the targeted frontline workers (345) were oriented on clinical management of rape (160), psychosocial first aid (160) and GBV in emergencies (25). The worsening drought and programme delivery strategies, including information on available GBV services, referral pathways and services enhance access to GBV cores services. The integrated health outreaches conducted by the Kenya Red Cross Society served as platforms for provision of mental health and psychosocial support services. Healthcare Assistance Kenya and This-Ability Trust also provided MHPSS through their helplines. The number of		

people benefitting from referral pathways was at par with those receiving core GBV services.

Activities	Description	Implemented by
Activity 2.1	Orient healthcare workers on clinical management of rape (CMR).	KRCS/MOH
Activity 2.2	Support operationalization of the national GBV Toll Free Helpline HAK 1195	UNFPA/HAK
Activity 2.3	Orient community responders on PFA.	KRCS
Activity 2.4	Provide clinical management of rape service to GBV survivors	KRCS / MOH
Activity 2.5	Orient county GBV coordinators on GBV in emergencies (GBViE) and Sexual and Reproductive Health (SRH) integration.	UNFPA/ SDG/ MOH

Output 3 GBV survivors and those at risk receive information on available GBV services in 8 counties affected by drought.

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

Sector/cluster Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	4,800	3,735 (78%)	UNFPA, HAK, TAT and KRCS records and reports.
Indicator 3.2	SP.1b Number of people benefitting from menstrual hygiene management kits and/or dignity kits	4,800	3,735 (78%)	UNFPA, HAK, TAT and KRCS records and reports.

Explanation of output and indicators variance: The output was significantly achieved at 78%. UNFPA and partners procured 2,515 Drought Tailored Rapid Response Dignity Kits and 300 hygiene kits for WRA with disabilities with CERF funds against the projected 4,800 hygiene management kits and/or dignity kits with CERF funding due to the increased cost of commodities as a result of many factors including the drought itself and the war in Ukraine. UNFPA augmented the procured dignity kits with 920 other kits using her own resources. A total of 3,735 (78%) hygiene management kits and/or dignity kits were therefore distributed to a similar number of beneficiaries, including WRA with disabilities. The project procured and disseminated 4,964 assorted IEC materials. Women with disabilities who received bulk SMS messages were 23,903. Community mobilization events were helpful in promoting access to SRH and GBV services

Activities	Description	Implemented by
Activity 3.1	Procure Drought Tailored Rapid Response Dignity Kits (DTRRDks).	HAK/UNFPA/ KRCS
Activity 3.2	Distribute Drought Tailored Rapid Response Dignity Kits (DTRRDks).	KRCS/UNFPA/HAK
Activity 3.3	Procure hygiene kits for WRA with disabilities (adult diapers)	TAT
Activity 3.4	Distribute hygiene kits (adult diapers) to WRA with disabilities	TAT
Activity 3.5	Procure information, education and communication (IEC) materials	HAK/UNFPA/KRCS
Activity 3.6	Distribute information, education and communication (IEC) materials	HAK, KRCS and UNFPA
Activity 3.7	Send bulk SMS messages to women with disabilities	TAT
Activity 3.8	Conduct community mobilization events in 8 counties	KRCS/TAT

7. Effective Programming

a. Accountability to Affected People (AAP)³:

The design of the project was informed by feedback from assessments undertaken by UNFPA partners such as the Kenya Red Cross and the National Drought Management Authority in the community. UNFPA worked with partners to ensure affected populations participate in the implementation of the project. The affected populations participated in project monitoring activities. This included women, girls, men and boys who were involved in group and key informant discussions with project monitoring teams.

b. AAP Feedback and Complaint Mechanisms:

UNFPA conducted field visits to meet beneficiaries and address any complaints or reservations about the project. UNFPA complaints / feedback mechanisms through multiple channels remained accessible to project beneficiaries. The KRCS, TAT, and HAK have complaints / feedback mechanism where community members submit complaints and feedback through complaint / suggestion boxes, a toll-free hotline, community review meetings, branch-specific phone numbers or in-person to KRCS staff and volunteers. Community members were sensitized on using health facility feedback and complaints mechanisms established by the MoH. The Mama Siri helpline run by TAT allows beneficiaries to communicate in confidential way for follow up actions.

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

All UNFPA implementing partners were vetted on compliance with sexual exploitation and abuse before they were contracted to implement the project. Project implementing partners were also supported to undertake training on Prevention of Sexual Exploitation and Abuse for their staff. Implementing partners such as the KRCS also sensitized community members on the free nature of services that they offer and the confidential toll-free numbers to call when subjected to treatment that amounts to SEA. All implementing partners have elaborate policies on SEA reporting procedures, follow up and safety precautions for survivors.

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

The project has a Gender and Age Marker of targeted focus on addressing discrimination. The project identified women of reproductive age including women with disabilities as a key target group. Local women led organizations such as Healthcare Assistance Kenya were involved in project implementation. The focus on sexual and reproductive health and gender-based violence ensured that women's reproductive health rights and needs are addressed while their protection risks are mitigated. Project interventions such as procuring and distribution of dignity kits were tailored to the needs of women and girls even though men and boys were also issued with kits that are specific to their needs. Women and girls participated in project monitoring activities which ensured integration of their concerns and issues. Project data was disaggregated by age and sex to informing gender responsive programming. The project reached a total of 246,719 (37,985 males and 208,734 females) who included 4,688 persons with disabilities (3,963 females and 725 males). Women and girls benefitted from the project more than boys and men. A total of 144 intersex persons resident in the eight counties were reached with information on available GBV services, including psychosocial well-being.

e. People with disabilities (PwD):

Implementation of the project involved the participation of a women led disability focused organization, This-Ability Trust. The organization was supported to ensure persons with disability especially women and girls have access to SRH and GBV information and services, including dignity kits that are tailored to their needs. The project reached a total of 4,688 (3,963 females and 725 males) with SRH and GBV services. Other implementing partners such as the Kenya Red Cross Society also supported mainstreaming of disability issues into the drought response, including during community mobilization and awareness creation events.

f. Protection:

The project was designed to respond to SRH needs and protection risks in the context of the drought emergency. The project sought to ensure that women's and men's sexual and reproductive health rights are guaranteed and practically addressed. The project addressed

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](#).

the risk of GBV as a major component that entailed provision of clinical services, mental health and psychosocial support and referral services. The project supported strategies such as integrated health outreaches which lessened the risks that would be encountered by the affected populations by bringing services closer to them. Affected populations participated in project monitoring activities to ensure their needs and concerns are known and addressed. The project worked with government entities such as local administrators who are duty bearers with responsibilities for protecting the affected populations. Supporting boys and girls to stay in school through provision of dignity kits also ensured that they are in a protective environment.

g. Education:

The project targeted 1,800 girls and 715 of school going girls and boys with dignity kits which enhanced their retention in the education process. In Isiolo County, the dignity kits were delivered to girls in safe houses who had fled their home because child marriage threats and acute food shortages. The project also targeted school going girls and boys for awareness creation on the vulnerabilities associated with the drought emergency. The project implementation partners and UNFPA visited schools in Kilifi, Samburu and Isiolo counties where they interacted with students, engaged in psychosocial support activities and assessed the impact of the drought on their participation in the education system. Provision of hygiene supplies to households also increase their capacity to meet educational needs and refrain from harmful practices such as female genital mutilation and child marriage

