

**KENYA
RAPID RESPONSE
DROUGHT
2022**

22-RR-KEN-52746

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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 as partners were still heavily engaged with drought response efforts throughout 2022. However, implementation of CERF activities was discussed during the bi-weekly Inter-sector working 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:

This US\$4,000,000 allocation to Kenya was instrumental in positioning the UN and wider humanitarian community fulfill their mandate in responding to needs of communities in two of the most severely drought-affected counties in the Arid and Semi-Arid Lands (ASALs) of Kenya and where due to access challenges and limited funding, response was inadequate. Funding through this CERF allocation enabled the UN agencies and their partners WFP, WHO, FAO, UNFPA and, UNICEF in cooperation with the government to address the most urgent, life-saving needs of 303,083 people in Marsabit and Mandera 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. The allocation also promoted localization by encouraging and supporting the diversification and strengthening of partnerships with national and local implementing partners with a view to sustaining and reinforce already-existing community efforts to respond to acute food insecurity as a result of drought in the ASALs.

CERF's Added Value:

CERF funding sent an unequivocal clear signal to other donors about the importance and severity of needs occasioned by the drought in the ASALs of Kenya and on the need to act quickly with additional funding for the response. At the time, the March to May 2022 long rains had under-performed, causing humanitarian needs to rise sharply in the ASAL counties. Forecasts for October-December 2022 rainy season which showed high likelihood of below-average rainfall were also proven true. It was necessary 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

CERF funding enabled UN agencies and their partners to rapidly provide humanitarian assistance in two key counties of Mandera and Marsabit county-the counties which had some of the highest need and where access was challenging.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

In February 2022, the Kenya Food Security Steering Group (KFSSG), released the Short Rains Assessment (SRA) report showing the humanitarian situation was progressively worsening, especially in Marsabit and Mandera counties. CERF funding was announced at the most critical time where targeted 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 intersector working group meetings and the larger Kenya Humanitarian Partnerships Team (KHPT) forum 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

Around July 2022, the United States Government (USG) injected a substantial amount of funding into drought response efforts in Kenya- accounting for close to 80% of funding to the country. CERF funding, could be viewed as having 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 in the ASALs.

Considerations of the ERC's Underfunded Priority Areas¹:

The challenge of limited resources in the face of severe need across multiple sectors continued to be a factor during the drought response. Significantly more attention was paid and thus funding directed to the most immediate needs such as food, nutrition, water and health services. Less visible but no less real, was the fact that the drought emergency had devastating consequences for women and children, heightening the risk of gender-based violence (GBV), including sexual assault and sexual exploitation female genital mutilation, forced and child labour school dropouts, and early and forced marriages. Even in less- than-ideal funding circumstances, the Centrality of Protection remained key priority across this CERF-funded intervention. Recognizing that girls, women, boys and, men have different needs, risk and coping strategies, the projects proposed paid special attention to the needs of drought-affected women and girls through activities to prevent, address and mitigate exposure to GBV including rape, sexual assault, sexual exploitation, female genital mutilation, child labour and early and forced marriages; all of which are heightened risks during drought emergencies in Kenya

At projection inception stage of the FAO- intervention, sensitisation and beneficiary selection ensured that a clause in the targeting criteria had 60% of all beneficiaries to be of the female gender. Cash transfer to the households ensured that while feeds were for sustainable milk production, the women got cash to buy household necessities as the milking herd increased milk production.

The UNFPA-implemented project primarily focused on women of reproductive age including women with disabilities through providing Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) prevention and response services. Majority of tje 15,954 who received core GBV services were women and girls.

Protection of women and children affected by drought was mainstreamed in integrated child protection/health/nutrition /WASH programmes ensured that children and women affected by drought, at risk of family separation, abuse and violence, received priority focus and support. For example, the criteria for targeting of cash transfer beneficiaries considered these vulnerabilities and persons at risk of protection were enrolled first.

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	180,000,000
CERF	4,000,000
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	152,000,000
Total funding received for the humanitarian response (by source above)	156,000,000

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

Agency	Project Code	Sector/Cluster	Amount
FAO	22-RR-FAO-018	Food Security - Agriculture	500,000
UNFPA	22-RR-FPA-021	Protection - Gender-Based Violence	201,000
UNFPA	22-RR-FPA-021	Health - Sexual and Reproductive Health	99,000
UNICEF	22-RR-CEF-032	Water, Sanitation and Hygiene	1,007,000
UNICEF	22-RR-CEF-032	Nutrition	513,000
UNICEF	22-RR-CEF-032	Protection - Child Protection	190,000
UNICEF	22-RR-CEF-032	Health	190,000
WFP	22-RR-WFP-029	Food Security - Food Assistance	570,000
WFP	22-RR-WFP-029	Nutrition	430,000
WHO	22-RR-WHO-019	Health	300,000
Total			4,000,000

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

Total funds implemented directly by UN agencies including procurement of relief goods	2,996,674
Funds sub-granted to government partners*	444,446
Funds sub-granted to international NGO partners*	261,905
Funds sub-granted to national NGO partners*	30,252
Funds sub-granted to Red Cross/Red Crescent partners*	266,723
Total funds transferred to implementing partners (IP)*	1,003,326
Total	4,000,000

* 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:

Communities across the Arid and Semi-Arid Land (ASAL) counties of Kenya are facing one of the worst drought cycles in recent history - three consecutive poor seasonal rainfall performances since the end of 2020. The onset of the March-May (MAM) 2022 long rains season was also characterized by long dry spells over the ASAL counties and depressed rainfall recorded over most other parts of the country. Mandera and Marsabit counties are at the Alarm phase of drought classification with worsening trends. In February 2022, 3.1m people were classified in IPC Phase 3 (crisis) or above acute food insecurity. Compared to the same period in 2021, there was an increase from 1.4m to 3.1m in IPC3 or above. By June 2022, the number of people experiencing Crisis (IPC Phase 3), or worse outcomes is projected to reach 3.5 million (23% of the population in the ASALs), including 758,000 people in Emergency phase (IPC phase 4).

Operational Use of the CERF Allocation and Results:

The CERF allocation supports the implementation of critical lifesaving interventions in two of the worst affected counties by drought and alleviates the negative impacts of deepening food insecurity, livelihood losses, and health issues for the most vulnerable households. UN agencies and their implementing partners focus on providing life-saving Food Security and Livelihoods, Nutrition, Water, Sanitation and Hygiene (WASH), and Health assistance. In total, the CERF allocation targets 154,542 Kenyans, including 37,553 women, 36,000 men, 43,489 girls and 37,500 boys. Among those targeted are expected to be 8,850 people with disabilities.

People Directly Reached:

A total of 303,083 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.

Under the UNFPA GBV component, the number of people trained reduced to 197 against a target of 240 due to insecurity associated with resource-based conflicts that limited the movement of target beneficiaries and trainers.

Under WFP's Nutrition component for treatment of Moderate Acute Malnutrition (MAM) for children under five and pregnant and lactating women-which is less than the planned number of beneficiaries was reached as the funding allocated for this activity could only provide nutrition support to treat MAM for 78,373 malnourished children pregnant and breastfeeding women/girls.

People Indirectly Reached:

The project indirectly targeted 157,000 people in the bordering counties but were at risk of moving to emergency phase based on the evolution of the drought as documented in both the Short Rains Assessment (SRA) 2022 report and Long Rains Assessment (LRA) 2022 projections. The population of the counties affected by the drought indirectly benefitted from the interventions especially early warning and reduction of disease transmission due to the early detection and rapid control measures put in place. The communities also benefitted from awareness creation activities courtesy of Ministry of Health (MoH) public health emergency operations centres having included all the neighbouring counties in their regular information sharing communications]

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	7,254	4,864	10,986	7,296	30,400	8,666	9,780	10,390	9,525	38,361
Food Security - Food Assistance	4,500	3,780	5,760	3,960	18,000	5,946	3,902	4,645	4,088	18,582
Health	42,058	17,637	79,281	66,475	205,451	59,350	32,254	66,476	52,182	210,262
Health - Sexual and Reproductive Health	10,124	7,789	4,673	4,284	26,870	20,559	15,690	9,198	8,656	54,103
Nutrition	37,553	0	55,041	41,289	133,883	34,778	0	31,550	28,812	95,140
Protection - Child Protection	0	0	2,261	2,088	4,349	1,041	834	2,234	2,110	6,219
Protection - Gender-Based Violence	30,372	23,367	14,019	12,852	80,610	26,505	20,228	11,857	11,160	69,750
Water, Sanitation and Hygiene	37,500	36,000	39,000	37,500	150,000	78,801	75,770	75,772	72,740	303,083

* 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	154,542	303,083
Total	154,542	303,083

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	37,553	78,801	478	478
Men	36,000	75,770	239	239
Girls	43,489	75,772	957	957
Boys	37,500	72,740	7,176	7,176
Total	154,542	303,083	8,850	8,850

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-FAO-018

1. Project Information			
Agency:	FAO	Country:	Kenya
Sector/cluster:	Food Security - Agriculture	CERF project code:	22-RR-FAO-018
Project title:	Emergency assistance to safeguard livelihoods and sustain the nutrition of drought-affected pastoralist households in Marsabit and Mandera counties		
Start date:	24/05/2022	End date:	23/11/2022
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\$ 25,150,000
	Total funding received for agency's sector response to current emergency:		US\$ 7,044,748
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 61,659
	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 RR grant, FAO and its partners provided 7,200 bags of 50-kilogram range cubes to 1600 households (10683 PIN) severely impacted by the ongoing severe drought to feed 32000 livestock which at the closure of the project survived the ongoing severe drought and increased milk production for the households and some for sale.

