

**KENYA  
UNDERFUNDED EMERGENCIES  
ROUND I  
DROUGHT  
2022**

**22-UF-KEN-51254**

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Resident/Humanitarian Coordinator

## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

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

N/A

No AAR was conducted. Agencies were still engaged in the drought response efforts throughout 2022 and in early 2023. Even so, implementation of CERF-funded activities was discussed at the inter-sector working group (ISWG) 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 CERF allocation of US\$6,000,000 to Kenya under the Underfunded Emergencies window was instrumental in keeping the momentum going for the under-resourced drought response. It provided continued impetus for the humanitarian community in Kenya to fulfil its mandate in responding to needs of communities in drought-affected counties in the Arid and Semi-Arid Lands (ASALs) of Kenya. 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 1,832,000 people 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 crucial lifesaving needs because of drought in the ASALs.

### CERF's Added Value:

CERF funding was instrumental in keeping the response going. Except for one key donor, the United States, the Kenya drought response remained quite underfunded. This injection of funding re-emphasised the importance of responding to the severity of needs in the ASALs of Kenya and the need to act decisively with additional funding for the response. At the time, forecasts for October-December 2022 rainy season showed high likelihood of below-average rainfall; the fifth successive below average season 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.

### 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 continue providing critical and lifesaving support to communities grappling with the consequences of five consecutive poor rainfall seasons in the ASALs of Kenya.

### Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

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 ☐

In 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 Areas<sup>1</sup>:

Limited resources continued to constrain and inhibit response in the face of severe need across multiple sectors. 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

Under the FAO project, a clause was included indicating that targeting had 60% of all beneficiaries targeted to be of the female gender. During 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. This approach adopted by FAO was meant to debunk the myth of patriarchal based decision-making by approaching gender equity through the village committees where women were incorporated as the first step.

The UNFPA project distributed dignity kits, sanitary pads, and mama kits to 13,000 beneficiaries. The project indirectly reached 920,000 with information on availability of SRH and GBV services. The worked with GBV Technical working groups in the respective counties to strengthen coordination of the GBV response. The project also involved local women's rights organizations to strengthen the capacity to address the specific needs of women and girls.

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<sup>1</sup> 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\$).**

<b>Total amount required for the humanitarian response</b>	<b>139,500,000</b>
CERF	6,000,001
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	84,440,272
<b>Total funding received for the humanitarian response (by source above)</b>	<b>90,440,273</b>

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

<b>Agency</b>	<b>Project Code</b>	<b>Sector/Cluster</b>	<b>Amount</b>
<b>FAO</b>	22-UF-FAO-005	Food Security - Agriculture	1,000,000
<b>UNFPA</b>	22-UF-FPA-006	Protection - Gender-Based Violence	255,000
<b>UNFPA</b>	22-UF-FPA-006	Health - Sexual and Reproductive Health	245,000
<b>UNICEF</b>	22-UF-CEF-010	Water, Sanitation and Hygiene	1,010,500
<b>UNICEF</b>	22-UF-CEF-010	Nutrition	752,000
<b>UNICEF</b>	22-UF-CEF-010	Health	352,500
<b>UNICEF</b>	22-UF-CEF-010	Protection - Child Protection	258,500
<b>WFP</b>	22-UF-WFP-012	Food Security - Food Assistance	997,501
<b>WFP</b>	22-UF-WFP-012	Nutrition	752,500
<b>WHO</b>	22-UF-WHO-007	Health	400,000
<b>Total</b>			<b>6,023,501</b>

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

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>4,760,008</b>
Funds sub-granted to government partners*	186,427
Funds sub-granted to international NGO partners*	242,405
Funds sub-granted to national NGO partners*	456,911
Funds sub-granted to Red Cross/Red Crescent partners*	354,250
<b>Total funds transferred to implementing partners (IP)*</b>	<b>1,239,993</b>
<b>Total</b>	<b>6,000,001</b>

\* 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:

The food security situation has deteriorated especially in the country's north due to poor rainfall, leaving an estimated 2.8 million people in IPC 3. The food security situation in the Arid and Semi-Arid Lands (ASAL) counties has deteriorated following poor performance of the October-December 2021 short rains. This marks the third consecutive poor season in the pastoral, agropastoral and the marginal agricultural areas of the ASALs. The Kenya Food Security Steering Group's (KFSSG) 2021 Mid-season Assessment indicates that an estimated 2.8 million people are in Crisis (IPC 3) across the ASALs. In pastoral areas, there has been poor regeneration of forage and below average recharge of surface water sources. Livestock deaths due the effects of drought, long trekking distance to water points and depleted pastures are reported to be over 1.4 million. In marginal agricultural areas, it is estimated that crop production in marginal will be 70% below-average. The nutrition situation in the ASALs has deteriorated and the trend is expected to continue following the cumulative effect of consecutive failed seasons. Integrated phase classification for acute malnutrition (IPC-AMN) conducted in July-August 2021 classified Nutrition situation in Samburu (GAM WHZ-16.8%), Baringo (GAM WHZ -24.4%) North Horr (GAM WHZ - 23.9% and Laikipia (WHZ 23.4%) Sub Counties at Critical (IPC AMN Phase 4). It is estimated that over 465,000 children under 5 and 93,300 pregnant and/or lactating women in urgent need of treatment for acute malnutrition. Access to water remains a key concern. Past droughts in Kenya have seen spikes in child abuse and exploitation and incidences of GBV, highlighting the importance of providing protection services. The government declared the drought a national disaster in late 2021

### Operational Use of the CERF Allocation and Results:

In response to the protracted crisis and a humanitarian funding deficit, the ERC allocated \$6 million from CERF's Underfunded Emergencies Window. The key strategic objective of this allocation is to sustain the momentum generated by the CERF rapid response allocation in October 2021 and to increase the life-saving response. Without this allocation, many of the hard-earned gains will be lost with far-reaching and devastating effects on drought-affected communities. The allocation has a clear geographic focus, targeting seven priority counties, where the allocation will enhance the UN's and the wider humanitarian community's presence. This allocation will help diversify and strengthen partnerships with national and local implementing partners – including the Red Cross and a network of 30 local NGOs, community groups and women-led organizations – with a view to sustaining and reinforce already-existing community efforts to respond to the drought. The allocation sends a clear signal to donors about the importance and severity of needs. The allocation will also enhance political buy-in for sustained dialogue with the government regarding its plans to respond to the ongoing crisis. Finally, the RC will leverage the allocation to strengthen the UNCT's advocacy efforts around resilience, sustainable solutions to longer-term climate-driven needs, effective early recovery, and mitigation of intercommunal tensions through conflict-sensitive programming. This allocation enables five UN agencies to target 243,290 people directly across all seven counties, among whom women and children account for the majority. Estimates suggest an additional 109,140 people will benefit indirectly from this allocation. From the directly targeted population, approximately 9% are persons with disabilities, and 24,648 people are refugees.