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

9. Visibility of CERF-funded Activities

Title	Weblink
Documentary on Drought Situation commissioned by UNFPA and developed by the Kenya Television Network (KTN)	https://www.youtube.com/watch?v=2DyuDHXMPd0&t=79s

3.3 Project Report 21-RR-CEF-045

1. Project Information			
Agency:	UNICEF	Country:	Kenya
Sector/cluster:	Water, Sanitation and Hygiene Nutrition Health Protection - Child Protection	CERF project code:	21-RR-CEF-045
Project title:	Provision of essential life-saving Health, Nutrition, WASH and Child Protection interventions to vulnerable girls, boys, women and men affected by drought in the Arid and Semi-Arid Land (ASAL) counties of Kenya		
Start date:	19/10/2021	End date:	18/04/2022
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\$ 23,854,284
	Total funding received for agency's sector response to current emergency:	US\$ 2,041,000
	Amount received from CERF:	US\$ 2,551,019
	Total CERF funds sub-granted to implementing partners:	US\$1,517,689
	Government Partners	US\$ 876,721
	International NGOs	US\$ 186,200
National NGOs	US\$ 378,000	
Red Cross/Crescent Organisation	US\$ 76,768	

2. Project Results Summary/Overall Performance

WASH: A total of 104 water systems were rehabilitated in the five target counties. In total, 257,634 (54,409 women, 61,832 men, 66,985 girls, and 64,408 boys) people have improved access to 7.5 to 15 litres per person per day of safe water for drinking, cooking, and maintaining personal hygiene (97.5% of target). Another 227,498 people (56,875 women, 54,600 men, 59,149 girls, and 56,877 boys) accessed temporary safe water from household water treatment and storage (151.7% of target). Moreover, 348,824 people received hygiene promotion messages including household water treatment and storage, menstrual hygiene management, and COVID-19 prevention in communities.

HEALTH: UNICEF reached a total 94,984 people (Girls 35,543, Boys 33,000 Men 11,271, and Women 15,170 - including 2,550 pregnant and lactating mothers) with critical lifesaving integrated outreach services linked to targeted supported health facilities and this is out of the planned target of 855,036. These services included: immunization, treatment of pneumonia, diarrhoea, health education, demonstration to community members participating in outreach services on household water treatment, nutrition monitoring, issuance of supplementary foods, antenatal care. Additionally, a total of 146,203 people were mobilized and sensitized to increase their knowledge on drought and related disease epidemics, key communities/household practices, and dissemination of preventive health information on drought, house-hold water treatment and hand hygiene demonstrations as well as complementary feeding practices. 330 community health assistants were trained on drought emergency and the key preventive household messages to disseminate to community members.

NUTRITION: UNICEF reached a total of 43,965 children under five years of age (Girls 22,237, Boys 21,728) for severe acute malnutrition treatment through services at the integrated outreach sites and health facilities in the 10 targeted counties of Garissa, Isiolo, Kilifi, Mandera, Marsabit, Baringo, Samburu, Tana River, Turkana and Wajir.

Child Protection: UNICEF in partnership with Department of Children Services, supported provision of essential life-saving child protection interventions to 13,327 people (vulnerable girls - 6,034; boys - 5,913; women – 592; and men – 788) affected by drought in Garissa, Mandera, Turkana and Wajir counties of Kenya. Additionally, forty (40) Child Protection Volunteers (CPVs) and 11 Children Officers supported the identification and documentation of vulnerable children including those at risk of abuse, exploitation, violence and separation from families and caregivers, and provided psychosocial support services and family tracing and reunification. The CPVs facilitated awareness raising sessions for communities, on protection risks children face during emergencies like drought and early identification and referral of such vulnerable children.

3. Changes and Amendments

UNICEF WASH, Health, Nutrition and Child Protection has not deviated from the original planned implementation for this project, and they have remained focused on most affected drought prone counties which included:

WASH (5): Turkana, Wajir, Isiolo, Samburu, and Garissa, according to the original project proposal.

HEALTH (6): Mandera, Marsabit, Turkana, Wajir, Garissa and Tana River.

NUTRITION (10): Garissa, Isiolo, Kilifi, Mandera, Marsabit, Baringo, Samburu, Tana River, Turkana and Wajir.

CP (4): Garissa, Mandera, Turkana and Wajir, as planned in project proposal.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	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	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	14,310	11,264	35,042	33,146	93,762	15,170	11,271	35,543	33,000	94,984
Total	14,310	11,264	35,042	33,146	93,762	15,170	11,271	35,543	33,000	94,984

People with disabilities (PwD) out of the total

	0	0	0	0	0	1,417	1,360	1,474	1,417	5,668
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Sector/cluster	Nutrition									
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	21,441	20,712	42,153	0	0	22,237	21,728	43,965
Total	0	0	21,441	20,712	42,153	0	0	22,237	21,728	43,965

People with disabilities (PwD) out of the total

	0	0	0	0	0	0	0	34	26	60
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* 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.

Sector/cluster	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	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	87,600	84,164	47,169	45,319	264,252	64,409	61,832	66,985	64,408	257,634
Total	87,600	84,164	47,169	45,319	264,252	64,409	61,832	66,985	64,408	257,634
People with disabilities (PWD) out of the total										
	0	0	0	0	0	1,417	1,360	1,474	1,417	5,668

Sector/cluster	Protection - Child Protection									
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	4,891	5,091	9,982	592	788	6,034	5,913	13,327
Total	0	0	4,891	5,091	9,982	592	788	6,034	5,913	13,327
People with disabilities (PWD) out of the total										
	0	0	245	255	500	0	0	130	172	302

* 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

UNICEF through this action reached a total of 489,409 indirect beneficiaries broken down as follows:

Nutrition: 240,516 pregnant and lactating women and caregivers of acutely malnourished children 6 – 59 months of age indirectly benefitted through infant and young child feeding messages and health education during integrated outreaches in the target counties.

WASH: 91,190 people were reached with hygiene promotion messages in the target communities through household visits, FM radio talks and radio spots in drought-affected communities.

HEALTH: 146,203 people were indirectly reached through mobilization of communities, creating awareness on drought and related disease epidemics, key communities/household practices, and disseminating preventive health information on COVID-19 prevention, house-hold water treatment and hand hygiene demonstrations as well as complementary feeding practices.

Child Protection: 11,500 community members from Turkana South were reached with child protection messages on impact of drought on psychological wellbeing of children, risk of child labour, child marriage and sexual abuse, through radio and Chief's public forums(barazas).