To ensure lives are saved, each of the 1600 households received \$ 98.8 to purchase food and other household needs. The beneficiaries under the FAO promoted unconditional cash plus approach ensured that the same households receiving cash receive livestock feeds. This approach is meant to immediately save lives and improve nutrition of the most vulnerable household and its members while protecting livestock livelihoods for milking herds left behind during movement to dry season grazing areas. These milking herds fed provided milk to the households sustainably while maintaining nutrition of the young, old, and sick.

The CERF RR also supported the provision of livestock health and reached 151,735 heads of livestock belonging to 10284 people. The figure is lower due to the movement of livestock from these severe drought impacted sub counties and wards to dry season grazing areas and even across the national borders. .

3. Changes and Amendments

No changes or 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	7,254	4,864	10,986	7,296	30,400	8,666	9,780	10,390	9,525	38,361
Total	7,254	4,864	10,986	7,296	30,400	8,666	9,780	10,390	9,525	38,361
People with disabilities (PwD) out of the total										
	290	195	439	292	1,216	159	182	173	176	690

* 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

Through this project, 44 government officers from the drought affected counties were trained on prudent use of antimicrobials and antimicrobial resistance and the consequences thereof. This enabled the trained officers to lead teams undertaking animal health services. Each county had 5 officers trained under this project. Other counties not targeted in the project sent their officers to the training including NGOs involved in livestock-based livelihoods drought support using other project funding but used the opportunity planned by the CERF. The 1600 households (10683 PIN) who received the unconditional cash transfer purchased their household needs from approximately 3 shops leading to 4800 households (28000people) indirectly benefitting from this project.

The 1600 households (10683 Pin) receiving cash also received 200 Kg of animal feeds in Illeret and 250Kg in Mandera South. The livestock (20 milking goats and/or 2 milking cows fed are reported to have increased milk production from and amount insufficient for the household, to an amount that was enough for themselves and to sell to at least one neighbour bringing in another 1600 households or approximate equivalent 9600 people in need indirectly benefitting while supplementing the income of the original identified and registered beneficiaries.

6. CERF Results Framework

Project objective	To improve the food security and nutrition status and safeguard livestock-based livelihoods and of drought-affected households in Marsabit and Mandera			
Output 1	Unconditional cash transfer plus (UCT+) model implemented			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers	9600	10683	Service providers reports
Indicator 1.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	160000	157,969	FAO Financial
Indicator 1.3	Cash.6 Percentage of women reporting shared decision making on cash transfer use.	60%	>75%	FAO monitoring (PDM) and County joint monitoring and SP reports
Indicator 1.4	AP.5b Percentage of affected people who state that they were able to access humanitarian assistance in a safe, accessible, accountable and participatory manner	> 75%	> 100%	FAO monitoring reports
Explanation of output and indicators variance:		The cash transfer was in local currency which lost value against the dollar and hence the variance		
Activities	Description	Implemented by		
Activity 1.1	Project inception workshop for key service partners and stake holders from target counties	FAO		
Activity 1.2	Inception and Coordination at county levelled by the NDMA led county steering group (CSG) and the Cash	FAO, NDMA and Service Provider (SP)		

	transfer technical working group and form a project implementation team(PIT)	
Activity 1.3	In consultation with UNICEF/ Department of health nutrition monitoring teams in the sub-counties identify children and people from drought and food security impacted households undergoing nutrition treatment and being released from the nutrition treatment program for support of their households under the FAO led (Unconditional cash transfer (UCT) plus livestock feed supplementation intervention for sustained milk production	SP, Departments of Health and Livestock based in the sub counties
Activity 1.4	Carry out village committee led identification, verification and validation of beneficiary and phone numbers, and identify and vet proxies for beneficiaries with no phone or phones not registered in their names and submit to FAO clean verified Excel sheet.	FAO, MOH, Livestock and SP
Activity 1.5	Train registered beneficiaries on the unconditional cash plus model and linkage to livestock feed supplementation for sustained nutrition through improved milk production	SP, MOH and Livestock teams
Activity 1.6	Disburse unconditional cash transfer to 1600 identified, registered and validated beneficiary households in the 2 counties in 4 cycles at USD 25 per month per household for 4 months	FAO
Activity 1.7	Constant monitoring of the UCT humanitarian assistance, decision making in the households on utilization and document issues arising and solutions	FAO and SP

Output 2 Key Livestock assets belonging to the UCT plus beneficiaries are protected and milk production improved

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

Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of core breeding animals receiving feed, producing milk and surviving the drought (Feed provided to 32000 sheep and goats Or equivalent cattle 90% of which are expected to survive)	32000	32000	FAO monitoring and SP reports
Indicator 2.2	Ag.3 Number of people benefiting from livestock inputs (animal feed) 9,600 individuals (1,600 Households)	9600	10683	SP reports
Indicator 2.3	Ag.5 Quantity of animal feed distributed in MT	320	360	FAO procurement and delivery documents
Explanation of output and indicators variance:		The increase in number of people reached was due to higher number of increased number of household members.		
Activities	Description	Implemented by		
Activity 2.1	Procurement of ranch cubes	FAO		

Activity 2.2	Sensitization and publicity of project UCT plus to beneficiaries and the identification criteria used in UCT+ communities	FAO, SP and County Government responsible departments
Activity 2.3	Training on feed supplement usage and link to child /household nutrition	SP and County Government Technical Officers
Activity 2.4	Distribute 4 x50 Kg bags of range cubes livestock feed supplements to 1600 UCT plus beneficiary households (9600 people in need).	SP supported by the County Government Technical officers
Activity 2.5	Carry out feed utilization and milk production monitoring on 40 randomly selected households per counties (5% sample size)	SP
Activity 2.6	Carry out post distribution monitoring (PDM) for UCT and feed distribution	FAO supported by County Government Officers

Output 3 Livestock health in drought affected UCT beneficiaries and other pastoral communities improved

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

Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits)	6667	10284	SP final reports
Indicator 3.2	Ag.2 Number of animals vaccinated, dewormed and/or treated	333,300	151,735	SP reports

Explanation of output and indicators variance: More people we reached as there was an increase in household members within the HHs. On number of livestock reached, animal health is usually universally given for all households whether targeted and those not targeted. However, during the deworming and vaccination, it was during the height of the severe drought and most livestock had left the households in search of pasture and water even across the borders. This left only the milking herd which benefitted from both the feeds and cash transfer and those left for those not targeted.

Activities	Description	Implemented by
Activity 3.1	Procurement and delivery of veterinary drugs and equipment	FAO
Activity 3.2	Identification of target areas, formation of animal health delivery teams and development of programs to be done in areas receiving UCT for all livestock	FAO, County Government
Activity 3.3	Provision of animal health services	SP and County Government technical Officers
Activity 3.4	Monitoring of project activities and provision of technical support	FAO and County Steering Group(CSG)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

Accountability to the affected populations was ensured through involvement of the counties and sub-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 and the IPC Kenya acute malnutrition report that guided the selection of the counties and the sub-counties. Once the project was funded, FAO and partner NGO engaged the County Steering Group responsible for drought intervention made of all development actors in the counties for introduction of project and activities including available funding, mapping, and targeting vulnerable households especially those with children with malnutrition. At community level, accountability was through direct engagement with communities through community-based implementation committees in each target village. The role of the village committee was to guide identification of vulnerable community members based on vulnerability index criteria and selection criteria provided and who the communities through public participation agreed on. The committees were therefore used in identification and registration of beneficiaries for cash transfer plus distribution of feeds in open community meetings where every identified beneficiary was agreed on. Also women and child headed households and people with disability were given priority.

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. The email contacts of specific Officers in FAO who are tasked with receiving complaints was shared; FAOke-complaint@fao.org and phone numbers of the project manager was shared to all staff and committees for easy access and reporting anomalies including SEA.

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 prevention of 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 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

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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

of specific Officers in FAO who are tasked with receiving complaints was shared; FAOke-complaint@fao.org 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 guideline on accountability & feedback/complaints mechanisms which 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 households while still ensuring that gender does not deny very deserving cases. The project during inception, sensitisations and beneficiary selection ensured that a clause in the targeting criteria had 60% of all beneficiaries 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. The cash transfer to the households ensured that while feeds were for sustainable milk production, the women got cash to buy household necessities as the milking herd increased milk production.

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:

Protection of all persons in the target counties, sub-counties and wards, 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:

This was not a consideration in the project

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 a component of the CERF project	Yes, CVA is a component of the CERF project	10683

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.

The project used unconditional cash transfer to the project beneficiaries where the service providers working on cash transfer used the common register for beneficiary identification while in addition government nutritionists were used to narrow the targeting to under 5 years released from treatment for malnutrition. The cash was used for improved household nutrition.