### People Directly Reached:

A total of 1,832,000 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 UNICEF project and due to the increase in number of people in need of humanitarian assistance after the 2022 Long Rains Assessment, the planned 2022 Nutrition targets were revised from 32,899 to 68,520 in the target counties. The targets doubled due to the deterioration in the nutrition situation resulting from the prolonged drought. main contributing factor to the high levels of acute malnutrition included food insecurity characterized by extremely low production of milk which normally forms the main diet for children in

pastoral areas. From the revised targets of 68,520, the proportion of children reached with treatment represents 94% of the target and out of which 65 were PWDs (32 Girls and 33 Boys).

### **People Indirectly Reached:**

The people in need (PIN) totalling 3,048,182 out of the 17,089,095-total population for the select 23 counties, indirectly benefitted from the interventions, that included: early warning and reduction of disease transmissions due to the early detection and rapid control measures instituted, and awareness creation activities courtesy of the MOH public health emergency operations centres having included all the neighbouring counties in their regular information sharing communications. An estimated 920,000 people benefitted from awareness campaigns geared around the creation for uptake of Sexual and Reproductive Health (SRH) and Gender-Based Violence services.

**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	34,277	22,983	51,908	34,472	<b>143,640</b>	36,409	34,082	41,217	45,362	<b>157,070</b>
Food Security - Food Assistance	9,000	7,560	11,520	7,920	<b>36,000</b>	12,100	10,164	15,488	10,648	<b>48,400</b>
Health	22,281	20,690	58,886	57,294	<b>159,151</b>	366,400	91,600	696,160	677,840	<b>1,832,000</b>
Health - Sexual and Reproductive Health	47,750	47,749	0	0	<b>95,499</b>	82,239	40,009	0	0	<b>122,248</b>
Nutrition	0	0	16,121	16,778	<b>32,899</b>	120,533	0	130,795	123,920	<b>375,248</b>
Protection - Child Protection	0	0	6,729	7,004	<b>13,733</b>	1,178	1,011	7,069	6,791	<b>16,049</b>
Protection - Gender-Based Violence	70,446	23,482	0	0	<b>93,928</b>	76,580	21,752	8,979	3,150	<b>110,461</b>
Water, Sanitation and Hygiene	52,026	50,028	50,022	48,024	<b>200,100</b>	68,907	66,205	61,106	58,710	<b>254,928</b>

\* 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\***

<b>Category</b>	<b>Planned</b>	<b>Reached</b>
<b>Refugees</b>	24,648	17,536
<b>Returnees</b>	0	0
<b>Internally displaced people</b>	0	0
<b>Host communities</b>	0	0
<b>Other affected people</b>	243,390	1,814,464
<b>Total</b>	<b>268,038</b>	<b>1,832,000</b>

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

<b>Table 6: Total Number of People Directly Assisted with CERF Funding*</b>			<b>Number of people with disabilities (PwD) out of the total</b>	
<b>Sex &amp; Age</b>	<b>Planned</b>	<b>Reached</b>	<b>Planned</b>	<b>Reached</b>
<b>Women</b>	75,024	366,400	5,142	10,992
<b>Men</b>	50,028	91,600	3,448	2,748
<b>Girls</b>	70,314	696,160	7,786	13,923
<b>Boys</b>	57,294	677,840	5,171	13,557
<b>Total</b>	<b>252,660</b>	<b>1,832,000</b>	<b>21,547</b>	<b>41,220</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 22-UF-FAO-005

1. Project Information			
Agency:	FAO	Country:	Kenya
Sector/cluster:	Food Security - Agriculture	CERF project code:	22-UF-FAO-005
Project title:	Protecting livestock assets and safeguarding livelihoods in Kenya's drought affected Arid and Semi-Arid Lands.		
Start date:	04/03/2022	End date:	03/03/2023
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 25,150,000
	Total funding received for agency's sector response to current emergency:		US\$ 6,044,748
	Amount received from CERF:		US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 370,874
	Government Partners		US\$ 0
	International NGOs		US\$ 92.718
	National NGOs		US\$ 278.156
	Red Cross/Crescent Organisation		US\$ 0

### 2. Project Results Summary/Overall Performance

Through the CERF UFE grant FAO and its partners provided emergency response services to 143,768 people in need. Among these people, 25,727 people received conditional cash transfer that involved sell of 4000 small stocks for slaughter. This intervention benefitted 23,621 people in need who received Usd 130,235. The 4000 small stocks were slaughtered and benefitted the 22984 most vulnerable people within the targeted villages across the counties with each household receiving 2Kg per week for 4 weeks.

In addition, 25727 people (4000 households) benefitted from 800 tonnes of animal feeds with the target households receiving 200 kg of animal feeds (animal feeds). On animal health and excluding those who sold and received animal feeds to avoid double counting, 120,984 people had their livestock treated and vaccinated. In total 517231 various species of livestock were treated and vaccinated. On water, 11 strategic boreholes were rehabilitated benefitting 23,330 people and a large population of livestock.

The project was implemented in Marsabit, Turkana, Garissa, and Tana River counties.

Due to the existing politics during electioneering period, the water component was delayed, and the project end date was extended from the normal 12 months given in the prodoc for a further 3 months to complete the water component.

The project outcome Food security and livelihood status of targeted beneficiary households improved was achieved due to the multi-pronged approach where people's food intake was improved through the conditional cash transfer including protection and improved

productivity of the milking herds receiving animal feeds that led to improved nutrition of the households as weekly as the household nutrition of those receiving meat weekly.

### **3. Changes and Amendments**

FAO requested for a No-Cost Extension (NCE) of the project end date from the original time in the project document for a further three months. This NCE was necessitated by 2 factors:

- Water is a very sensitive and highly demanded service. During the implementation of the project, Kenyan election campaigns for various political positions including that of the Presidency were ongoing. At the county level where drought was severe and this project was targeting, water was a big challenge and in demand. This therefore meant any activity on water attracted too many political interests and targeting challenge. The officers in charge of water decided to go slow and wait for the election period to end and restart implementation after elections with new, unbiased targeting. This activity would mean an additional 2-3 months to complete the rehabilitation of the boreholes.
- In addition, we needed to realign our budget by redeployment following savings in local currency due to the strengthening US dollar. The funds saved from completed activity needed to be redeployed to ensure more boreholes were rehabilitated. In this no-cost-extension and redeployment of funds across budget lines was requested and approved by the CERF secretariat through the Resident Coordinator.