6. CERF Results Framework

Project objective	Support the delivery of rapid lifesaving and protective Nutrition, WASH, Health and Child Protection interventions to reduce human suffering and loss of lives the most vulnerable drought-affected girls, boys, women and girls in the ASAL Counties of Kenya			
Output 1	Vulnerable, hard to reach, drought affected communities access a package of live-saving health interventions through integrated outreach services			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number and % drought affected children (boys and girls) accessing quality lifesaving Newborn Child Adolescent Health interventions at community level in the 6 targeted counties [33,146 (100%) boys: 35042 (100%) girls	68188	68,543	Programme reports
Indicator 1.2	Number and % displaced drought affected women (including pregnant and lactating women) accessing quality life-saving Maternal Health interventions in the 6 targeted counties 100% target	14,310	15,170	Programme reports
Indicator 1.3	Number and % of drought affected men) accessing quality life-saving Maternal Health interventions in the 6 targeted counties 100% target	11,264	11,271	Programme reports
Indicator 1.4	Number of essential life-saving commodities stock out	0	0	Programme reports
Explanation of output and indicators variance:		More beneficiaries were reached using CERF funded interventions. Due to COVID-19 challenges, delays were encountered in off-shore procurement using CERF funds-UNICEF used its procured commodities to start the implementation of CERF funded life-saving health interventions, while CERF		

	procured commodities replenished stocks used to start the implementation of interventions.	
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 delivery of a package of life-saving through integrated outreach sessions including rapid response teams (RRTs)	MoH, CHMTs, KRCS, UNICEF

Output 2 Vulnerable communities have improved seeking behaviour to drought and health emergencies

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

Sector/cluster Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (Community Health Extension Workers and Volunteers oriented on preventive household care practices, and disseminate key messages - : 50 CHEWs and 400 CHVs)	450	458	Programme reports.

Explanation of output and indicators variance: More frontline health workers were trained, which led to having more teams participating in in the implementation of interventions. The over-achievement was because of using local venues which turned out to be a little cheaper, thus the savings were used to undertake refresher train 8 more community health volunteers.

Activities	Description	Implemented by
Activity 2.1	Orient community health volunteers on drought, diseases epidemic community and household preventive measures]	MoH, CHMTs, KRCS, UNICEF
Activity 2.2	Conduct community engagement sessions including accountability to affected population on disease outbreaks and prevention practices-at least 2 sessions per county	MoH, CHMTs, KRCS, UNICEF
Activity 2.3	Dissemination of contextualized integrated messaging package and IEC materials and dissemination of drought multi-media messaging	MoH, CHMTs, KRCS, UNICEF

Output 3 Performance reviews and mentorship systems in place for drought response

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

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of performance review sessions conducted and reported	6	6	MoH, CHMTs, KRCS, UNICEF

Indicator 3.2	Number of support supervision/mentorship sessions conducted and reported	12	12	MoH, CHMTs, KRCS, UNICEF
Explanation of output and indicators variance:		No variance was observed		
Activities	Description	Implemented by		
Activity 3.1	Conduct coordination, performance review sessions in the 6 counties	MoH, CHMTs, KRCS, UNICEF		
Activity 3.2	Conduct joint monitoring sessions in 6 ASAL Counties	MoH, CHMTs, KRCS, UNICEF		

Output 4	Increased coverage and quality of the treatment of severe acute malnutrition in severely drought-affected counties			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	N.3b Percentage of people who were admitted for SAM treatment who recovered >75% recovery rates,	75	84.5	Kenya Health Information Systems (KHIS)
Indicator 4.2	N.3a Number of severely acutely malnourished children admitted to therapeutic feeding programme	42,153	43,965	Kenya Health Information Systems (KHIS)
Indicator 4.3	11,227 cartons of Ready to use Therapeutic food supplies distributed adequate and in the targeted counties Zero stock outs of RUTF supplies	0	29.2% in Dec 2021 and 3% in April 2022	Logistics Management information systems (LMIS)
Explanation of output and indicators variance:		<p>Targets for severely malnourished children admitted to targeted therapeutic feeding programmes surpassed mainly in Turkana, Wajir and Tana River counties. This is attributed to the ongoing accelerated mass screening and integrated outreaches as part of emergency drought response.</p> <p>The programme met the sphere targets of above 75% for cure rate. 84.5% of children were discharged as cured.</p> <p>A total of 11,277 cartons of RUTF were procured for treatment of SAM. The programme experienced challenges with RUTF pipeline with highest stock out rates of 29.2% experienced in December 2021. In April 2022 the stock out rates were at 3%. UNICEF continued to ensure resource mobilization to secure the RUTF pipeline which is currently secure for 2022.</p>		
Activities	Description	Implemented by		
Activity 4.1	Procurement and distribution of therapeutic food supplies (RUTF) for treatment of severely malnourished children below five years old.	UNICEF (Procurement) KEMSA/MOH (Distribution)		
Activity 4.2	Technical support to the MoH and implementing partners for continued scale up of the full package of High impact nutrition interventions at health facility and community level. This will include screening and support for inpatient and outpatient treatment of SAM	MOH County departments of Health, Kenya Red Cross society (KRCS)		
Activity 4.3	Micronutrient supplementation to children below five years.	MOH County departments of Health, Kenya Red Cross society (KRCS)		

Output 5 Improve access to safe water to 264,253 people through rehabilitation of strategic boreholes and water facilities and provision of WASH NFIs

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

Sector/cluster Protection - Child Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Number of people who have received water treatment supplies and can demonstrate appropriate utilisation	150,00 people	227,498 people Turkana: 83,790 Wajir: 21,340 Isiolo: 29,400 Samburu: 51,308 Garissa: 41,660	Programme report
Indicator 5.2	WS.7b Number of people who are using sufficient and safe water for drinking, cooking and personal hygiene use	264,252	257,634 people Turkana: 83,790 Wajir: 20,340 Isiolo: 51,018 Samburu: 25,156 Garissa: 77,330	Programme report
Indicator 5.3	Number people that have received hygiene promotion messages (Results will be collected through the reports from the Health Promotion Officers at the county level who are the implementers of the hygiene promotion component of the project)	264,252	348,824 people Turkana: 19,678 Wajir: 21,340 Isiolo: 64,646 Samburu: 203,000 Garissa: 40,160	Programme report

Explanation of output and indicators variance: 104 water systems were rehabilitated reaching 257,634 (54,409 female, 61,832 male, 66,985 girls, and 64,409 boys) people (97.5% of target). They have improved access to 7.5 to 15 litres per person per day of safe water for drinking, cooking, and maintaining personal hygiene. Another 227,498 people (56,875 female, 54,600 male, 59,149 girls, and 56,875 boys) accessed temporary safe water from household water treatment and storage (151.7% of target). Additional water purification tablets of 11,250 boxes and 30,000 jerry cans were distributed to drought-affected communities at risk of water-borne diseases, leading to the increase in the number of beneficiaries.

Activities	Description	Implemented by
Activity 5.1	Procurement and distribution of WASH NFIs (Jerry cans, Soap, Chlorine and hygiene kits)	Turkana: Diocese of Lodwar Wajir: World Vision Kenya Isiolo: Lay Volunteers International Association Samburu: County Governments Garissa: County Governments
Activity 5.2	Repair and rehabilitation of potential but non-function water sources and arrangement for water distribution.	Turkana: Diocese of Lodwar Wajir: World Vision Kenya Isiolo: Lay Volunteers International Association Samburu: County Governments Garissa: County Governments
Activity 5.3	Hygiene promotion, Household water treatment and storage (HWTS) training including COVID-19 messaging in community	Turkana: Diocese of Lodwar Wajir: World Vision Kenya Isiolo: Lay Volunteers International Association

		Samburu: County Governments Garissa: County Governments
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Output 6 Family separations are prevented, children separated from their families and caregivers are provided with integrated child protection services, and family-based care is promoted.