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
Output 1.0 Unconditional cash transfer plus (UCT+) model implemented Activity #1.	10,683	US\$ 157,969	Food Security - Agriculture	Restricted
N/A		US\$		

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	

3.2 Project Report 22-RR-FPA-021

1. Project Information			
Agency:	UNFPA	Country:	Kenya
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	CERF project code:	22-RR-FPA-021
Project title:	Responding to the drought emergency in Kenya through provision of sexual and reproductive health (SRH) and gender-based violence (GBV) services in Mandera and Marsabit counties.		
Start date:	23/05/2022	End date:	22/11/2022
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\$ 1,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 800,000
	Amount received from CERF:		US\$ 300,000
	Total CERF funds sub-granted to implementing partners:		US\$ 101,181
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 3,957
Red Cross/Crescent Organisation		US\$ 97,224	

2. Project Results Summary/Overall Performance

UNFPA and partners who included the Kenya Red Cross Society (KRCS), This-Ability Trust (TAT) and Healthcare Assistance Kenya (HAK) implemented the project successfully in Marsabit and Mandera counties over a period of nine months. The project reached a total of 126,380 direct beneficiaries with sexual and reproductive health (SRH) and gender-based violence (GBV) services. Those who received GBV services were 71,143, including 1,423 persons with disabilities (PWDs). A total of 15,954 beneficiaries received core GBV services while 70,601 received mental health and psychosocial support services. Beneficiaries who received GBV referral services were 572. Majority of those who received GBV services were women and girls (39,145). Men and boys constituted 45% (31,998) of those reached with GBV services. SRH services were provided to a total of 55,207 beneficiaries who included 1,104 PWDs. A total of 20 Inter-Agency Reproductive Health (IARH) Kits were procured and used to provide SRH services to 54,647 beneficiaries, who included 23,741 receiving skilled birth attendance services. SRH referral services were provided to a total of 560 beneficiaries. Women and girls constituted majority of those who received SRH services at 30,368 (55%) whereas men and boys constituted 45% at 24,839. The project indirectly reached 274 beneficiaries with capacity building services, including training on the Minimum Initial Service Package (MISP) and Clinical Management of Rape (CMR). The project significantly contributed to reduction in morbidity and mortality as a result of drought induced SRH needs and GBV vulnerabilities.

3. Changes and Amendments

The drought situation continued to worsen due to poor rainfall for two consecutive years. This led to an increase in the number of people affected by the emergency from the 3.1 million at the beginning of the project to 5.1 million people by the time the project was concluding in February 2023. UNFPA requested for a No-Cost Extension that was approved by CERF. The No-Cost Extension was as a result of constraints in the procurement of Inter-Agency Reproductive Health Kits occasioned by the Ukraine conflict. This did not however necessitate modifications of the original project plan. The only change was the duration of project implementation which was increased by three months. The project utilized all funds allocated. There were no unspent funds.

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	30,372	23,367	14,019	12,852	80,610	26,505	20,228	11,857	11,160	69,750
Total	30,372	23,367	14,019	12,852	80,610	26,505	20,228	11,857	11,160	69,750
People with disabilities (PwD) out of the total										
	684	525	315	288	1,812	541	413	242	227	1,423

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	10,124	7,789	4,673	4,284	26,870	20,559	15,690	9,198	8,656	54,103
Total	10,124	7,789	4,673	4,284	26,870	20,559	15,690	9,198	8,656	54,103
People with disabilities (PwD) out of the total										
	228	175	105	96	604	420	320	188	176	1,104

* 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

Protection (GBV) – 197 persons

Health (SRH) – 77 persons

6. CERF Results Framework

Project objective	To prevent the morbidity and mortality of women of reproductive age (WRA) and vulnerable men in seven drought affected counties.			
Output 1	Access to life-saving sexual and reproductive health for populations affected by the drought emergency in Mandera and Marsabit counties provided.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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	20	20	UNFPA and KRCS supply chain records.
Indicator 1.2	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits	27,474	54,647	DHIS2 Data
Indicator 1.3	RH.1 Number of live births attended by a skilled health personnel	2,993	23,741	DHIS2 Data
Indicator 1.4	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation	80	77	KRCS reports
Indicator 1.5	PP.1a Number of referral pathways established and regularly updated	2	2	KRCS reports
Indicator 1.6	PP.1b Number of people benefitting from referral pathways	532	560	KRCS reports
Explanation of output and indicators variance:		The Output was fully achieved. The number of people benefiting from Inter-Agency Reproductive Health Kits increased due strategic integrated health outreaches that were aligned with community social cycles and mobility patterns, effective mobilization strategies and coordination with service provision points. Health facility deliveries were underestimated in the target. The achievement was also enhanced by the availability of referral services and distribution of mama kits. Availability of IARH kits and training of healthcare workers on MISP also strengthened provision of skilled birth attendance services.		
Activities	Description	Implemented by		
Activity 1.1	Procure 20 assorted IARH kits.	UNFPA		
Activity 1.2	Distribute 20 assorted IARH kits	KRCS and MoH		

Activity 1.3	Orient 80 healthcare professionals on MISP for reproductive health	KRCS
Activity 1.4	Provide a county emergency referral system for transfer of those with obstetric and new-born emergencies	KRCS
Activity 1.5	Provide voluntary contraceptives/ family planning services to 14,797 women of reproductive age	KRCS and MoH
Activity 1.6	Conduct 2 rounds of integrated reproductive, maternal and newborn health outreaches for drought affected communities in the 2 counties	KRCS and MoH

Output 2 Access to life-saving GBV services for populations affected by the drought emergency in Mandera and Marsabit counties provided.

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 2.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation	240	197	KRCS records.
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.)	2,070	15,954	KRCS, TAT and HAK reports
Indicator 2.3	H.9 Number of people provided with mental health and psycho-social support services	79,422	70,601	KRCS, TAT and HAK reports
Indicator 2.4	PP.1a Number of referral pathways established and regularly updated	2	2	KRCS reports
Indicator 2.5	PP.1b Number of people benefitting from referral pathways	690	572	KRCS reports

Explanation of output and indicators variance: The output was fully achieved. The number of people trained reduced to 197 against a target of 240 due to insecurity associated with resource-based conflicts that limited the movement of target beneficiaries and trainers. The range of core GBV services provided reached more people due to reliable awareness creation activities, integrated health outreaches and referral services. The target for people provided with mental health and psychosocial support services was realized under both Output 1 and Output 2 through integration of services. The shortfall was attributed to depressed uptake of psychosocial support services as a result of increased malnutrition in the communities. The number of people benefitting from referral services was not reached due to limited reporting of GBV cases as a result of prioritization of food security concerns at the household.

Activities	Description	Implemented by
Activity 2.1	Orient 80 healthcare workers on clinical management of rape (CMR).	KRCS and MoH

Activity 2.2	Support operationalization of the national GBV Toll Free Helpline HAK 1195	UNFPA and HAK
Activity 2.3	Orient 60 community responders on PFA.	KRCS
Activity 2.4	Provide clinical management of rape services to 2,070 GBV survivors	KRCS and MoH
Activity 2.5	Provide mental health and psychosocial support services to 79,422 survivors and those at risk of GBV and harmful practices.	KRCS, MoH, TAT and HAK
Activity 2.6	Sensitize emergency response teams on preventions of sexual exploitation and abuse (PSEA).	KRCS

Output 3 Women of reproductive age, and GBV survivors and those at risk receive information on available GBV services in Mandera and Marsabit counties.

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	4,000	5,000	KRCS and UNFPA reports
Indicator 3.2	SP.1b Number of people benefiting from menstrual hygiene management kits and/or dignity kits	4,000	5,000	KRCS and UNFPA reports

Explanation of output and indicators variance: The Output was fully achieved. UNFPA provided additional sanitary pads through her own funding.

Activities	Description	Implemented by
Activity 3.1	Procure Drought Tailored Rapid Response Dignity Kits (DTRRDks) and Mama Kits	UNFPA, HAK and KRCS
Activity 3.2	Distribute Drought Tailored Rapid Response Dignity Kits (DTRRDks) and Mama Kits	UNFPA, HAK and KRCS
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 in local language	HAK
Activity 3.6	Distribute information, education and communication (IEC) materials	KRCS
Activity 3.7	Send bulk SMS messages to women with disabilities	TAT
Activity 3.8	Conduct community mobilization events in 2 counties	KRCS

7. Effective Programming

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

a. Accountability to Affected People (AAP)⁵:

Drought affected communities, including those with disabilities, were involved in rapid assessments and safety audits undertaken by UNFPA partners such as KRCS and the IRC to inform project design and implementation. During the project design phase, UNFPA invited local non-governmental organizations (NGOs) and community-based organization, especially youth and women led organizations to incorporate dire needs of women and girls in the affected community. In the implementation period, the existing community structures were utilized to build their capacity as well as ensure continuity of GBV and SRH services during the drought. Additionally, during monitoring visits community engagement was done through dialogues and interviews with health care workers and county officials on the impact of the project. UNFPA also engaged with women and girls with disabilities through a toll free line for women with disabilities. The helpline community focal person facilitated community meetings in safe spaces, where women and girls freely explained how the crisis has affected their sexual and reproductive health rights (SRHR). Based on these discussions, the project designed activities and adapted dignity kits to make them more responsive to the needs of women with disabilities. Participatory methodologies such as key informant interviews and focus group discussions were conducted to draw their views as part of the project monitoring.

b. AAP Feedback and Complaint Mechanisms:

UNFPA conducted field visits to meet beneficiaries and address any complaints or reservations raised. UNFPA complaints / feedback mechanisms through multiple channels remained accessible to project beneficiaries. The KRCS, TAT, and HAK complaints / feedback mechanisms where community members submit complaints and feedback through complaint / suggestion boxes, community review meetings, branch-specific phone numbers or in-person to KRCS staff and volunteers remained operational during the project period. KRCS disseminated and sensitized community members on the existing feedback mechanism such as the toll-free line 0800720577 and email address for relaying complaints (complaints@redcross.or.ke). The HAK 1195 and KRCS 1199 toll-free helplines were also made available to project beneficiaries for relaying complaints. The TAT Mama Siri platform was also operationalized to receive complaints from women with disabilities. Community members were also sensitized on use of health facility feedback and complaints mechanisms established by the MoH.