#### 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	34,274	22,983	51,908	34,472	143,637	36,409	34,082	41,217	45,362	157,070
<b>Total</b>	<b>34,274</b>	<b>22,983</b>	<b>51,908</b>	<b>34,472</b>	<b>143,637</b>	<b>36,409</b>	<b>34,082</b>	<b>41,217</b>	<b>45,362</b>	<b>157,070</b>
<b>People with disabilities (PWD) out of the total</b>										
	5,141	3,448	7,786	5,171	21,546	517	465	649	740	2,371

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

## 5. People Indirectly Targeted by the Project

At the end of the project 28 government officers from the drought affected counties were trained on the use of the prudent use of anti-microbials which was aimed at reducing antimicrobial resistance in livestock and by extension in human. This was under the one health approach and the facilitators were well trained officers trained within the one health agenda spearheaded by the directorate of Veterinary services and ministry of health. The trained officers were the team leaders during the implementation of the animal health output within the project. The officers were each expected to train their teams which comprised 4 other animal health practitioners hence adding another 112 officers making a total of 140 indirectly targeted people.

The 4000 households (25,727 PiN) who benefitted from the animal feeds were expected to have increased milk production from the 2 tropical livestock units fed and assuming 75% had excess milk and sold to 1 household with about 6 household members, the output will have an additional 18000 additional non targeted beneficiaries. The sellers of the livestock for slaughter will patronise 2 shops to purchase household food items among other needs. These shops belong to 2 households each with 6 people making a total of 12 people benefitting from one livestock seller. The total non-targeted household from the destocking output/activity will add 48000 beneficiaries. In total the project benefitted 66,140 non targeted people.

## 6. CERF Results Framework

Project objective	Food security and livelihood status of targeted beneficiary households improved			
Output 1	Key Livestock assets protected			
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	Number of core breeding animals receiving feed and surviving the drought	80000	80000	Service provider reports and reports in FAO
Indicator 1.2	Ag.3 Number of people receiving livestock inputs (animal feed/live animals/kits/packages)	24,000	25,727	FAO reports
Indicator 1.3	Ag.5 Quantity of animal feed distributed in MT	800	800	FAO procurement reports
Explanation of output and indicators variance:		There were no variances on livestock feed distribution. Livestock targeted were sheep and goats in milk and breeding stock.		
Activities	Description		Implemented by	
Activity 1.1	LoA inception and training workshop with implementing partners		FAO	
Activity 1.2	Procurement of ranch cubes		FAO	
Activity 1.3	Setting up of project implementation committee (PIT)		FAO, Service providers and County Governments (CSG)	
Activity 1.4	Sensitization and publicity of project activities to pastoral target communities		FAO, Service providers and project implementation team (PIT) on behalf of county government.	
Activity 1.5	Identification of target households and setting of feed distribution criteria		FAO, Service providers and project implementation team (PIT) on behalf of county government.	

Activity 1.6	Distribution of livestock feed	FAO, Service providers and project implementation team (PIT) on behalf of county government.
Activity 1.7	Monitoring of project activities and provision of technical support	FAO, Service providers and project implementation team (PIT) on behalf of county government.

**Output 2** (Agro) pastoralists' food and nutrition security status maintained

**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	Cash.3a Number of people receiving conditional cash transfers	24000	23,621	FAO reports and service provider final reports
Indicator 2.2	Cash.3b Total value of conditional cash transfers distributed in USD	165664	130235	FAO reports and service provider final reports
Indicator 2.3	Number of Livestock (small ruminants) slaughtered	4000	4000	FAO reports and service provider final reports
Indicator 2.4	Amount (in Kg) of meat distributed	32000	32000	FAO reports and service provider final reports
Indicator 2.5	Number of people benefitting from 2 kg of meat per week	6000	22984	FAO reports and service provider final reports

**Explanation of output and indicators variance:**

On Indicator 2.3 and 2.5, each county got 1000 sheep and goats to slaughter 250 sheep and goats weekly and distribute the meat for 4 weeks. Each goat (approximately 8 Kg) was shared equally to 4 households for 4 weeks to the same identified most vulnerable households to ensure food diversification and nutrition security to these household members. Therefore, FAO varied the number of meat beneficiaries from 1000 households to 4000 households still maintain 2Kgs per week. This on beneficiary registration covered 22,984 people and hence the variance without compromising the project objective. On conditional cash transfer there was a saving resulting from exchange rate variation as the transfer was denominated in the local currency that depreciated in value. The saving here was transferred to the water intervention whose cost had also increased. More boreholes were repaired.

Activities	Description	Implemented by
Activity 2.1	LoA inception and training workshop with implementing partners	FAO
Activity 2.2	Identification of target pastoral households for purchase and community members to receive meat	FAO and County government officers
Activity 2.3	Purchase of livestock from pastoralists and facilitation of local slaughter	Service provider and County relevant Officers
Activity 2.4	Distribution of meat to identified community members	Service provider and County relevant Officers
Activity 2.5	Monitoring of project activities and provision of technical support	FAO, CSG and PIT

**Output 3** (Agro) pastoral households' access to animal health services improved

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

<b>Sector/cluster</b>	Food Security - Agriculture			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Ag.2 Number of animals vaccinated, dewormed and/or treated	664,000	517,231	FAO reports and service provider final reports
Indicator 3.2	Number of pastoral people benefitting from animal health	132,160	120,784	FAO reports and service provider final reports
<b>Explanation of output and indicators variance:</b>		The number is slightly lower due to high loss of livestock due to drought and some resistance from pastoralists.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	LoA inception and training workshop with implementing partners	FAO		
Activity 3.2	Procurement and delivery of veterinary drugs and equipment	FAO		
Activity 3.3	Identification of target areas, formation of animal health delivery teams and development of programs	FAO		
Activity 3.4	Provision of animal health services	County department of veterinary services and the Service provider		
Activity 3.5	Monitoring of project activities and provision of technical support	FAO, Service providers and project implementation team (PIT) on behalf of county government.		