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

Sector/cluster Protection - Child Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 6.1	CP.1 Number of unaccompanied or separated children identified and assisted, including family tracing and reunification (separated children identified and supported through life-saving support (identification, rescue, assessment, Psychosocial Support, Family Tracing and Reunification (FTR) and referrals)	9,982	11,947 (6,034 girls, 5,913 boys)	Progress reports, CPIMS database, programme monitoring visits
Indicator 6.2	No. of family reintegration follow-up visits by social workers per county.	500	471 (317 girls, 154)	Progress reports, CPIMS database, programme monitoring visits
Indicator 6.3	SP.1b Number of children benefiting from menstrual hygiene management kits and/or dignity kits	1,400	40	Progress reports, Programme Monitoring Visits

Explanation of output and indicators variance: In Mandera county, DCS distributed 40 dignity kits to vulnerable children (25 girls, 15 boys) from an earlier consignment of dignity kits from UNICEF that was pre-positioned in the county. Due to COVID-19 related disruptions to global supply chain, the local procurement of 1,444 dignity kits using this CERF allocation has been severely delayed. Purchase orders were placed with a local supplier in November 2021 and February 2022, for a total of 1,444 dignity kits but due to disruption in supply chains, the compiling of the items in the dignity kits and delivery to UNICEF Kenya has not yet been completed by the supplier. First inspection of the dignity kits were completed in early June 2022. Once delivered to UNICEF Kenya's warehouse, the items procured will be immediately distributed to the targeted drought affected areas as part of UNICEF's continued efforts to support the provision of life-saving child protection services in the drought affected counties of Mandera, Garissa, Turkana and Wajir.

Activities	Description	Implemented by
Activity 6.1	Identification and documentation of unaccompanied and separated children	Directorate of Children Services (DCS) in Garissa, Mandera, Turkana and Wajir counties.
Activity 6.2	Facilitate family reintegration follow-up visits by social workers	Directorate of Children Services (DCS) in Garissa, Mandera, Turkana and Wajir counties.
Activity 6.3	Procurement of 1,400 dignity kits for girls and boys 5 – 17 years	UNICEF Kenya
Activity 6.4	Distribution of 1,400 dignity kits to girls and boys at risk of GBV and other harmful practices	UNICEF in collaboration with Directorate of Children Services (DCS) in Garissa, Mandera, Turkana and Wajir

		counties (Distribution not yet completed due to supply chain challenges).
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Output 7 Community awareness on child protection in emergencies is facilitated to protect children from violence, exploitation and abuse, including GBV

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

Sector/cluster Protection - Child Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 7.1	No. of counties that disseminating child protection risk mitigation and prevention messages.	4	4	DCS progress reports, Programme Monitoring Visits
Indicator 7.2	PP.1b Number of people benefitting from referral pathways (children referred for services in other sectors responding to the drought emergency)	1,600	1,307 (968 girls, 339 boys)	DCS progress reports, Case Management records, Programme Monitoring Visits
Indicator 7.3	No. of community-based child protection volunteers and community child protection champions providing life-saving outreach services to children in priority counties	40	42 (33 male, 9 female)	DCS Progress reports, financial records, Programme Monitoring Visits

Explanation of output and indicators variance: No variance on achievement noted.

Activities	Description	Implemented by
Activity 7.1	Child Protection Volunteers and other community-based actors are facilitated to provide awareness-raising messages on child protection risks, including risk mitigation and prevention during emergencies.	Directorate of Children Services (DCS) in Garissa, Mandera, Turkana and Wajir counties.
Activity 7.2	Following protection assessment, refer and follow-up health, Nutrition, Education and WASH related referrals, complemented with psychological first aid and psychosocial support services	Directorate of Children Services (DCS) in Garissa, Mandera, Turkana and Wajir counties.
Activity 7.3	Mobilize and facilitate 40 Child Protection Volunteers to carry out outreach support services to children most deprived of care and protection due to the drought	Directorate of Children Services (DCS) in Garissa, Mandera, Turkana and Wajir counties.

Output 8 Mental health and psychosocial support services are provided to vulnerable and displaced children, parents and caregivers.

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

Sector/cluster Protection - Child Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 8.1	No. of affected children receiving Psychosocial Support (PSS) services	5,000	7,400 (4,023 girls, 3,377 boys)	DCS Progress reports, CPIMS, Case Management and attendance records,

				Programme Monitoring Visits
Indicator 8.2	PS.1a Number of people benefitting from safe spaces and/or centres (affected children accessing Child Friendly Spaces (CFS))	9,981	785 (429 girls, 356 boys)	DCS Progress reports, Case Management and attendance records, Programme Monitoring Visits
Indicator 8.3	No. of government and implementing partners whose coordination mechanisms are strengthened	20	7 coordination mechanisms strengthened West Pokot, Child Protection Working Group, Turkana & Garissa Counties Gender and CP Networks, 4 County Steering Groups for drought response	Minutes of functional CP Networks, active WhatsApp group
Indicator 8.4	No. of recreation kits procured and distributed	100	100	Purchase Order

Explanation of output and indicators variance:

Due to COVID-19 related disruptions to global supply chain, the procurement of 100 recreation kits has been severely delayed. A purchase order was placed with a local supplier in November 2021 but due to disruption in supply chains, the compiling of the items in the recreation kits and delivery to UNICEF Kenya has not yet been completed. Once delivered to UNICEF Kenya's warehouse, the items procured will be immediately distributed to the targeted drought affected areas as part of UNICEF's continued efforts to support the provision of life-saving child protection services in the drought affected counties of Mandera, Garissa, Turkana and Wajir.

The delay in delivery of recreation kits resulted in DCS not being able to establish Child Friendly Spaces where they could provide psychosocial support and protection services to drought-affected children. However, children were supported with psychosocial support and recreational activities through school-based activities carried out by DCS Officers, CPVs and school teachers, and through community-based group-counselling sessions, reaching a total of 7,400 children with psychosocial support services as reported under indicator 8.1.

Activities	Description	Implemented by
Activity 8.1	Facilitate access to Psychosocial Support (PSS) services to children affected by drought and at risk of violence, exploitation and abuse.	Directorate of Children Services (DCS) in Garissa, Mandera, Turkana and Wajir counties, including through Child Protection Volunteers (CPVs)
Activity 8.2	Facilitate community-based child friendly activities for children	Directorate of Children Services (DCS) in Garissa, Mandera, Turkana and Wajir counties, including through Child Protection Volunteers (CPVs)
Activity 8.3	Facilitate consultations with Health Sector and referrals for children requiring specialized mental health support	Directorate of Children Services (DCS) in Garissa, Mandera, Turkana and Wajir counties, including through Child Protection Volunteers (CPVs)
Activity 8.4	Procurement of 100 recreation kits and distribution to Child Friendly Spaces (CFS), learning facilities and community structures	UNICEF Kenya (Procurement) and Directorate of Children Services (DCS) in Garissa, Mandera, Turkana and Wajir counties (distribution) (not yet completed due to supply chain challenges).