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

All UNFPA staff and implementing partners have been sensitized and trained on Prevention of Sexual Exploitation and Abuse (PSEA) policies. The training entailed identifying and reporting SEA cases, the complaints mechanism, and engagement with victims. A total of 27 KRCS staff involved in implementation of this project were oriented on PSEA. KRCS disseminated and sensitized community members on the existing feedback mechanism such as the toll-free line 0800720577 and email address for relaying complaints (complaints@redcross.or.ke). The HAK 1195 and KRCS 1199 toll-free helplines were also made available to project beneficiaries for relaying SEA related complaints.

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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

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

The UNFPA implemented project primarily focused on women of reproductive age including women with disabilities through providing SRH and GBV prevention and response services. For instance, a total of 23,741 women received skilled birth attendance services. Majority of the 15,954 who received core GBV services were women and girls. The project distributed 5,000 dignity kits, including those tailored to the needs of women and girls with disabilities. Provision of dignity kits sustained the participation of girls in schools which has contributed to their empowerment. Marsabit and Mandera counties have a total of 55 intersex persons who also benefitted from the services.

e. People with disabilities (PwD):

UNFPA partnered with TAT which is an organization working for women with disabilities to respond to their special needs and challenges on GBV and SRH. The project provided customized dignity kits for women and girls with disabilities through TAT. In addition, through their toll free platform, Mama Siri, TAT offered referral services for women with disabilities on GBV and SRHR. Kenya Red Cross Society has a Disability Inclusion and Mainstreaming Policy that provides internal guidelines on how to ensure that all projects and programmes are disability-inclusive. The project employed disability mainstreaming mechanisms to ensure dignity, access, participation and safety for all people including persons with disabilities. Implementation of activities took into consideration gender, age, disability and other diversity factors. TAT instituted mechanisms to ensure women and girls with disability had access to complaint and feedback mechanisms.

f. Protection:

The project strengthened community protection mechanisms through awareness creation and dissemination of referral mechanisms. The project targeted WRA, survivors and those at risk, including those with disabilities, for information and services. The project incorporated a PSEA component through staff orientation and worked with women-led local organizations for cultural sensitivity and promotion of survivor centred approaches. Duty bearers in the health and protection sectors, and community were oriented on the rights of all affected persons and those at risk, including access to psychosocial support through community mobilization events.

This was implemented following the gender mainstreaming guiding principles, PSEA Policy, Child Protection Policy, Disability Mainstreaming Policy and the Social Inclusion Policy to ensure women and girls of all abilities enjoy the right to live a life free of violence and abuse.

g. Education:

Provision of DTRRDs ensured school and tertiary education level women and girls are retained within the education system due to reduced absenteeism and dropping during menses. Equally, PFA ensured GBV survivors and those at risk are able to continue with their education despite the challenges. Overall, provision of hygiene supplies to households increased 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	0

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

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

CVA was not considered under the UNFPA funded project because other partners such as the Kenya Red Cross Society and the Government of Kenya were supporting it.

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
N/A		US\$		Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Distribution of dignity kits in Marsabit County	https://twitter.com/fugicha_jillo/status/1628811624248123392?t=MadDmi_HRtPrZU-eGMHDXQ&s=03
Distribution of dignity kits in Mandera County	https://twitter.com/GiveAndGrowCom1/status/1568919959245307905?t=w2guBSUpa-CUWrHFwGRSwA&s=03
Distribution of dignity kits in Mandera County	https://twitter.com/GiveAndGrowCom1/status/1568927471797510146?t=v1I7OyWuCHI2smIVsnmwtQ&s=03

3.3 Project Report 22-RR-CEF-032

1. Project Information			
Agency:	UNICEF	Country:	Kenya
Sector/cluster:	Water, Sanitation and Hygiene Nutrition Health Protection - Child Protection	CERF project code:	22-RR-CEF-032
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:	01/05/2022	End date:	31/10/2022
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\$ 54,678,191
	Total funding received for agency's sector response to current emergency:		US\$ 5,600,000
	Amount received from CERF:		US\$ 1,900,000
	Total CERF funds sub-granted to implementing partners:		US\$ 807,179
	Government Partners		US\$ 444,446
	International NGOs		US\$ 193,234
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 169,499	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNICEF and its partners including the relevant line ministries were able to scale up its drought emergency response using the resources received from CERF. Overall, through this action, a total of **427,609** people were reached (105,850 girls; 106,325 boys; 101,224 women; 114,210 men) and which represents 152 per cent of the UNICEF total planned target of 281,713 people. The main reason for overall overachievement by UNICEF was attributed to exceeded targets under Child Protection and WASH mainly due to the use of community-based child protection volunteers (CPVs) who have greater access to the affected population. Additionally, the strategic WASH boreholes that were restored served more populations than envisaged owing to the ongoing prolonged drought and overall, UNICEF, using other resources had scaled up its integrated outreach service delivery. This included 6,430 people with disabilities. UNICEF integrated interventions included provision of health services, severe acute malnutrition management, rehabilitation and restoration of boreholes, and hygiene promotion and protection services. More specifically and across the four UNICEF led sectors of WASH, Nutrition, Health and Child Protection, UNICEF was able to achieve the following:

WASH: Through this CERF UFE grant, UNICEF's WASH interventions reached a total of direct beneficiaries totalling to 303,083 people (78,801 Women, 75,770 Men, 75,772 Girls, 72,740 Boys). This was through rehabilitation of strategic boreholes, the procurement and

distribution of WASH supplies for 2 drought-affected counties (Marsabit and Mandera). These items include compatible Diesel powered 3-phase 20KVA Generator-set, submersible pumps, aqua tabs, PUR sachets, Box/240, Soap, 800gm bar bars, Jeri cans rigid, 20 litres/household, Buckets, 10 litres, Menstrual Hygiene kit, Calcium Hypochlorite, 60-70%, 45 kg drum each and Alum, 50kg bag each. Additionally, support was provided to the County Water Departments to ensure timely repair and servicing of non-functional water points through rapid response teams' logistics (RRTs). A total of 148,512 (72,740 girls) school-going children were also targeted with hygiene promotion and MHM awareness raising initiatives. This was made possible through partnerships with Implementing Partners (IPs) that had strong field presence and expertise in WASH emergency response including Finn Church Aid in Marsabit and the County Government of Mandera. UNICEF zonal offices closely supported in monitoring visits during the implementation of all components of the project thereby enhancing the quality of UNICEF's integrated service delivery and accountabilities for the affected populations.

Nutrition: With support from this CERF UFE grant, a total of 16,767 severely malnourished children (8,488 girls and 8,279 boys) were admitted to targeted therapeutic feeding programmes including 16 persons with disabilities. This represented 55% of UNICEF's planned target beneficiaries. Through this grant UNICEF procured a total of 7,665 cartons of ready to use therapeutic foods (RUTF and distributed them to health facilities for the treatment of drought related SAM caseloads. While UNICEF had enough commodities to treat the acute malnutrition cases, UNICEF has been constrained with resources to undertake regular mass screenings and to operationalize all mapped out integrated outreach sites, hence contributing to sub-optimal reach on beneficiaries targeted.

Health: Through this CERF UFE grant, UNICEF in collaboration with Kenya Red Cross as implementing partner provided integrated health outreach services in six priority counties worst hit by the drought reaching a cumulative total of 101,540 people (Women 37,606; Men 21,382; Girls 22,987 and 19,565 Boys). The services provided included Antenatal Care to pregnant women, Immunisation to children under-fives, while different individuals received treatment for minor ailments aside from nutrition screening, growth monitoring, Vitamin A supplementation and deworming of children under the age of five years. Additionally, under this action a total of 42,596 boys and girls, 37,606 women and 21,382 men were reached with safe and uninterrupted access to health services through integrated outreaches services. Aside from that, various types of drugs including antibiotics, anti-diarrheal, analgesics were procured and supplied to serve the needs of the affected population thus ameliorating the situation of essential stock outs in the hard-to reach health facilities and integrated outreach sites.