**Output 4** Households' access to water for livestock and domestic use enhanced

<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Sector/cluster</b>	Food Security - Agriculture			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 4.1	WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated	8	11	FAO and county government water departments where boreholes were repaired
Indicator 4.2	Number of pastoral people benefitting from repaired boreholes	2400	23330	FAO and county government
<b>Explanation of output and indicators variance:</b>		The cost of repairs was boosted by the savings realised in the conditional cash transfer where a redeployed and no-cost extension to finalise the water output was sought and granted. This saw a higher number of boreholes repaired despite some increased cost due to inflationary trends. The increase of people reached was as a result of more boreholes rehabilitated and scarcity of water in target counties and their strategic location led to more people utilizing the boreholes		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Assessment of boreholes for repair and selection of most strategic borehole while considering budget needs	FAO and County Government		
Activity 4.2	Preparation of spares needed for selected bore hole and development of technical specification for each	FAO and County Government		

Activity 4.3	Procurement of the spares and delivery to county responsible department	Contracted company for procure and repair
Activity 4.4	Repair of the boreholes	Service Contractor, FAO and County Government
Activity 4.5	Monitoring and commissioning of the repaired boreholes	FAO and County Government

## 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 areas<sup>2</sup> 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)<sup>3</sup>:

FAO has mechanisms for accountability to the affected populations that is usually attached to the Letters of Agreements issued to the implementing partners that are refined during inception workshops and discussed with the County steering groups in each county. However initial accountability to affected people was ensured through involvement of the counties that were to receive the intervention support in the design and needs assessment. The National Drought Management Authority (NDMA) provided the reports of the Kenya Food Security Assessment and predictive forage condition indices including the county monthly bulletins that guided the selection of the counties. Once the project was funded, FAO engaged fully with county management including holding inception workshops both centrally and at the county. The County Steering Group (CSG) responsible for drought intervention and made of all development actors working in the counties were involved in targeting to ensure that the implementation reaches areas not allocated to other service providers on the same intervention type. This was to ensure no affected persons were left behind. From the county headquarters, the project implementation team led by NDMA, the service provider and the project implementation team of the counties moved to the field to engage with the communities through village committees for identification of livestock beneficiaries. On the other hand, FAO led the county livestock officers in the identification of livestock sellers under the destocking activities and conditional cash transfer and here also the communities were used to ensure equity on those to provide the livestock for slaughter. In addition, the team led by FAO engaged the village committees in identification of meat eaters. The accountability processes through phone numbers and rights of the community and beneficiaries were expounded in these meetings and engagement with the leaders.

### b. AAP Feedback and Complaint Mechanisms:

In FAO, there exists mechanisms that guide feedback and complaints mechanism. This is always attached in the letter of Agreement contract between FAO and the service provider (NGO). In this regard, 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 committee in all villages to ensure that identification of beneficiaries' identification by the community in open public meetings is using a set and agreed upon criteria that ensured none of the deserving, people living with disabilities and children headed households, the sick and elderly are left out unfairly. Communities and 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

<sup>2</sup> 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](#).

<sup>3</sup> 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](#).



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 and the feedback and accountability mechanism write up with FAO focal persons was shared.

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

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 a feedback mechanism established for timely response. The email contacts of specific Officers in FAO who are tasked with receiving complaints was shared; FAOke-complaint@fao.org and phone numbers of the project manager were shared to all staff and committees for easy access and reporting anomalies including SEA. FAO's mechanisms that prevent and respond to sexual exploitation or abuse and mitigate and respond to risks thereof was embedded in the Letter of agreement between FAO and the Service providers. Efforts were made during inception to expound the UNHCR policy document on what entails Sexual exploitation and sexual abuse. All service providers and county departments were sensitised on the key aspects of sexual exploitation and abuse and that they had an obligation to report whenever they have concerns or suspicions that SEA has occurred by a fellow worker, whether in the same agency and including potential misconduct by government, NGO partners and other actors involved in FAO-supported and funded delivery of assistance to beneficiaries. In addition, it was emphasised both at the national inception with all partners, contracted service providers and at the county CSG meeting to introduce the project and subsequent geographical and beneficiary targeting that it is critical for staff implementing FAO work in emergency operations to be mindful of these elevated risks of SEA and take measures from the outset of the emergency response to prevent and respond to SEA and mitigate risks thereof and ensure that victims of SEA are provided with support and assistance.

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

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

#### **e. People with disabilities (PwD):**

The CERF project was not specific for PwD and other marginalized persons but were clearly listed in the beneficiary table for people reached. With this being the case, this category of beneficiaries formed a key part of the implementation where the rule of no-one is left behind was highly and strictly promoted as PwD are usually voiceless and those marginalized and with unique needs were given priority. This took place through having the PwD being given first opportunity during beneficiary identification and registration including ensuring those left at home are identified and profiled as beneficiaries. This was done through the care givers. Presence of PwD in the community was usually the first question during community-based identification and beneficiary targeting. The pastoral village cohesiveness ensured that such data is readily availed.

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**f. Protection:**

Like in protection against sexual exploitation and abuse, protection of all persons in the target counties, villages and community was ensured through the consideration of the different roles and responsibilities of women and men (of different age, ethnicity, and socio-economic group), and their access to resources and services were considered during implementation. The project ensured all community members were given equal consideration and no one is left behind during consideration of beneficiaries when entitled because of their gender and status in the community. 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:**

N/A

**8. Cash and Voucher Assistance (CVA)****Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	23,621

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 cash voucher assistance used here was conditional as it involved bringing for sale 1 goat or sheep that is fit for human consumption after inspection by public health officers to be slaughtered and the meat distributed to FAO led pre identified most vulnerable beneficiaries in exchange for 33 USD converted too local currency. MPC was therefore not used in this case.

**Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
Indicator 2.1 and 2.2 Activity 2.3	23,621	US\$ 130235	Food Security - Food Assistance	Unrestricted

**9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
N/A	

## 3.2 Project Report 22-UF-FPA-006

1. Project Information			
Agency:	UNFPA	Country:	Kenya
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	CERF project code:	22-UF-FPA-006
Project title:	Provision of integrated life-saving sexual and reproductive health (SRH) and gender-based violence (GBV) information and services during the drought response in seven counties in Kenya.		
Start date:	01/03/2022	End date:	28/02/2023
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\$ 1,250,000
	Total funding received for agency's sector response to current emergency:		US\$ 300,000
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 436,236
	Government Partners		US\$ 0
	International NGOs		US\$ 39,422
	National NGOs		US\$ 178,755
	Red Cross/Crescent Organisation		US\$ 218,059

## 2. Project Results Summary/Overall Performance

UNFPA implemented the CERF Underfunded project in seven counties (Garissa, Mandera, Wajir, Marsabit, Isiolo, Tana River and Turkana) from March 2022 upto February 2023. The project was implemented by UNFPA, the Ministry of Health (MoH), the Kenya Red Cross Society (KRCS), the International Rescue Committee (IRC), Healthcare Assistance Kenya (HAK), Filmaid Kenya (FAK) and local community-based organizations.