7. Effective Programming

a. Accountability to Affected People (AAP) ⁴:

To ensure greater accountability to drought affected people in target counties, UNICEF ensured that site selection for the rehabilitation of the boreholes was done by the community and the county Government. Affected population were involved in the all the stages of the implementation of project and in selection of sites for integrated outreach services. A total of 216 members from 36 Water Users Associations were mobilized and trained on the operation and maintenance during rehabilitation to ensure ownership and sustainability. The community health volunteers were also selected from each community catchment area, were sensitised, and deployed, to mobilize communities and disseminated key drought messages. The people affected by the drought, and the community health volunteers were involved in the implementation of nutrition programme activities through engagement in the selection of the integrated outreach sites to enhance communities' access to services. Lastly, through involvement of the Community Child Protection Volunteers and community leaders, UNICEF facilitated psychosocial and awareness raising sessions, community members, including children were involved in the design, implementation and monitoring of the child protection interventions.

b. AAP Feedback and Complaint Mechanisms:

Feedback and complaints mechanisms constitute a compulsory part of UNICEF process of accountability to the affected population. UNICEF respects the beneficiaries and gives them a voice to be heard to enable accountability to the promises and commitments given to the stakeholders. UNICEF worked closely with the County governments and other implementation partners to monitor activities provided in affected communities and collect feedback from the affected populations throughout the project period. Received feedback was shared with sector partners through the coordination meetings. The members of the communities gave feedback during the outreach sessions, and through the community leaders on the services they received, including recommendations for improving the quality of services offered. Additionally, the community health volunteers are the liaison/linkage between the community and health facility, the cadre received complaints and feedback from members of the community and presented to health facility teams for analysis and action. Through community health volunteers in the implementation of integrated health and nutrition outreach services, feedback of community members to the health teams was ensured and contributed to continuous adjustments and improvement of nutrition programme implementation. The community members gave feedback on the Child protection interventions during the awareness raising sessions on child protection, facilitated by community- based child protection volunteers, on the need to scale up the activities to reach more community members. The children also provided feedback during the psychosocial support sessions aimed at improving their well-being

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

UNICEF ensured that all the implementation partners were trained on PSEA and their activities were closely monitored. Comprehensive quality assurance was put in place to ensure adherence to PSEA guidelines. Child Protection: Department of Children Services staff are trained on PSEA and conducted rapid training for the 40 Child Protection Volunteers supporting the project on zero tolerance for Sexual Exploitation & Abuse and child safe- guarding. Regular monitoring of the project was done by UNICEF staff.

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

Through Child Protection outreach activities, children and caregivers in drought affected areas were reached with child protection and GBV risk mitigation messages. Through the UNICEF-supported activities, the Directorate of Children Services (DCS) and Child Protection Volunteers (CPVs) sensitized children, caregivers, and community members on the rights of the child, child protection risks, available support services and the harmful consequences and protection risks associated with child labour, school dropout, family separation and harmful cultural practices such as FGM and child marriage. In addition, the CPVs and DCS Children Officers identified, supported and referred vulnerable girls and women at-risk or survivors of violence, abuse and exploitation – including those at risk of harmful cultural

⁴ 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](#).

practices. The project beneficiaries primary target group was pregnant and lactating women and children who are mostly left behind as the rest of the family move with their livestock for pasture and water. Through restoration of boreholes, UNICEF reduced distance to water points and improved hygiene at household level. This made it easy to access safe clean water that allowed women more time to participate in other economic activities. Sanitation and hygiene messaging contributed to women/girl's health. Over 87,000 women and 90,000 girls were reached with hygiene promotion messages including menstrual hygiene management, and 1,560 girls received menstrual hygiene management kits. UNICEF Health interventions focused on children, particularly girls, boys and women, who evidence has shown are greatly impacted during humanitarian crisis. The focus is to ensure full realization of the rights of the different cohorts during drought emergency. Nutrition interventions primarily targeted severely malnourished children under the age of five years. UNICEF ensured the mapping of integrated outreaches was prioritized in the most affected hotspots areas thus contributing to access by the most marginalized groups.

e. People with disabilities (PwD):

The participation of PwD in all the phases of the project was ensured. 36 Water Users Associations were mobilized and trained on special needs of PwD during the training of operation and maintenance of the rehabilitated water sources. The rehabilitated WASH facilities we constructed to be accessible by PwDs. The UNICEF Health supported life-saving services are designed to be all-inclusive, with disabled persons being given priority during the integrated outreach services, which were taken closer to communities' dwellings. Community health volunteers identified the disabled persons within their catchment areas, compiled the list and presented to health workers to take services to the identified disabled persons. Nutrition interventions were all inclusive including the integrated outreaches which were mapped based on the priority hotspot areas to enhance access to services including for persons with disabilities. The Child Protection Volunteers based within the community identifying vulnerable children for support, prioritized children with disabilities for psychosocial services and material support.

f. Protection:

Through the outreach activities across sectors, UNICEF and partners undertook measures aimed at reducing the risk of GBV and to uphold the dignity and privacy of women and girls during integrated community outreaches. Through the Child Protection interventions, UNICEF and partners promoted the prevention from harm and supported the provision of psychosocial support and protection services to vulnerable children and survivors of violence. By leveraging the presence of community-based Child Protection Volunteers who live in the affected communities, the protective environment was strengthened as community members were sensitized and engaged on protection risks, strategies on how to mitigate these risks, and on how to identify and report cases to the relevant child protection actors.

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.

N/A

9. Visibility of CERF-funded Activities

Title	Weblink
Social Media	[https://youtu.be/HLI-u1-oHuE]
Media Post	[https://twitter.com/UNICEFKenya/status/1516748912568197121?s=20&t=3iGCVSiJVio43YfXszgRaw]
Story	[https://www.unicef.org/kenya/stories/responding-drought-garissa-county]

3.4 Project Report 21-RR-WFP-034

1. Project Information			
Agency:	WFP	Country:	Kenya
Sector/cluster:	Food Security - Food Assistance Nutrition	CERF project code:	21-RR-WFP-034
Project title:	Support for Treatment of Moderate Acute Malnutrition		
Start date:	21/10/2021	End date:	20/04/2022
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\$ 65,017,955	
	Total funding received for agency's sector response to current emergency:	US\$ 3,124,469	
	Amount received from CERF:	US\$ 1,400,000	
	Total CERF funds sub-granted to implementing partners:	US\$ 28,415	
	Government Partners	US\$ 0	
	International NGOs	US\$ 0	
	National NGOs	US\$ 28,415	
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

Through this CERF allocation, WFP implemented food and nutrition assistance programmes in the Arid and Semi-Arid Lands (ASALs) of Kenya. WFP distributed cash transfers to 8,653 households, (51,918 individuals, 62 percent women) in three counties of Marsabit, Isiolo and Samburu. This represents a 95 percent achievement over the planned beneficiaries. Households in Marsabit and Isiolo counties received two successive cycles of transfers worth Kes 5,000 per month while in Samburu County, household received a one-month transfer due to insufficient funds. Nevertheless, WFP used resources from other donors to bridge this gap hence all the three targeted counties received two (2) successive cycles of transfers during the project period. Overall, this activity provided a short-term food security gap of the targeted drought-affected populations.