Child Protection: Through this CERF UFE grant, UNICEF, in partnership with Directorate of Children Services (DCS), supported a total of 6,219 people with protection services which exceeded UNICEF's planned target of 2,462. This comprised of 4,344 children (2,234 girls and 2,110 boys), out of 4,349 targeted children (99% of target) reached with child protection services, including family tracing and reunification for separated children, case management and psychosocial support activities in Mandera West (Banisa & Takaba) & Lafey Sub Counties and North Horr & Laisamis Sub Counties in Marsabit County. In addition, DCS staff, with support of 40 community-based Child Protection Volunteers (CPVs) (12 F & 28 M), identified 600 households (369 female headed and 231 male -headed) in collaboration with community leaders, that benefited from cash transfer, to cushion them from protection risks arising from the drought vulnerabilities. The 600 families had 2,867 children at risk of violence, abuse, and neglect ((including separated children). Furthermore, community awareness outreaches on child protection in emergencies, child rights and positive parenting skills, resilience- building and disaster risk reduction were facilitated to protect children from violence, exploitation, and abuse, reaching 1,275 (672 female and 603 male) community-members. The work of the CPVs is essential to access vulnerable children in remote settlements of the counties, ensuring wider coverage of the interventions. UNICEF exceeded its planned target by far due to use of community based CPVs who were able to reach more beneficiaries with CP awareness outreaches.

3. Changes and Amendments

The project was implemented according to plans and there was no request for any adjustments. However, certain challenges including insecurity and continuous migration of people from drought impacted communities affected implementation of integrated health and Nutrition outreaches in some areas. Whenever, the populations moved away from designated health facilities or mapped out outreach sites, it became difficult to continue with follow up and to provide the required. This explains the low proportion of health access to services in some hard-to-reach locations. To mitigate on this, UNICEF employed adaptive measures including re-mapping of outreach sites to ensure that affected individuals were reached through safe accessible corridors. Mobile outreach services were also put in place. It is good to mention that despite these measures, due to the constant unpredictable migrations, not all affected people could be traced and reached.

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	20,314	6,765	35,792	33,858	96,729	37,606	21,382	22,987	19,565	101,540
Total	20,314	6,765	35,792	33,858	96,729	37,606	21,382	22,987	19,565	101,540

People with disabilities (PwD) out of the total

	82	34	144	136	396	1	7	6	7	21
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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	15,624	15,011	30,635	0	0	8,488	8,279	16,767
Total	0	0	15,624	15,011	30,635	0	0	8,488	8,279	16,767

People with disabilities (PwD) out of the total

	0	0	16	15	31	0	0	8	8	16
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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	37,500	36,000	39,000	37,500	150,000	78,801	75,770	75,772	72,740	303,083
Total	37,500	36,000	39,000	37,500	150,000	78,801	75,770	75,772	72,740	303,084
People with disabilities (PwD) out of the total										
	856	827	825	792	3,300	1,607	1,540	1,552	1,485	6184

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	2,261	2,088	4,349	1,041	834	2,234	2,110	6,219
Total	0	0	2,261	2,088	4,349	1,041	834	2,234	2,110	6,219
People with disabilities (PwD) out of the total										
	0	0	113	104	217	0	0	104	105	209

* 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.

A total of 148,512 (72,740 girls) school-going children were also targeted with hygiene promotion and MHM awareness raising initiatives.

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 for the most vulnerable drought-affected girls, boys, women and men in Eight (8) ASAL Sub-counties of Mandera and Marsabit Counties of Kenya				
Output 1	Vulnerable, hard to reach, drought affected communities have access to 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 checked="" type="checkbox"/>
Sector/cluster	Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	# of people (men, women, boys and girls) in drought affected counties who receive safe and uninterrupted access to health services through integrated outreaches and community-based activities and at the household level	94,211	96,389	Project Report, HMIS	
Indicator 1.2	# of pregnant women receiving at least 4 ANC visits	2,914	5,151	Project Report, HMIS	
Explanation of output and indicators variance:		More individuals were covered because of better planning where UNICEF's health strategy involved Nutrition and WASH integrated outreach site services. This unleashed the benefits arising from economies of scale in the programme implementation where integration of various components at the service delivery points ensured that more beneficiaries are targeted and reached using optimal resources.			
Activities	Description	Implemented by			
Activity 1.1	Procure life-saving medical commodities to targeted integrated outreach sites.	The lifesaving medical commodities were directly procured by UNICEF supply division			
Activity 1.2	Support distribution of life-saving medical commodities and to flood affected displaced children and women from 6 target sub-counties for the health sector	UNICEF distributed the items to the counties and the county department of health distributed the items to sub counties and health facilities. Kenya Red Cross provided support to ensure availability of the commodities at the outreach sites			
Activity 1.3	Support delivery of a package of lifesaving interventions through integrated outreach sessions including rapid response teams (RRTs)	With UNICEF technical support, the Kenya Red Cross/Subcounty Governments ensured that lifesaving interventions were delivered through integrated outreach sessions including rapid response teams (RRTs)			

Output 2 Vulnerable communities have improved health seeking behaviour during 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	Number of people (85% of the total population reached) who can recall at least 3 key messages/behaviours on drought and related disease epidemics.	82,497	118,276	Project Report
Explanation of output and indicators variance:		More people were reached due to better planning and use of suitable and effective mode of communication utilizing the community health volunteers (CHVs) and who have better reach out amongst the communities they serve.		
Activities	Description	Implemented by		
Activity 2.1	Orient community health volunteers on drought, diseases epidemic and community/household preventive measures.	Kenya Red Cross and subcounty governments.		
Activity 2.2	Conduct community engagement sessions including accountability to affected population on disease outbreaks and prevention practices (at least 2 sessions per county during the project period=12)	Kenya Red Cross and subcounty governments.		
Activity 2.3	Disseminate contextualized multi-media integrated life-saving messages and IEC materials.	Kenya Red Cross and subcounty governments.		

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of performance review sessions conducted with reports (at least 2 session per county in the 2 counties for the duration of the project implementation=4	6	6	Project Report
Indicator 3.2	Number of support supervision/mentorship sessions conducted in the 2 counties with reports (At least 3 supervision sessions per county during the project period=3*2=6)	6	6	Project Report
Explanation of output and indicators variance:		Achieved as planned		
Activities	Description	Implemented by		
Activity 3.1	Conduct coordination, performance review sessions in the 6 counties	Kenya Red Cross, County and Subcounty Department of health, UNICEF		
Activity 3.2	Conduct joint monitoring sessions in 6 ASAL Counties	Kenya Red Cross, County and Subcounty Department of health, 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 No

Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding) (15,011 boys / 15,624 girls)	30,635	16,727 (8,279 boys/8,448 girls)	Kenya Health Information System (KHIS)
Indicator 4.2	N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate)>75% recovery rates	75	90.3%	Kenya Health Information System (KHIS)
Indicator 4.3	N.4 Number of people screened for acute malnutrition	10,000	90,662 (40,405 boys/50,287 girls)	Mass screening and outreach reports
Indicator 4.4	Percentage of health facilities reporting stock outs of Ready to use Therapeutic food (RUTF) supplies	<5%	0%	Logistics Management Information System (LMIS)
Indicator 4.5	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and youngchild feeding in emergencies	30,635	16,727	Programme reports

Explanation of output and indicators variance:

16,727 (55%) children were admitted to SAM treatment programme against a target of 30,635. Following the August 2022 Long rains assessment (LRA, the target was revised to 22,047 translating to an achievement of 76% of the target. Scale up of mass screening and outreaches is ongoing to ensure more children are reached with treatment. It is worth noting that whereas UNICEF Nutrition was able to screen over 90,662 people through this programme, those meeting criteria for admission into the nutrition programmes were only 16,727 and 100% of whom UNICEF was able to serve.

The programme met the sphere targets of above 75% for cure rate. 84.5% of children were discharged as cured.

A total of 7,665 cartons of RUTF were procured for treatment of SAM contributing to a secure pipeline in the target counties. The stock out rate was at 0% in December 2022.

Activities	Description	Implemented by
Activity 4.1	Procurement and distribution of 7,400 cartons of RUTF supplies 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.	County Departments of Health and Kenya Red Cross Society (KRCS)
Activity 4.3	Pregnant and lactating women and caregivers of children between 6 – 59 months reached with messages on Infant and young child nutrition (IYCF).	County Departments of Health and Kenya Red Cross Society (KRCS)

Output 5 Increased access to safe drinking water, WASH supplies and improved hygiene practices for vulnerable population in severely drought affected counties.

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	WS.6 Number of people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene use as per agreed sector/cluster coordination standards and norms	150,000	309,232	Programme Documents
Indicator 5.2	WS.15 Number of communal water points (e.g. boreholes, tap stands and systems) constructed and/ or rehabilitated	30	50	Programme Documents
Indicator 5.3	Number of people receiving WASH/hygiene messaging.	150,000	255,275	Programme Documents
Indicator 5.4	Number of schools, ECD centres, and health care facilities gained access to basic WASH services in humanitarian situations with UNICEF support	20	12	Programme Documents
Indicator 5.5	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits)	15,000	29,255	Programme Documents
Indicator 5.6	WS.16b Number of WASH/hygiene kits distributed	3,000	5,851 HHs	Programme Documents

Explanation of output and indicators variance: More people affected by drought accessed the restored water sources in greater numbers than anticipated since UNICEF focused on the restoration of strategic boreholes & water sources that could reach more people affected by the drought situation in target counties. Most reliable water sources during the project implementation served more beneficiaries than anticipated. This may have been one of the causes for the frequent breakdowns of restored boreholes which called for constant maintenance and repairs. UNICEF is complementing governments' efforts in restoring more boreholes to minimize overuse and increased probability of breakdowns.