The project reached 122,248 (82,239 females and 40,009 male) beneficiaries (among them 3,667 persons with disabilities) with sexual and reproductive health (SRH) interventions against a target of 95,499 (128%). The beneficiaries included 250 (104%) health care providers who underwent training; 82,239 (199%) who accessed skilled birth attendance, and family planning services; and 40,009 sexually active men who accessed family planning and reproductive health services. The project provided referral services to 6,311 women against a target of 4,656 (136%). The project procured 32 Inter-Agency Reproductive Health (IARH) kits that facilitated delivery of SRH and gender-based violence (GBV) services. The project provided GBV information and services to 110,461 (99%) beneficiaries who included 7,611 (106%) GBV survivors and 259 (185%) service providers and community responders who underwent training. The project distributed dignity kits, sanitary pads, and mama kits to 13,000 beneficiaries. The project indirectly reached 920,000 with information on availability of SRH and GBV services.

The project reached more beneficiaries due to the steady increase in the number of people affected by the drought which exceeded planning figures, robust awareness creation activities, timely training of adequate health care providers, provision of health and hygiene supplies, and integrated health outreaches which improved access to services. Synergy and complementarity with other UNFPA drought response projects enhanced the results of the project. The project sustained and increased access to GBV and SRH services in the target counties during the drought emergence thus reducing related morbidity and mortality.

### **3. Changes and Amendments**

The drought emergency continued deteriorating during the project implementation period. The number of affected people rose from 3 million at the time of the project design to 5.4 million by the time the project was concluding. UNFPA expanded the capacity to responded to the increased number of people affected by the drought through mobilization of funds from multiple donors. Sustained evidence generation through rapid gender analyses, safety audits, GBV screening and regular review and analysis the Kenya Health Information System (KHIS) data guided effective focus on the needs of beneficiaries. The project was implemented as planned and there were no delays encountered. All project funds were utilized (100%).

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection - Gender-Based Violence									
Category	Women	Men	Planned			Women	Men	Reached		
			Girls	Boys	Total			Girls	Boys	Total
Refugees	14,835	2,289	400	200	17,724	14,077	2,015	1,194	250	17,536
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	12,718	4,115	200	100	17,133	11,782	3,771	1,097	300	16,950
Other affected people	56,928	18,767	600	500	76,795	50,721	15,966	6,688	2,600	75,975
<b>Total</b>	<b>84,481</b>	<b>25,171</b>	<b>1,200</b>	<b>800</b>	<b>111,652</b>	<b>76,580</b>	<b>21,752</b>	<b>8,979</b>	<b>3,150</b>	<b>110,461</b>
<b>People with disabilities (PwD) out of the total</b>										
	1,047	1,227	250	120	2,644	2,297	653	269	95	3,314

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Women	Men	Planned			Women	Men	Reached		
			Girls	Boys	Total			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	47,750	47,749	0	0	95,499	82,239	40,009	0	0	122,248
<b>Total</b>	<b>47,750</b>	<b>47,749</b>	<b>0</b>	<b>0</b>	<b>95,499</b>	<b>82,239</b>	<b>40,009</b>	<b>0</b>	<b>0</b>	<b>122,248</b>
<b>People with disabilities (PwD) out of the total</b>										
	1,297	1,347	0	0	2,644	2,467	1,200	0	0	3,667

\* 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

- i. SRH capacity building of service providers = 250
- ii. GBV capacity building of service providers = 259
- iii. Awareness creation for uptake of SRH and GBV services = 920,000

## 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 Kenya provided.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" 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	32	32	UNFPA procurement data
Indicator 1.2	SP.2b Number of people accessing services enabled by inter-agency emergency reproductive health kits	90,603	122,248	DHIS2 FP Data
Indicator 1.3	RH.1 Number of births attended by skilled health personnel.	41,395	82,239	DHIS2 SBA Data
Indicator 1.4	SP.3 Number of health care providers receiving training on the minimum emergency response package for sexual and reproductive health	240	250	KRCS and UNFPA programme reports.
Indicator 1.5	Number of referral pathways established and regularly updated	7	8	KRCS and IRC Programme reports
Indicator 1.6	Number of people benefitting from referral pathways	4,656	6,311	MoH, KRCS and IRC data
Explanation of output and indicators variance:		This output was fully achieved. The project reached more project beneficiaries due to the steady increase in the number of people affected by the drought emergence, robust awareness creation activities, timely training of adequate health care providers, provision of health supplies and integrated health outreaches which improved access to services		
Activities	Description	Implemented by		
Activity 1.1	Procure IARH kits.	UNFPA		
Activity 1.2	Distribute IARH kits	KRCS		
Activity 1.3	Orientation of healthcare professionals on MISP for reproductive health	KRCS		
Activity 1.4	Orientation of SRH coordinators on SRHiE.	KRCS		
Activity 1.5	Provide a county emergency referral system for transfer of those with obstetric and new-born emergencies	KRCS & IRC		

Activity 1.6	Provide voluntary contraceptives/ family planning services to women of reproductive age	KRCS, IRC and MoH
Activity 1.7	Conduct 3 rounds of integrated reproductive, maternal and newborn health outreaches for drought affected communities in all the 5 counties	KRCS

**Output 2** Access to life-saving GBV services for populations affected by the drought emergency in Kenya 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 implementing partner staff receiving training to support programme implementation	140	259	IRC and KRCS programme reports
Indicator 2.2	PS.2 Number of persons at risk of GBV and/or GBV survivors receiving psycho-social support and case management.	7,160	7,611	IRC and KRCS programme reports
Indicator 2.3	H.9 Number of people provided with mental health and psycho-social support services	95,402	89,850	DHIS2, KRCS, IRC and HAK reports
Indicator 2.4	PP.1a Number of protection referral pathways established and regularly updated	7	8	KRCS and IRC programme reports
Indicator 2.5	PP.1b Number of people accessing protection referral pathways	8,950	7611	IRC and KRCS programme reports

**Explanation of output and indicators variance:** The output was satisfactorily achieved. The project trained more personnel (185%) through effective coordination with GBV working groups in the respective counties. More GBV survivors and those at risk were reached (106%) due the SRH and GBV integration approach, functional GBV helplines, and strategic awareness creation on available GBV services. A slightly below target number (94%) was reached for mental health and psychosocial support services due to the mobility of populations triggered by the drought. Integrated health outreaches significantly alleviated the need for referral services, leading to fewer people requiring the service.