WFP in addition successfully supported treatment for Kenyans affected by moderate acute malnutrition in eight arid counties - Turkana, Marsabit, Isiolo, Samburu, Tana River, Garissa, Wajir and Mandera and further expanded the MAM programme into Baringo county - Tiaty East and West Sub counties. Overall, the project reached a total of 213,904 beneficiaries (124,469 children and 89,435 PLWs) with Specialised Nutritious Foods. This represents a 93 and 110 percent achievement for children and PLWs respectively as compared to the planned targets. The programme was scaled up through health facilities and outreaches in order to provide nutrition support for the hard-to-reach populations thus making the nutrition services more accessible and enabling the programme to reach beyond 50 percent reach for rural populations.

WFP distributed 92.1MT of RUSF that supported 124,469 children aged 6-59 months for treatment of moderate and acute malnutrition. Further, 138.48MT of CSB++ reached 89,435 PLWs. WFP dispatched the nutrition commodities through the cooperating partners based in the nine ASAL counties that were targeted for this support. Further, distribution and reporting on the utilization of the commodity at the health facilities was undertaken by the Ministry of Health (MOH) with the officers reporting all project outputs monthly in the Kenya Health Information system (KHIS). Programme performance met Sphere standards for moderate acute malnutrition

treatment in terms of cure, recovery, defaulter, mortality, and non-response rates for the period of the project implementation. Over 90 percent of children were successfully treated and discharged from the programme. Through this CERF allocation, WFP was able to maintain a secure pipeline for nutritious commodities for the duration of the programme leading to the achievement of the programme objectives.

3. Changes and Amendments

None

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
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	81,900	0	80,142	53,428	215,470	89,435	0	65,211	59,258	213,904
Total	81,900	0	80,142	53,428	215,470	89,435	0	65,211	59,258	213,904

People with disabilities (PwD) out of the total

0	0	0	0	0	0	0	0	0	0	0
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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	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	10,000	8,000	19,600	17,000	54,600	23,732	11,438	8,373	8,375	51,918
Total	10,000	8,000	19,600	17,000	54,600	23,732	11,438	8,373	8,375	51,918

People with disabilities (PwD) out of the total

100	100	100	100	400	1,306	1,627	2,061	3,365	8,358
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* 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 Provide food assistance and nutrient-rich commodities to vulnerable Kenyan populations in order to meet acute food needs

Output 1 54,600 persons provided with food assistance (cash transfers) to meet their short-term food gaps.

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

Sector/cluster Food Security - Food Assistance

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers	54,600	51,918	WFP internal monitoring and evaluation systems
Indicator 1.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	661,546	710,262.50	WFP grants management system

Explanation of output and indicators variance:

Indicator 1: All planned beneficiaries were targeted and registered in WFP's system. However, when the data was registered in Safaricom's platform, some beneficiaries fell-off due to mismatch if their personal identification details. Approximately 80 percent of the beneficiaries were reached in the first cycle. WFP in collaboration with the government structures followed up on the failed cases to correct their details reaching 95 percent success rate. 5 percent could not be traced via the details provided.

Indicator 2: While WFP planned to provide cash transfers for 1.5 cycles, the actual transfers done were for two (2) cycles with some complementary funds from other donors (refer to section 2).

Activities	Description	Implemented by
Activity 1.1	Disbursement of unconditional cash transfers to food-insecure, drought-affected persons (women, men, girls and boys)	WFP

Output 2 134,000 moderately malnourished children and 81,000 malnourished pregnant and lactating women have access to nutrition commodities for the treatment of acute malnutrition

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

Sector/cluster Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.2b Percentage of people who were admitted for MAM treatment who recovered ≥ 75%	75	90.3%	Kenya Health Information System
Indicator 2.2	Programme Default Rate	< 15%	5.04%	Kenya Health Information System

Indicator 2.3	Programme Death Rate	< 3%	0.18%	Kenya Health Information System
Indicator 2.4	N.2a Number of moderately acutely malnourished people enrolled in supplementary feeding programme	215,470	213,904	Kenya Health Information System
Indicator 2.5	N.4 Number of people screened for acute malnutrition	215,470	213,904	Kenya Health Information System
Indicator 2.6	FN.1a Number of people receiving food	215,470	213,904	Kenya Health Information System
Indicator 2.7	FN.1b Quantity of food assistance distributed in MT (96 MT RUSF & 141 MT Corn Soy Blend)	237	230.58MT (92.1MT of RUSF and 138.48MT)	WFP Monitoring system
Explanation of output and indicators variance:		None		
Activities	Description			Implemented by
Activity 2.1	Procurement of nutrition supplements –Ready to Use Supplementary Food (RUSF) and Super Cereal Plus			WFP
Activity 2.2	Distribution of nutrition supplements until health facility level			WFP

7. Effective Programming

a. Accountability to Affected People (AAP) ⁵:

WFP management put in place a drought response taskforce that guided the coordination of the response at both national, county and community levels. With the limited resources received for drought response at the time of this grant confirmation, the taskforce recommended the use of the CERF allocation to support two more months of transfers to beneficiaries in Isiolo, Samburu and Marsabit counties who had earlier in the year been targeted by WFP for drought and desert locust response. This would make the households receive a total of 4 transfers when combined with the desert locust response that was coming to an end in October 2021. This was deemed a relatively useful number of cash transfers to help the targeted households stabilize.

With this plan, WFP further held meetings with national and county government key departments in the counties of Isiolo, Marsabit and Samburu between 2 and 5 November 2021 to share the planned response. Through the respective County Steering Groups (CSGs), the plans were approved at the county level. Furthermore, there was no need for targeting and registration and, therefore, making the response more effective and cost efficient, this was because the targeting of affected households and collection of required data had already been done during the initial drought and locust response.

The nutrition sector scaled up emergency co-ordination meetings both at the national and county level, prioritizing counties most affected by the drought for timely response actions to save lives. By securing the nutrition pipeline, WFP was able to respond in treatment of moderate acutely malnourished beneficiaries (boys, girls and pregnant women/girls), averting risks of mortality and morbidities associated with malnutrition.

It is worth noting that WFP utilized feedback from beneficiaries, including people living with disabilities, women and girls, to put in place measures that improved service delivery for beneficiaries. Men and women of different ages and diversities were actively involved in the design, implementation including during regular monitoring of the project to ensure their equal contribution and benefit from the project

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intervention. 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:

The Complaints and Feedback Mechanism (CFM) implemented 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 a toll-free helpline, a line for sending short texts, an email address and community-based structures across all locations. 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 CFM standard operating procedures. WFP's complaints committee met monthly to review cases and provide recommendations based on the feedback. 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 a robust complaints and feedback mechanism (CFM), which includes referral systems on Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA). Besides, WFP has standard operating procedures (SOP) 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.