Activities	Description	Implemented by
Activity 5.1	Rehabilitation and construction of 30 strategic boreholes	County Government of Mandera, Finn Church Aid
Activity 5.2	Support the Rapid Response team to facilitate the repair and rehabilitation of water points	County Government of Mandera. Finn Church Aid
Activity 5.3	Hygiene promotion including safe household water treatment and storage with distribution of essential WASH supplies including MHM kits	County Government of Mandera, Finn Church Aid
Activity 5.4	Rehabilitation of water supply in 20 drought affected schools, ECD centres and HCFs	County Government of Mandera, Finn Church Aid

Output 6 Family separations are prevented and vulnerable children, including unaccompanied and separated children, are identified, and provided with integrated child protection services, including psychosocial support services and family tracing and reunification, while family-based care is promoted among caregivers and communities.

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.3 Number of children receiving protection support (e.g., family tracing, reunification, reintegration, case management services, etc)	4,349	4,344 children (2,234 girls & 2,110 boys)	Programme reports, Department of Children Services (DCS)
Indicator 6.2	Number of unaccompanied or separated children identified and assisted, including family tracing and reunification	300	264 (151 girls & 113 boys)	Programme reports,
Indicator 6.3	Number of community-based child protection frontline workers mobilised to support the provision of lifesaving child protection services	40	40 (12 female, 28 male)	Programme reports
Indicator 6.4	No. of reintegrated children reached with follow-up services by social workers	500	1,275 (672 girls & 603 boys)	Programme reports
Indicator 6.5	Number of people provided with mental health and/or psycho-social support services (children)	1,739	2,662	Programme reports
Indicator 6.6	Cash.2a Number of people receiving sector-specific unconditional cash transfers Number of children provided with cash transfers as part of the child protection services	508	600 (369 female headed households and 231 male headed households)	Programme reports
Indicator 6.7	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD (as part of the child protection services)	76,325	113,326	UNICEF Kenya financial system

Explanation of output and indicators variance: The over-achievement under 6.4 was as a result of UNICEF making good use of community-based Child Protection Volunteers (CPVs) who were able to reach more beneficiaries with CP awareness outreaches. Additionally, owing to the impact of drought and protection vulnerabilities of the affected populations, UNICEF increased its cash transfer component value as this was deemed a best approach of response. UNICEF also complemented this intervention with its own other resources.

Activities	Description	Implemented by
Activity 6.1	Identification and documentation of vulnerable children, including unaccompanied and separated children, and the provision of protection services and referrals to multisectoral response services	Department of Children Services in both Mandera and Marsabit Counties.
Activity 6.2	Identification and documentation of unaccompanied and separated children, and the provision of child protection	Department of Children Services in both Mandera and Marsabit Counties.

	services, including family tracing and reunification services and/or alternative care	
Activity 6.3	Child Protection Volunteers are identified and mobilized to support the provision of lifesaving child protection services.	The CPVs were identified by Children Officers Department of Children Services (DCS), with support of Area Chiefs.
Activity 6.4	Facilitate family reintegration follow-up visits by social workers	Department of Children Services (DCS)- Children Officers & CPVs.
Activity 6.5	Facilitate access to Psychosocial Support (PSS) services to children affected by drought and at risk of violence, exploitation, and abuse, including community-based child friendly activities for children.	Department of Children Services (DCS)- Children Officers, teachers and CPVs.
Activity 6.6	Identification of vulnerable children, assessment, documentation and registration and verification of caregiver details for the provision of 3-month cash transfer to mitigate the impact of drought and prevent negative coping mechanisms and violence against children.	Cash beneficiaries were identified by local community leaders, Chiefs and CPVs, with overall verification by Children Officers from Department of Children Services. Cash disbursement was done by UNICEF 's Finance Section through Mpesa.

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.	2	2	Programme Reports, Department of Children (DCS)
Indicator 7.2	PP.1b Number of people accessing protection referral pathways (children referred for services in other sectors responding to the drought emergency)	200	297 (104 boys & 193 girls)	Programme reports, DCS
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	40 (12 F & 28 M)	Programme Reports, DCS

Explanation of output and indicators variance: Achieved largely as planned.

Activities	Description	Implemented by
Activity 7.1	Child Protection Volunteers and other community-based actors are mobilized and facilitated to provide awareness-raising messages on child protection risks, including risk mitigation and prevention during emergencies, and early identification and referral of vulnerable children affected by the drought.	40 CPVs conducted community awareness outreaches on child protection in emergencies, child rights and positive parenting skills, resilience building, and disaster risk reduction were facilitated to protect children from violence, exploitation, and abuse, reaching 1,275 (672 female and 603 male) community-members.

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	Psychosocial services were mainly facilitated by community members, including the CPVs, Children Officers and teachers.
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	40 CPVs were mobilized through the Department of Children Services and successfully carried out outreach support services to children deprived of care due to the drought.

7. Effective Programming

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

a. Accountability to Affected People (AAP)⁷:

Involvement of community health volunteers and communities affected by the drought was ensured during the implementation of nutrition programme activities. Through this engagement, the communities participated in the critical exercise of identification/selection of integrated outreach sites which increased communities' access to services as compared to the previous period.

Under WASH, the affected communities were involved in the design and selection of sites for rehabilitation of critical water sources. During the actual implementation of works, the communities provided the unskilled labour required during the construction works. The hygiene promotion was conducted by Public Health Officers and Community Health Volunteers who mobilized and involved the community in the hygiene promotion initiatives.

b. AAP Feedback and Complaint Mechanisms:

The use of community health volunteers in the implementation of integrated health and nutrition outreach services ensured feedback of community members to the health teams and contributed to continuous adjustments and improvement of nutrition programme implementation.

Child Protection Volunteers (CPVs) mobilized through the Department of Children Services provided crucial linkage between communities and Government departments and provided feedback on addressing child protection concerns. The CPVs also carried out outreach support services to vulnerable children affected by drought.

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

UNICEF's Child Protection sector as the lead on PSEA, ensured that the Child Protection Volunteers (CPVs) were sensitized on Prevention of Sexual Exploitation and Abuse (PSEA) and they participated in raising awareness on PSEA in their respective localities/communities.

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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

They also submitted biweekly and monthly child protection reports to the Children Officers on sexual exploitation and abuse incidents they captured and reported.

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

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. Exhaustive mass screening exercise was also undertaken to ensure all cases were identified and treated.

Under the integrated child protection drought response interventions, Child Protection Volunteers (CPVs) identified and documented vulnerable children, including children at risk of/affected by gender-based violence and refer them to Children Officers for support.

The hygiene promotion activities were also conducted in schools targeting girls and boys. Additionally, Menstrual Hygiene Management education and kits were distributed to girls which ensured they were able to attend schools without missing. Water points were constructed in open and secure places to allow women fetch water without any attendant protection risks

e. People with disabilities (PwD):

UNICEF's overall interventions have ensured that access of services was inclusive and deliberate efforts were made to ensure that persons with disability were reached. For example, Nutrition interventions were all inclusive including the integrated outreaches which were mapped based on the priority areas to enhance access to services including for persons with disabilities.

Additionally, the integrated child protection drought response interventions for vulnerable children, includes children with disabilities, who are among the priority target groups- psychosocial support services, distribution of dignity kits and disbursement of cash transfers.

Under WASH, the borehole rehabilitation design of the water points was all inclusive and Persons with Disability were considered to ensure they were able to access the water. For instance, water sources were strategically situated not far away from the villages where the people lived. Also, the water access points/piping was done to ensure that persons with disability can draw water with ease by installing taps that are easy to reach and easy to use.

f. Protection:

Protection of women and children affected by drought was mainstreamed in integrated child protection/health/nutrition /WASH programmes ensured that children and women affected by drought, at risk of family separation, abuse and violence, received priority focus and support. For example, the criteria for targeting of cash transfer beneficiaries considered these vulnerabilities and persons at risk of protection were enrolled first.

g. Education:

Not applicable.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	CERF contribution allowed to provide cash to 600 households (369 female-headed and 231 male-headed households) across Mandera and Marsabit counties.

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.

Three (3) months unconditional Cash Transfer was disbursed to 600 Households affected by drought in Mandera & Marsabit Counties, by UNICEF Finance, through Mobile Money Transfer (Mpesa). Identification & documentation process of households was done by Dept. of Children Services staff, Community Child Protection Volunteers (CPVs), community leaders and Chiefs. Once the households were identified, the list of beneficiaries was shared with partners involved in cash transfers, during the cash transfer group meetings. The families used the cash to buy food for families and school uniform for children and other basic items, thus cushioning them from adverse effects of drought.