Activities	Description	Implemented by
Activity 2.1	Orient healthcare workers on clinical management of rape (CMR).	KRCS and IRC
Activity 2.2	Support operationalization of the national GBV Toll Free Helpline HAK 1195	UNFPA and HAK
Activity 2.3	Orient community responders on PFA.	KRCS and IRC
Activity 2.4	Provide clinical management of rape services to GBV survivors	KRCS and IRC
Activity 2.5	Provide mental health and psychosocial support services to survivors and those at risk of GBV and harmful practices.	KRCS, HAK and IRC
Activity 2.6	Sensitize emergency response teams on preventions of sexual exploitation and abuse (PSEA).	KRCS and IRC

Output 3	Women of reproductive age, and GBV survivors and those at risk receive information on available GBV services in 7 counties affected by drought.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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	4,500	13,000	UNFPA and KRCS data
Indicator 3.2	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits	4,500	13,000	UNFPA and KRCS reports
Explanation of output and indicators variance:		The output was fully achieved. The project procured and distributed dignity kits, sanitary pads, mama kits. Persons with disabilities received tailored items. Use of local women's organizations enabled wide and timely access to beneficiaries.		
Activities	Description		Implemented by	
Activity 3.1	Procure Drought Tailored Rapid Response Dignity Kits (DTRRDs) and Mama Kits		UNFPA and KRCS	
Activity 3.2	Distribute Drought Tailored Rapid Response Dignity Kits (DTRRDs) and Mama Kits		UNFPA, IRC, KRCS, and numerous local organizations.	
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.		KRCS	
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 7 counties		KRCS, TAT, FAK	

## 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 areas<sup>4</sup> 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)<sup>5</sup>:

<sup>4</sup> 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](#).

<sup>5</sup> 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](#).



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 – Mama Siri. 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 complaints / feedback mechanisms through multiple channels remained accessible to project beneficiaries. The KRCS, TAT, IRC, FAK, 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](mailto: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. UNFPA conducted field visits to meet beneficiaries and address any complaints or reservations raised.

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

The project ensured that all duty bearers involved in the delivery of interventions, including UNFPA staff, have been trained or sensitized on PSEA. All organizations who implemented the project under agreements signed with UNFPA had to undergo mandatory vetting for PSEA compliance. The project trained 163 service providers in the seven counties on PSEA. Complaints handling mechanisms were functional during the project implementation period. Beneficiaries were sensitized on reporting and the related safety and access to justice mechanisms.

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

The project had two outputs on GBV which sought to provide lifesaving GBV information and services. The project focused on women using information generated through a gender rapid assessment, GBV safety audits and GBV screening as part of the services offered. The project provided GBV information and services to 110,461 (99%) beneficiaries who included 7,611 (106%) GBV survivors and 259 (185%) service providers and community responders who underwent training. The project distributed dignity kits, sanitary pads, and mama kits to 13,000 beneficiaries. The project indirectly reached 920,000 with information on availability of SRH and GBV services. The worked with GBV Technical working groups in the respective counties to strengthen coordination of the GBV response. The project also involved local women's rights organizations to strengthen the capacity to address the specific needs of women and girls.

#### **e. People with disabilities (PwD):**

The project sought to address issues that affected persons with disabilities in the context of the drought emergence. A disability focused organization (This-Ability Trust) that advocates for the rights of women with disabilities was among UNFPA's partners that implemented the project. Concerns of PwDs were also integrated into the work of other actors such as the KRCS, the IRC and HAK. The project disseminated SRH and GBV bulk messages to PwDs and also distributed dignity kits that were tailored to the unique needs of PwDs. The project reached a total of 6,981 PwDs with disability sensitive information and services. All project activities were inclusive to ensure persons with disabilities are involved and engaged.

#### **f. Protection:**

The project mainstreamed protection in all its aspects. The project used information from a rapid gender analysis, safety audit and GBV screening to establish the protection risks that beneficiaries faced. The evidence generated showed that women and girls were involved in risky coping strategies including sex work while boys and men were involved in resource-based conflicts. The project subsequently engaged more local women's rights organizations in the drought response, increased the number of women and girls who received dignity kits, mama kits and sanitary pads. Boys and male youth were also targeted as beneficiaries of dignity kits. The integrated health outreaches also ensured access to services did not expose the beneficiaries to risks as a result of walking long distances to access service points. The project also sensitized duty bearers on PSEA. The project directly reached 167,798 women and girls whose vulnerability had increased as the main project beneficiaries.

#### g. Education:

The project used data from a rapid gender analysis which showed that girls were dropping out of school due to female genital mutilation, child marriage and sexual exploitation. The analysis also showed that boys were dropping out of school to take part in resource-based conflicts. Consequently, the project distributed dignity kits, sanitary pads, and boys' underwear to 8,979 girls and 3,150 boys which improved their school attendance remarkably. The project used schools as an entry point for distribution of the hygiene supplies. The project also sensitized teachers on adolescent sexual and reproductive health rights, and GBV during the distribution of the dignity kits.

### 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 a component of this project

#### 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	[N/A]	US\$ 0	Choose an item.	Choose an item.

### 9. Visibility of CERF-funded Activities

Title	Weblink
Integrated health outreach in Garissa County	<a href="https://drive.google.com/file/d/1RsLDGx8fRa-m5QJDxMPUU1SvotolISN-/view?usp=drive_link">https://drive.google.com/file/d/1RsLDGx8fRa-m5QJDxMPUU1SvotolISN-/view?usp=drive_link</a>
Photos on drought in Turkana and Garissa counties	<a href="https://photos.app.goo.gl/qwph4k22tKAiUG9S7">https://photos.app.goo.gl/qwph4k22tKAiUG9S7</a>
Media materials on drought response in Turkana County	<a href="https://drive.google.com/drive/folders/1RUfiTKwS0TI2uQ25dXh2z7cNMxGW9jCr?usp=sharing">https://drive.google.com/drive/folders/1RUfiTKwS0TI2uQ25dXh2z7cNMxGW9jCr?usp=sharing</a>

### 3.3 Project Report 22-UF-CEF-010

1. Project Information			
Agency:	UNICEF	Country:	Kenya
Sector/cluster:	Water, Sanitation and Hygiene Nutrition Health Protection - Child Protection	CERF project code:	22-UF-CEF-010
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:	09/03/2022	End date:	08/03/2023
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\$ 22,777,190
	Total funding received for agency's sector response to current emergency:		US\$ 2,550,000
	Amount received from CERF:		US\$ 2,350,000
	Total CERF funds sub-granted to implementing partners:		US\$ 432,881
	Government Partners		US\$ 186,427
	International NGOs		US\$ 110,264
	National NGOs		US\$ 0
	Red Cross/Crescent Organisation		US\$ 136,190