WFP's gender unit drafted key messaging on gender, protection and disability inclusion including beneficiary's rights to entitlement and access to cash in a safe and dignified manner. Through the key messages, awareness raising and sensitization was undertaken on PSEA through the local media. The local government administrators, community leaders and enumerators were trained on PSEA ahead of targeting exercise. PSEA informed the key indicators during the baseline and process monitoring of the cash assistance programme; both food assistance and nutrition programmes integrated gender and protection 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 (majority women and children) with women accounting for 62 and 72 percent of the beneficiaries reached with food and nutrition assistance respectively. The targeted population planning data was disaggregated by sex and age with persons related indicators disaggregated by sex and age. In recording the actual beneficiaries supported, the project adhered to the corporate age categories. Beneficiaries were sensitized on the need for household collaboration and engagement in household decision making. Through the project committees, coordination and implementing staffs, beneficiaries were sensitized on WFP established complaints and feedback mechanism for timely reporting and response to GBV in relation to the assistance provided. WFP continued with awareness and strengthening of the community structures on GBV prevention, mitigation and response. WFP designed and rolled out the responses in a manner that contributed to the safety, dignity and integrity of beneficiaries in line with WFP's Protection and Accountability to Affected population Policy 2020.

e. People with disabilities (PwD):

In 2021, WFP developed a disability inclusion action plan to facilitate the structured and systematic inclusion of persons living with disabilities as beneficiaries and stakeholders in-country office operations. To promote inclusivity and targeting of PwD for this activity, WFP developed a robust household targeting criteria that prioritized food-insecure households with any PwD, and pregnant and lactating women and girls. To achieve this, WFP worked with community-based structures at grass-root level, including local government, to ensure that beneficiary selection process was inclusive of this category of beneficiaries. Moreso, WFP conducted staff and community sensitization on protection and disability inclusion and reviewed all monitoring, evaluation and reporting tools, to systematically collect and report disaggregated disability data. WFP's choice of the food assistance modality (use of cash transfers) helped to promote dignity and

autonomy of the poor and vulnerable people including PwD and women who account for over 62 percent of the beneficiaries reached through this project.

f. Protection:

In 2021, WFP developed a disability inclusion action plan to facilitate the structured and systematic inclusion of persons living with disabilities as beneficiaries and stakeholders in-country office operations. To promote inclusivity and targeting of PwD for this activity, WFP developed a robust household targeting criteria that prioritized food-insecure households with any PwD, and pregnant and lactating women and girls. To achieve this, WFP worked with community-based structures at grass-root level, including local government, to ensure that beneficiary selection process was inclusive of this category of beneficiaries. Moreso, WFP conducted staff and community sensitization on protection and disability inclusion and reviewed all monitoring, evaluation and reporting tools, to systematically collect and report disaggregated disability data. WFP's choice of the food assistance modality (use of cash transfers) helped to promote dignity and autonomy of the poor and vulnerable people including PwD and women who account for over 62 percent of the beneficiaries reached through this project.

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:
Yes, CVA is the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	51,918

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.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Cash Transfers	51,918	US\$ 710,262.50	Food Security - Food Assistance	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter/Photo - Baringo	https://twitter.com/WFP_Kenya/status/1468282357866192899
Twitter/Slideshow - Baringo	https://twitter.com/WFP_Kenya/status/1480783280010051586
Twitter/Photo - Isiolo	https://twitter.com/WFP_Kenya/status/1484414785567576066

3.5 Project Report 21-RR-WHO-032

1. Project Information

Agency:	WHO	Country:	Kenya
Sector/cluster:	Health	CERF project code:	21-RR-WHO-032
Project title:	Emergency lifesaving health response to drought disaster in Kenya that targets affected children, women and men		
Start date:	21/10/2021	End date:	20/04/2022
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\$ 4,200,000
Total funding received for agency's sector response to current emergency:	US\$ 0
Amount received from CERF:	US\$ 250,000
Total CERF funds sub-granted to implementing partners:	US\$ 0
Government Partners	US\$ 0
International NGOs	US\$ 0
National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant a dedicated emergency epidemiologist was hired to oversee the project implementation for 6 months between October 2021 and April 2022. The epidemiologist worked closely with the public health emergency coordination centres to organise coordination meetings where discussions were held on project implementation including community engagement. The officer also made 2 field visits to the targeted counties of Garissa and ?? to hold discussions with the local health management teams, local community leaders and to ensure that the procured drugs and supplies are distributed and reach the targeted communities. WHO in close collaboration with Ministry of health organised workshops to reorient 84 health care workers on management of malnutrition especially those with medical complications and management of cholera, diarrhoea kalazar, dengue rift valley fever. The trainings also included modules on early warning and disease surveillance. Procurement of life-saving medical supplies, materials and laboratory diagnostics was also done and distributed to the 7 targeted counties. A total of 102,711 persons including women, men, boys and girls and persons living with disabilities were reached with emergency lifesaving health response activities.

3. Changes and Amendments

None

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	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	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	7,654	4,600	48,000	42,457	102,711	7,654	4,600	48,000	42,457	102,711
Total	7,654	4,600	48,000	42,457	102,711	7,654	4,600	48,000	42,457	102,711
People with disabilities (PwD) out of the total										
	0	0	2,450	255	2,705	0	0	2,450	255	2,705

* 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 targeted communities in bordering counties that are not in emergency phase but are at risk for moving to emergency phase as the drought spreads. The population approximate 2,000,000 of the surrounding counties affected by the drought indirectly benefited from the interventions specially the early warning and reduction of disease transmission due to the early detection and rapid control measures put in place. The community also benefitted from awareness creation activities around drought mitigation measures, risk communication and, nutrition improvement interventions through messages rolled out through various health care channels.

6. CERF Results Framework

Project objective	Ensure availability of life saving health interventions targeting affected children, women and men in the drought affected counties			
Output 1	Lifesaving medical interventions for health facilities on management of communicable diseases, epidemics and severe malnutrition with medical complications scaled up			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.1a Number of emergency health kits delivered to healthcare facilities	102,711	102,711	Weekly MOH EOC Sitreps/ Hospital data
Indicator 1.2	H.1b Number of people covered by emergency health kits	102,711	102,711	Weekly MOH EOC Sitreps/ Hospital data
Indicator 1.3	H.8 Number of primary healthcare consultations provided	50,000	50,000	Weekly MOH EOC Sitreps/ Hospital data
Explanation of output and indicators variance:		None		
Activities	Description	Implemented by		
Activity 1.1	Procure essential life-saving drugs, laboratory and consumable items (medicines and medical supplies for management of medical complications of acute malnutrition, chlorine, gauze, needles, syringes, antiseptics, cotton wool in line with MOH emergency standards list consumable items (Interagency emergency health kit and other consumables)	WHO		
Activity 1.2	Reorientation for health workers on the clinical management of severe acute malnutrition with medical complications, management of communicable diseases (diarrhoeal diseases, measles, rift valley fever, kala azar, dengue fever) and other epidemic prone diseases	WHO & MOH		

Output 2	County health teams supported for response to diarrhoeal diseases, cholera, measles, other emerging alerts, outbreaks and disease rumours			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	H.5 Percentage of public health alerts generated through	100	100	Weekly MOH EOC sitrep

	community-based or health-facility-based surveillance or alert systems investigated within 24 hours			
Indicator 2.2	H.6 Proportion of functional health facilities sharing timely reports	100	100	Weekly MOH EOC sitrep
Explanation of output and indicators variance:		None		
Activities	Description			Implemented by
Activity 2.1	Provide technical tools and guidelines			WHO & MOH
Activity 2.2	Provide reorientation on rumours, outbreak investigation, confirmation and timely responses			WHO & MOH
Activity 2.3	Reorientation for health workers on early warning, reporting and control			WHO & MOH