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	600 households (369 female-headed and 231 male-headed households).	US\$113, 326	Protection - Child Protection	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Branding of RUTF supplies procured through CERF funding	https://www.unicef.org/supply/rutf-supply-warehouse-embakasi-kenya
Reaching remote areas impacted by poor rains	https://www.unicef.org/kenya/stories/reaching-remote-areas-impacted-poor-rains
Providing integrated outreach services in Marsabit County	https://www.unicef.org/kenya/stories/providing-integrated-outreach-services-marsabit-county

3.4 Project Report 22-RR-WFP-029

1. Project Information			
Agency:	WFP	Country:	Kenya
Sector/cluster:	Food Security - Food Assistance Nutrition	CERF project code:	22-RR-WFP-029
Project title:	Food Assistance to Populations Affected by Drought and Nutrition Support for Treatment of Acute Malnutrition in the Arid and Semi-Arid Lands of Kenya		
Start date:	24/05/2022	End date:	23/11/2022
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\$ 119,115,561
	Total funding received for agency's sector response to current emergency:		US\$ 2,993,645
	Amount received from CERF:		US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 33,307
	Government Partners		US\$ 0
	International NGOs		US\$ 7,012
	National NGOs		US\$ 26,295
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WFP provided cash transfers to 18,582 vulnerable Kenyans (57 percent women, representing 3,097 households) in Turkana County to mitigate the impact of drought on food security. Each household received KES 6,500 per month for three consecutive months. The cash transfers provided the drought-affected communities with a seasonal safety net, in response to the drought and improved their access to healthy and affordable diets. Further, WFP supported 43,595 children (23,062 girls) children with specialized nutritious foods (ready-to-use supplementary food) and provided fortified blended food (Super Cereal Plus) to 34,778 Pregnant and Breastfeeding Women and Girls (PBW/G)⁸ in Marsabit and Mandera Counties to treat moderate and acute malnutrition. The nutrition treatment programme aims to rehabilitate moderately malnourished children and pregnant and breastfeeding women and girls who are either pregnant or within the first six months of lactation. This is critical as it reduces the risk of them becoming severely malnourished, which is associated with an increased risk of mortality. The beneficiaries were screened to ascertain eligibility for enrolment in the treatment programme. Additionally, these beneficiaries received nutrition education messaging through interpersonal and mass media approaches. Messages provided included the utilization of the nutrition commodities, promotion of timely health-seeking behaviour,

⁸ New WFP terminology replacing pregnant and lactating women

optimal infant and maternal nutrition, dietary diversity, and hygiene promotion. The programme average recovery rate for children and PBW/G was 93 percent, which was above the Sphere Standards ($\geq 75\%$).

3. Changes and Amendments

During the project period, WFP received generous funding from donors to provide food and nutrition assistance to at least 50 percent of the population that was facing emergency levels of food scarcity (in IPC phase 4). Through the funds, WFP targeted 535,000 beneficiaries (89,000 families) across the worst affected 12 counties: Turkana, Samburu, Isiolo, Garissa, Tana River, Baringo, Mandera, Wajir, Kitui, Kilifi, Kwale and Marsabit. Due to the continued increase in prices of staple commodities in the country, the Kenya Cash Working Group (KCWG) reviewed the Minimum Food Basket (MFB) from KES 5,000 to KES 6,500. Consequently, WFP adjusted the planned transfer value to reflect this. Complementary funding from other donors and exchange rate gains enabled WFP to reach all beneficiaries planned under UNCERF allocation. Further, WFP transitioned all the 18,582 beneficiaries to the WFP emergency response programme, dubbed *Lisha Jamii* where they continued receiving an additional three months of transfers worth KES 6,500/household/month to meet their food consumption gaps.

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	37,553	0	39,417	26,278	103,248	34,778	0	23,062	20,533	78,373
Total	37,553	0	39,417	26,278	103,248	34,778	0	23,062	20,533	78,373
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	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	4,500	3,780	5,760	3,960	18,000	5,946	3,902	4,645	4,088	18,581
Total	4,500	3,780	5,760	3,960	18,000	5,946	3,902	4,645	4,088	18,581
People with disabilities (PwD) out of the total										
	80	65	100	70	315	35	35	31	35	136

* 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.

Not applicable

6. CERF Results Framework

Project objective Provide food assistance and nutrient-rich commodities to vulnerable Kenyan populations in order to meet acute food and nutrition needs

Output 1 18,000 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 receiving sector-specific unconditional cash transfers	18,000	18,582	WFP distribution data
Indicator 1.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	412,106	USD 396,800	WFP Corporate Financial Accounting System/WINGS II
Indicator 1.3	FS.5c Percentage of households with a poor food consumption score	20	48.5	KFSSG 2022 Short Rains Food and Nutrition Security Assessment

Explanation of output and indicators variance:

* A higher-than-planned number of beneficiaries were reached due to foreign exchange gain.
 *The prolonged drought situation in Kenya took a severe toll on the agricultural sector, resulting in a significant decline in crop yields, with many farmers losing their entire harvests and livestock. As a result, food insecurity is widespread, and food prices continue to increase. These contributed to an increase in populations with poor food consumption score.

Activities	Description	Implemented by
Activity 1.1	Beneficiary targeting and registration.	WFP led, using Community Based Targeting Approach; and conducted jointly with Turkana County and National Governments (Ministry of Interior and Coordination of National Government).
Activity 1.2	Disbursement of unconditional cash transfers to food-insecure, drought-affected persons (women, men, girls and boys)	Implemented by WFP, supported by Safaricom PLC
Activity 1.3	Monitoring and evaluation (baseline survey, post-distribution monitoring and end line survey)	WFP M&E

Output 2 65,695 moderately malnourished children and 37,553 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 (MAM recovery rate)	75	93	Kenya Health Information System
Indicator 2.2	FN.1a Number of people receiving specialised nutritious foods	103,248	78,373	Kenya Health Information System
Indicator 2.3	N.2a Number of people admitted in MAM treatment programme	103,248	78,373	Kenya Health Information System
Indicator 2.4	FN.1b Quantity of food assistance distributed in MT (58 MT RUSF & 143 MT Corn Soy Blend)	201	198.7(55.7 MT RUSF & 143 MT Corn Soy Blend)	WFP COMET system
Explanation of output and indicators variance:		Less than the planned number of beneficiaries was reached as the funding allocated for this activity could only provide nutrition support to treat MAM for 78,373 malnourished children pregnant and breastfeeding women/girls.		
Activities	Description	Implemented by		
Activity 2.1	Procurement of specialized nutritious foods –Ready to Use Supplementary Food (RUSF) and Super Cereal Plus	WFP		
Activity 2.2	Distribution of specialized nutritious foods until health facility level	NGO partners – SND and COCOPS- as secondary transporters. For Health Facility distribution to beneficiaries, county governments of Mandera and Marsabit		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁰:

A multisectoral team comprised of National Government Administration Officers, County Governments, WFP, and non-state actors coordinated the food assistance project. Community members, including men and women of different ages and diversities, were consulted in the design, implementation, and monitoring of the response, including in identifying the most vulnerable households to be prioritized for this intervention in their communities. WFP provided oversight in the consolidation and validation of the list of targeted households at village level and sought their feedback on the proposed processes.

WFP's complaints and feedback mechanisms including holding community meetings at the village level were embraced. Community feedback sessions together with programme monitoring were done to assess the use and perception of services with the aim of improving

⁹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁰ 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](#).

delivery. WFP as well as health facility management committees comprising of male and female members monitored project implementation at facility level and provided regular feedback through established gender, age and disability-inclusive community forums.

b. AAP Feedback and Complaint Mechanisms:

The WFP Kenya's complaints and feedback mechanism (CFM) was available to project beneficiaries, giving them an opportunity to voice their complaints, make enquiries and provide feedback on food assistance. Feedback received was used to ensure WFP's assistance was offered as effectively as possible. The CFM offered various channels such as a toll-free telephone line, email, SMS, or help desks, and all feedback was stored in a centralized online database while ensuring confidentiality. Regular committee meetings were held to collect, analyze, and present recommendations to improve WFP's assistance effectively and efficiently.

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

WFP mainstreamed PSEA throughout its operations and incorporated it into WFP's legal framework. WFP's ethics office supported prevention measures throughout the organization which included providing guidance to PSEA Focal Points, who were in turn tasked with supporting prevention, including raising awareness among employees and partners, and receiving reports of SEA directly from survivors. PSEA Focal Points were required to refer all reports to WFP's internal investigations body (the Office of Inspections and Investigations).

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

WFP reached the most vulnerable population with women accounting for **57 percent** of the target beneficiaries. WFP collected and analysed beneficiary data disaggregating it by gender, age and diversity. To enhance the utilization of the project entitlements, WFP sensitized beneficiaries on the need for household collaboration and engagement in household decision-making and utilization of the transfers. Through its gender unit, WFP enhanced the capacity of project committees, coordination and implementing staffs, and beneficiaries on effective identification, mitigation and prevention of SGBV in relation to the assistance.

e. People with disabilities (PwD):

WFP embedded the rights of persons living with disabilities into the project design and implementation. WFP ensured effective inclusion of people living with disabilities, men, women, girls and boys among other special groups, and ensured utilization of feedback from all beneficiaries, to put in place measures that improve safe and dignified service delivery for all beneficiaries including those with special needs. The project reached 137 PWDs through the project.

f. Protection:

WFP was committed to mainstreaming protection principles, including prioritizing safety and dignity and avoiding no harm by minimizing as much as possible unintended negative effects of the activities carried out, to minimize any increase in people's vulnerability to physical and psychological risks. Meaningful access was given without barriers, paying attention to special needs such as those experienced by PwDs, women, girls, boys and men.

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 a component of the CERF project	Yes, CVA is a component of the CERF project	18,582

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

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

Cash transfers are cost-effective and timely, allowing greater choice and dignity to the beneficiaries. The CBT approach positively contributes to infusion of much needed cash resources in the local economy and thus a much-needed contribution to efforts to improve livelihood opportunities for the affected populations.