## 2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners has assisted a total of 464,686 people (Women – 96,347, Men – 86,091; Girls – 152,191; Boys – 128,057) which is 143% of its planned target (323,983 people), through the various interventions under WASH, Nutrition, Health, and Child Protection and in Seven (7) counties, namely Garissa, Isiolo, Mandera, Marsabit, Tana River, Turkana and Wajir. The over-achievement was mainly due to scale up of integrated outreach services to hard-to-reach locations and which took the services closer to the people, the upward revision of the nutrition targets mid-way the programme and strategic rehabilitation of critical boreholes that were easily accessed by the affected populations. More specifically, at the sector level the achievements are enumerated below:

WASH: In total, 254,928 (68,907 women, 66,205 men, 61,106 girls, and 58,710 boys) people have improved access to 7.5 to 15 litres per person per day of safe water for drinking, cooking, and maintaining personal hygiene (127.4% of target). This represents 127.4% of the WASH planned target of 200,100. Additional 377,097 people were reached with hygiene promotion (101,935 women, 97,937 men, 90,395 girls and 86,830 boys). This was possible through the restoration of a total of 60 water supply systems in 7 counties; the distribution of

WASH commodities (Jerry cans, Buckets, soap, water treatment chemicals) benefited 125,353 people (33,883 women, 32,554 men, 30,047 girls and 28,869 boys. In addition, 10,249 adolescent girls were reached with Menstrual hygiene management kits.

Nutrition: UNICEF reached a total of 64,489 children under five years of age (Girls 32,304, Boys 32,185) for severe acute malnutrition treatment (out of which 65 were Persons with Disabilities (PWDs), 32 Girls and 33 Boys) through services at the integrated outreach sites and health facilities in the 7 targeted counties of Garissa, Isiolo, Mandera, Marsabit, Tana River, Turkana and Wajir. This represents 196% of the UNICEF nutrition planned target of 32,899. Following the Long rains assessment of 2022, the planned 2022 nutrition targets were revised to 68,520. The proportion of children reached with treatment represents 94% of the revised target. Additionally, the nutrition sector was able to procure and distribute 9,800 cartons of ready to use therapeutic foods (RUTF) to health facilities in the targeted counties for treatment of severe acute malnutrition and ensuring that over 64,489 children suffering from severe acute malnutrition were managed and treated well.

Health: UNICEF reached a total 127,220 people (Girls 51,712, Boys 30,371 Men 18,875, and 26,262 Women - including 3,193 pregnant and lactating mothers, which is 165% of planned target) in hard-to-reach drought affected communities, with a package of critical lifesaving integrated outreach services linked to targeted supported health facilities. The over-achievement was due to scale up of integrated outreach services that took the services closer to the targeted communities. This ensured that the malnutrition cases among the women and children was effectively contained through the treatment provided. This is out of the planned target of 72,250 These services included: immunization, treatment of pneumonia, diarrhoea, health education, demonstration to community members participating in outreach services on household water treatment, nutrition monitoring, issuance of supplementary foods, antenatal care.

Additionally, a total of 127,220 people were mobilized, sensitized, and assisted to improve their health seeking behaviours during the drought and health emergencies. This was done through the training of a total 350 out of the planned 350 (300, CHEWS and 50 CHVs) who supported in ensuring that the target communities were adequately informed at household/community level on appropriate drought and diseases outbreaks messaging. This has increased the people's knowledge on drought and related disease epidemics, key communities/household practices, and dissemination of preventive health information on drought, house-hold water treatment and hand hygiene demonstrations as well as complementary feeding practices.

Lastly, UNICEF supported in the improvement of MoH/County performance reviews and mentorships systems for 6 counties. This was through providing cash assistance to counties which has enabled the target counties to conduct two programme reviews using the CERF funding.

Child Protection: UNICEF, in partnership with Department of Children Services, supported provision of essential life-saving child protection interventions in five target counties of Garissa, Mandera, Marsabit, Turkana and Wajir, reaching a total of 16,049 people (vulnerable girls – 7,069; boys – 6,791; women – 1,178; and men – 1,011) affected by drought emergency. This represents 101% of the planned target for children and it included a total of 479 persons with disability (208 Girls, 271 Boys). More specifically the child protection services provided included family tracing, reunification, reintegration, case management services, mental health/psychosocial support, training of government counterparts/partners on CP coordination mechanisms and distribution of menstrual management/dignity kits to girls and boys.

### **3. Changes and Amendments**

WASH: During the implementation period, Cholera outbreak was reported in various counties including the Counties of Garissa, Wajir, Tana River, and Mandera supported under the programme calling for the need to intensify the hygiene promotion activities with a focus to Cholera outbreak hence the increase in the targets achieved for hygiene promotion. In addition, more focus on restoration of non-functional water supply systems led to rehabilitation of more boreholes and hence achievements increased.

Nutrition: Following the Long rains assessment of July 2022, the planned 2022 Nutrition targets were revised from 32,899 to 68,520 in the target counties. The targets doubled due to the deterioration in the nutrition situation resulting from the prolonged drought. main contributing factor to the high levels of acute malnutrition included food insecurity characterized by extremely low production of milk which normally forms the main diet for children in pastoral areas. From the revised targets of 68,520, the proportion of children reached with treatment represents 94% of the target and out of which 65 were PWDs (32 Girls and 33 Boys).

Health: During the reporting period, more children and women were malnourished which required more intense health and nutrition interventions to overcome the challenges. Insecurity, and later flood affected access to the people in need therefore limited the number of people reached. However, as people moved out of insecure areas to more secure ones, remapping of outreach sites were done to follow the migrating population. In addition, the cholera epidemic affected the availability of health care workers to support the health and nutrition outreaches in some locations.

Child Protection: Apart from the directly targeted 13,733 children, an additional 2,189 community members (1,178 F & 1,011 M) were indirectly reached through child protection awareness raising sessions conducted by Child Protection Volunteers and Children Officers.

#### 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	11,576	10,030	28,348	27,296	77,250	26,262	18,875	51,712	30,371	127,220
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>11,576</b>	<b>10,030</b>	<b>28,348</b>	<b>27,296</b>	<b>77,250</b>	<b>26,262</b>	<b>18,875</b>	<b>51,712</b>	<b>30,371</b>	<b>127,220</b>
<b>People with disabilities (PwD) out of the total</b>										
	60	56	124	120	360	54	57	122	119	352

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	16,121	16,778	32,899	0	0	32,304	32,185	64,489
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>16,121</b>	<b>16,778</b>	<b>32,899</b>	<b>0</b>	<b>0</b>	<b>32,304</b>	<b>32,185</b>	<b>64,489</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	0	0	32	33	65

\* 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.