Output 3	Health sector coordination mechanisms to respond to disease outbreaks at national and county levels are enhanced			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	H.5 Percentage of public health alerts generated through community-based or health-facility-based surveillance or alert systems investigated within 24 hours	100	100	Weekly MOH EOC Sitrep
Indicator 3.2	H.7 Number of functional health facilities supported	49	49	Weekly MOH EOC Sitrep
Explanation of output and indicators variance:		None		
Activities	Description			Implemented by
Activity 3.1	Activate 7 Emergency Operations Center (EOC) in the 7 targeted Counties and 1 EOC at national level			WHO & MOH
Activity 3.2	Produce emergency response reports and bulletins at least on a weekly basis, and as need arises from targeted counties			WHO & MOH
Activity 3.3	Undertake joint programmatic monitoring missions and support supervisions			WHO & MOH

7. Effective Programming

a. Accountability to Affected People (AAP)⁶:

The hired epidemiologist ensured that all implementing partners including the county health team, county governor's office and community representatives, UN organizations and implementing agencies were engaged in the implementation of the project. All reports were discussed and reviewed at the county level health emergency coordination forums including the community opinion leaders. Joint monthly monitoring visits by WHO and MOH, the county government, and key stakeholders. Key stakeholders and community leaders will be also

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interviewed, and findings will be taken into the account to ensure that project activities are responding to the needs of the affected populations.

b. AAP Feedback and Complaint Mechanisms:

The MOH and the health sector have established complaint and feedback mechanisms at all health facilities in the country. All communities accessing health services at these facilities had access to these services which are confidential and discussed at established county health management teams comprising of senior health managers. Follow-up is conducted by the county health teams and the WHO epidemiologist following already established government standard operation procedures. In this project, WHO worked with the MOH through established mechanisms

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

The MOH and the government have an established mechanism on recording and handling Sexual Exploitation and Abuse (SEA)- related complaints. WHO equally has mechanism for reporting These are reported to the local police department and investigated at local health facilities with an involvement of government social workers, community health leaders and trained health care workers. Complaints are handled by established offices and officers, and investigated. Feedback is provided using already established confidential lines of communication. This project worked with the MOH through these structures on handling SEA.

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

Gender mainstreaming was prioritized to ensure gender roles of women, men, and boys and girls is incorporated in the project for effective response in the emergency to ensure that the rights all gender is fulfilled. Gender mainstreaming was ensured through evidence-based channels of risk communication for targeted population (high risk and vulnerable) to improve their participation equally in seeking health services and reduce deaths or severe illness. Through investment in continuous surveillance and data analysis evidence of most at-risk age and gender by disease profiles was generated and regularly updated to improved response measures. Procurement of essential drugs and other medical consumables were done considering populations of all genders to ensure equity.

e. People with disabilities (PwD):

The project was developed to target populations that are most in need, including people with disabilities. Structures and systems for people with disabilities within the healthcare sector. The project made use of these structures in health facilities where people with disabilities have special areas that are set up to specifically target their needs. The project also ensured drugs and consumables procured and distributed to these areas.

f. Protection:

The project targeted facilities that are already established under the national and county government. These are key institutions that are protected by government to ensure populations at need can access services easily and without any form of hindrance. In areas that are hard to reach and with security challenges, security officials were hired to ensure health care workers are able to deliver the essential goods and medical supplies.

g. Education:

The project was designed with activities to ensure health care workers are equipped with the latest WHO guidelines on outbreak investigation, early warning and alert systems, disease surveillance, and case management. Overall, this led to reduce the risk of adverse effects from healthcare-related conditions and outbreaks.

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.

N/A

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities By Implementing Partner*
			Extended Name	Acronym					
21-RR-FAO-022	Agriculture	FAO	Government of Kenya	GoK	No	GOV	\$183,297	31-Dec-21	3-Jan-22
21-RR-WFP-034	Nutrition	WFP	Relief Reconstruction and Development Organisation	RRDO	Yes	NNGO	\$28,415	31-Jan-22	1-Feb-22
21-RR-CEF-045	Child Protection	UNICEF	Department of Children Services	DCS Turkana	Yes	GOV	\$10,360	31-Dec-21	3-Jan-22
21-RR-CEF-045	Child Protection	UNICEF	Department of Children Services	DCS Garissa	Yes	GOV	\$16,490	31-Dec-21	3-Jan-22
21-RR-CEF-045	Child Protection	UNICEF	Department of Children Services	DCS Wajir	Yes	GOV	\$15,936	10-Jan-22	12-Jan-22
21-RR-CEF-045	Child Protection	UNICEF	Department of Children Services	DCS Mandera	Yes	GOV	\$15,905	17-Jan-22	19-Jan-22
21-RR-CEF-045	Child Protection	UNICEF	Department of Children Services	DCS Turkana	Yes	GOV	\$15,905	24-Jan-22	26-Jan-22
21-RR-CEF-045	Child Protection	UNICEF	Department of Children Services	DCS Mandera	Yes	GOV	\$13,523	7-Mar-22	9-Mar-22
21-RR-CEF-045	Health	UNICEF	Kenya Red Cross Society	KRCS	Yes	RedC	\$76,768	15-Mar-22	1-Oct-21
21-RR-CEF-045	Health	UNICEF	Ministry of Health, Garissa County	MoH/GoK	No	GOV	\$9,029	21-Nov-21	1-Oct-21
21-RR-CEF-045	Health	UNICEF	Ministry of Health, Wajir County	MoH/GoK	No	GOV	\$8,384	29-Nov-21	1-Oct-21
21-RR-CEF-045	Health	UNICEF	Ministry of Health, Mandera County	MoH/GoK	No	GOV	\$9,309	30-Nov-21	1-Oct-21
21-RR-CEF-045	Health	UNICEF	Ministry of Health, Marsabit County	MoH/GoK	No	GOV	\$4,630	30-Nov-21	1-Oct-21
21-RR-CEF-045	Health	UNICEF	Ministry of Health, Turkana County	MoH/GoK	No	GOV	\$9,947	30-Nov-21	1-Oct-21
21-RR-CEF-045	Health	UNICEF	Ministry of Health, TanaRiver County	MoH/GoK	No	GOV	\$3,383	15-Mar-22	1-Oct-21
21-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	Ministry of Water, Garissa County	MoWSI/GoK	No	GOV	\$743,920	25-Nov-21	25-Mar-22
21-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	Diocese of Lodwar	DoL	NO	INGO	\$189,000	16-Mar-22	16-Jun-22
21-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	Diocese of Lodwar	DoL	NO	INGO	\$189,000	16-Mar-22	16-Jun-22
21-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	World Vision Kenya	WVK	No	INGO	\$186,200	16-Mar-22	16-Jun-22
21-RR-FPA-028	Gender-Based Violence	UNFPA	This-Ability Trust	TAT	Yes	NNGO	\$30,351	11-Nov-21	11-Nov-21
21-RR-FPA-028	Gender-Based Violence	UNFPA	Kenya Red Cross Society	KRCS	Yes	NNGO	\$69,109	16-Dec-21	16-Dec-21
21-RR-FPA-028	Gender-Based Violence	UNFPA	Healthcare Assistance	HAK	Yes	NNGO	\$93,820	16-Dec-21	16-Dec-21