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
Activity 1.2	18,000	US\$ 396,800	Food Security - Food Assistance	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter post	https://twitter.com/WFP_Kenya/status/1509135814600572932
Twitter post	https://twitter.com/WFP_Kenya/status/1525058350429372418 https://twitter.com/WFP_Kenya/status/1512344497929269249 https://twitter.com/WFP_Kenya/status/1530069412237262848 https://twitter.com/WFP_Kenya/status/1480783280010051586
Web story	Kenya: Cash grants power enterprise in spite of drought World Food Programme (wfp.org)

3.5 Project Report 22-RR-WHO-019

1. Project Information			
Agency:	WHO	Country:	Kenya
Sector/cluster:	Health	CERF project code:	22-RR-WHO-019
Project title:	Emergency lifesaving health response to drought disaster in Kenya targeting affected children, women and men		
Start date:	24/05/2022	End date:	23/11/2022
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\$ 20,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 400,000
	Amount received from CERF:		US\$ 300,000
	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

The CERF funding to WHO for food insecurity response focused on controlling communicable diseases such as diarrhoea, measles and managing severe acute malnutrition that are admitted in the major county facilities with medical complications requiring specialized care. Additional focus was strengthening the early warning systems and response (EWARN) for public health events (PHEs), and ensuring that essential lifesaving drugs, medical and laboratory supplies are made available to the affected communities. Technical staff were dedicated to support the counties affected to implement the activities. These critical lifesaving response activities targeted 108,722 children, women and men and 8,850 people with disabilities (PWD) all of whom have been affected by the worsening drought further scaling up already ongoing efforts. Through the CERF funding WHO reached 108,722 people with emergency health interventions across the drought affected counties. Further, the project distributed emergency health kits and supported 12 health facilities in the targeted counties. The project supported the MOH structures (both national and affected counties) in rapidly responding to the registered disease outbreaks that includes measles, cholera yellow fever, Visceral leishmaniasis (VL), also known as kala-azar as well as capacity strengthening the decentralized structures on management of severe acute malnutrition (SAM) cases admitted in the major county facilities with medical complications requiring specialized care. In addition, through this funding, WHO supported procurement and distribution of essential lifesaving drugs and medical supplies are available in the key health facilities in the affected counties]

3. Changes and Amendments

N/A

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	21,744	10,872	43,489	32,617	108,722	21,744	10,872	43,489	32,617	108,722
Total	21,744	10,872	43,489	32,617	108,722	21,744	10,872	43,489	32,617	108,722
People with disabilities (PwD) out of the total										
	478	239	957	7,176	8,850	478	239	957	7,176	8,850

* 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 157,000 communities in the bordering counties that are not in emergency alert/crisis phase but were at risk of moving to emergency phase based on the evolution of the drought as documented in both the SRA and LRA 2022 projections. The population of the counties affected by the drought indirectly benefitted 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 communities also benefitted from awareness creation activities courtesy of the MOH public health emergency operations centres having included all the neighbouring counties in their regular information sharing communications.

6. CERF Results Framework

Project objective	To contribute to reduction of excess morbidity and mortality of vulnerable girls, boys men and women in the 2 counties in Emergency phase and impacted to the effects of drought emergency and consequent disease epidemics			
Output 1	Lifesaving medical interventions at health facilities on management of communicable diseases and severe malnutrition requiring specialised medical complications			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.8 Number of primary healthcare consultations provided	108,722	108,722	MOH/DDSER DHIS2-Based Customized Dataset Reports/ Weekly Bulletins
Indicator 1.2	H.1a Number of emergency health kits delivered to healthcare facilities	108,722	108,722	MOH/DDSER DHIS2-Based Customized Dataset Reports/ Weekly Bulletins
Indicator 1.3	N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate)	90%	90%	MOH-KHIS/DHIS2
Indicator 1.4	N.3a Number of people admitted to SAM treatment programme	90%	90%	MOH-KHIS/DHIS2
Indicator 1.5	Proportion of the total number of people with communicable diseases successfully treated and discharged from treatment facilities	100%	100%	MOH-KHIS/DHIS2
Indicator 1.6	H.11 Number of people receiving treatment for acute watery diarrhea (incl. cholera)	108,722	108,722	MOH-KHIS/DHIS2
Indicator 1.7	H.7 Number of functional health facilities supported	12	12	MOH-KHIS/DHIS2
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procure essential life-saving medical drugs, laboratory and consumable items (medicines and medical supplies for management of medical complications of acute malnutrition, chlorine, gauze, needles, syringes,	WHO		

	antiseptics, cotton wool in line with MOH emergency standards list consumable items (Interagency emergency health kit and other consumables)	
Activity 1.2	Procurement of Cholera Kits	WHO
Activity 1.3	Reorientation for health workers on the clinical management of severe acute malnutrition with medical complications, and management of communicable diseases (diarrhoeal diseases, measles, rift valley fever, visceral leishmaniasis, dengue fever) and other epidemic prone diseases	WHO/MOH

Output 2 County Health teams and partners capacitated to conduct prompt communicable diseases outbreak alerts confirmation

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

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	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/DDESR Bulletins and NPHEOC Sitreps
Indicator 2.2	H.6 Proportion of functional health facilities sharing timely reports	100%	100%	MOH-KHIS/DHIS2

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 2.1	Provide Integrated disease surveillance and response technical tools and guidelines	WHO/MOH
Activity 2.2	Provide reorientation on rumours, outbreak investigation and confirmation	WHO/MOH
Activity 2.3	Reorientation for health workers on newly updated disease surveillance, early warning, reporting and Control guidelines	WHO/MOH

Output 3 Enhanced multi-partner disease outbreak response in Counties affected by drought

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

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Multi-partner disease response plans reviewed and updated	100%	100%	WHO
Indicator 3.2	County and sub county level disease outbreak and response data compiled submitted to national level weekly	80%	80%	MOH/WHO
Indicator 3.3	Joint quarterly monitoring conducted	100%	100%	MOH/WHO

Explanation of output and indicators variance:		N/A
Activities	Description	Implemented by
Activity 3.1	Maintain activation of National EOC and Emergency Operations Committees (EOC) in the 2 targeted Counties	MOH/WHO
Activity 3.2	Produce emergency response reports and bulletins at least on a weekly basis, and as need arises from targeted counties	MOH/WHO
Activity 3.3	Undertake joint programmatic monitoring missions and support supervisions	WHO/UNICEF/MOH

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹¹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹²:

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 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 which with CERF support, WHO and MOH have continued to be strengthened as part of the feedback mechanisms as documented in the findings of the latest joint health facility assessment conducted in the months of October-November-December 2022. 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 targeted technical assistance support of the WHO following already established government standard operation procedures. With the CERF support, WHO worked very closely with the MOH structures both national and decentralized levels in the target counties ensuring the top-line findings of the joint assessments are built into the drought response plans and the annual operations plans for ensuring continuity of provision of package of essential health services.

¹¹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹² 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](#).

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

Sexual Exploitation, Abuse and Harassment (SEAH) constitute a failure of the humanitarian principles and therefore is condemned by WHO. SEAH have a huge impact in beneficiaries' life and undermine the credibility of the Organization and the entire humanitarian sector: prevention and response to such misconducts are streamlined throughout the emergency response in the Country. Response activities are mainstreamed among WHO programme in the Country to ensure timely and proper support to possible victims and prevent alleged perpetrators to further harm. As well, prevention measures are in place not only to ensure all WHO workforce is aware and responsible for PRSEAH but also to ensure beneficiaries are aware about their rights and the available reporting mechanism.

The government has an established mechanism and structures for handling SEA- related complaints that are reported and investigated to the local police with involvement of social workers and trained health care workers. Feedback is provided using already established confidential lines of communication.

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 with considerations about 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.

CVA was not feasible for the interventions.

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
N/A		US\$		

9. Visibility of CERF-funded Activities

Title	Weblink
WHO distributes food to children faced with malnutrition, valued at Sh26 million	https://www.standardmedia.co.ke/nutrition-wellness/article/2001465865/who-distributes-food-to-children-faced-with-malnutrition-valued-at-sh26-million
Water shortage in drought-affected counties has serious implications on people's health	https://www.twitter.com/whokenya/status/1593567836164743169?s=46&t=e3QzDPYovaPQonSs7r6VqQ
WHO Foundation in Kajiado county, Kenya (Health Emergency Appeal for the Sahel & Horn of Africa)	https://www.youtube.com/watch?v=Ui6aVr_Nm_k&t=3s

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-FAO-018	Agriculture	FAO	INGO	\$29,820
22-RR-FAO-018	Agriculture	FAO	INGO	\$31,839
22-RR-FPA-021	Gender-Based Violence	UNFPA	NNGO	\$3,957
22-RR-FPA-021	Sexual and Reproductive Health	UNFPA	RedC	\$97,224
22-RR-CEF-032	Child Protection	UNICEF	GOV	\$37,518
22-RR-CEF-032	Child Protection	UNICEF	GOV	\$18,578
22-RR-CEF-032	Nutrition	UNICEF	RedC	\$35,693
22-RR-CEF-032	Water, Sanitation and Hygiene	UNICEF	INGO	\$193,234
22-RR-CEF-032	Water, Sanitation and Hygiene	UNICEF	GOV	\$348,350
22-RR-CEF-032	Health	UNICEF	GOV	\$40,000
22-RR-CEF-032	Health	UNICEF	RedC	\$133,806
22-RR-WFP-029	Nutrition	WFP	NNGO	\$26,295
22-RR-WFP-029	Nutrition	WFP	INGO	\$7,012