<b>Sector/cluster</b>	Water, Sanitation and Hygiene									
	Planned					Reached				
<b>Category</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
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	52,026	50,028	50,022	48,024	200,100	68,907	66,205	61,106	58,710	254,928
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>52,026</b>	<b>50,028</b>	<b>50,022</b>	<b>48,024</b>	<b>200,100</b>	<b>68,907</b>	<b>66,205</b>	<b>61,106</b>	<b>58,710</b>	<b>254,928</b>
<b>People with disabilities (PwD) out of the total</b>										
	1,145	1,101	1,100	1,056	4,402	1,516	1,456	1,344	1,292	5,608

<b>Sector/cluster</b>	Protection - Child Protection									
	Planned					Reached				
<b>Category</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
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	6,729	7,004	13,733	1,178	1,011	7,069	6,791	16,049
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>6,729</b>	<b>7,004</b>	<b>13,733</b>	<b>1,178</b>	<b>1,011</b>	<b>7,069</b>	<b>6,791</b>	<b>16,049</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	336	350	686	0	0	208	271	479

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

## 5. People Indirectly Targeted by the Project

UNICEF through this action reached a total of **402,500 people (WASH – 337,500 and Child Protection 65,000)** indirect beneficiaries through radio talk shows and hygiene messaging under the child protection and WASH sectors and broken down as follows:

**WASH:** Through the engagement of local FM stations in Tana River County and Wajir Counties, radio talk shows and radio spots were held with a focus on hygiene promotion and Cholera outbreak prevention and control. Through the radio talk shows 67,500 people were reached in Wajir and in Tana River County, 270,000 (126,318M, 143,682F) were reached with hygiene messages.

**Nutrition:** Under Nutrition there were no indirect beneficiaries reached.

**Child Protection:** Through local Ekeyekon FM Radio station, with a listenership capacity of 65,000 people, key Child Protection in Drought Emergency messages were disseminated to communities in Turkana South and its environs, during the airing of 2 Radio talk shows & 5 Radio Spots out of the planned 5 radio spots.

## 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 seven ASAL 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	Number of drought affected children (boys and girls) accessing quality lifesaving Newborn Child Adolescent Health interventions at community level in the 6 targeted counties	55,644 ;	82,083	Project Implementation reports
Indicator 1.2	Number of displaced drought affected pregnant and lactating mothers (1,136) (and 10,440 other women) accessing quality life-saving Maternal Health interventions in the 6 targeted counties	1,136 10,440	3,193 23,097	Project Implementation reports
Indicator 1.3	Number of drought affected men accessing quality life-saving Maternal Health interventions in the 6 targeted counties	10,030	18,847	Project Implementation reports
Indicator 1.4	Number of essential life-saving commodities stock out	0	12	Project implementation reports
Explanation of output and indicators variance:		All the targets have been essentially achieved and, in some cases, surpassed. The reason for surpassing the targets is the significant turnout of people in the affected communities which surpassed the initial estimates.		
Activities	Description	Implemented by		



Activity 1.1	Procure life-saving medical commodities to targeted integrated outreach sites.	UNICEF
Activity 1.2	Support distribution of life-saving medical commodities and to flood affected displaced children and women from 6 target counties	Kenya Red Cross Society and county and subcounty departments of health
Activity 1.3	Support delivery of a package of lifesaving interventions through integrated outreach sessions including rapid response teams (RRTs)	Kenya Red Cross Society and county and subcounty departments of health

**Output 2** Vulnerable communities have improved health seeking behavior during drought and health emergencies

**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	Number of Community Health Extension Workers (50) and Community Health Volunteers (300) oriented on preventive household care practices, and disseminate key messages	350	350	Project Report
Indicator 2.2	Number of people (85% of the total population reached) who remember at least 3 key messages on drought and related disease epidemics	65,663	127,220	Project report
Indicator 2.3	Number of people (80% of indicator 2.2) who practice at least 2 key messages on drought and related disease epidemics	52,530	127,220	Project Report
<b>Explanation of output and indicators variance:</b>		Contrary to anticipation, more people were reached with drought key messages and a lot also were able to remember at least two key messages. The messages delivery through outreaches has ensured that more people were reached as opposed to using other conventional methods such as IEC materials and it ensured that there was a higher recall rate among the targeted people.		
Activities	Description	Implemented by		
Activity 2.1	Orient community health volunteers on drought, diseases epidemic community and household preventive measures	Kenya Red Cross and County departments of health		
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 County departments of health		
Activity 2.3	Dissemination of contextualized integrated messaging package and IEC materials and dissemination of drought multi-media messaging	Kenya Red Cross and County departments of health		

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	Health			
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 6 counties for the duration of the project implementation=12	12	3	Project Report
Indicator 3.2	Number of support supervision/mentorship sessions conducted in the 6 counties with reports (At least 3 supervision sessions per county during the project period=3*6=18)	18	18	Project Report
Explanation of output and indicators variance:		Three (3) performance review meetings were conducted with CERF funds and the low was mainly due to the fact that other UNICEF resources have been used to support this activity.		
Activities	Description		Implemented by	
Activity 3.1	[Conduct coordination, performance review sessions in the 6 counties]		County Governments, UNICEF and Kenya Red Cross	
Activity 3.2	[Conduct joint monitoring sessions in 6 ASAL Counties]		County Governments, UNICEF and Kenya Red Cross	

Output 4	Increased coverage and quality of the treatment of severe acute malnutrition in severely drought-affected counties			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding) (16,778 boys / 16,121 girls)	32,899	64,489	Kenya health information systems (KHIS)
Indicator 4.2	N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate) >75% recovery rates	75%	98.4%	Kenya health information systems (KHIS)
Indicator 4.3	N.4 Number of people screened for acute malnutrition	30,000	291,425	Programme reports
Indicator 4.4	Percentage of health facilities reporting stock outs of Ready to use Therapeutic food (RUTF) supplies	<5%	1.8%	Logistics Management Information System (LMIS)
Explanation of output and indicators variance:		64,489 (196%) children were admitted to SAM treatment programme against a target of 30,635. Following the August 2022 Long rains assessment (LRA,		

	<p>the target was revised to 68,520 translating to an achievement of 94% of the target. Scale up of mass screening and outreaches is ongoing to ensure more children are reached with treatment.</p> <p>The programme met the sphere targets of above 75% for cure rate. 98.4% of children were discharged as cured.</p> <p>Mass screening was scaled up significantly because of subsequent failed rains season and worsening food and nutrition security situation.</p> <p>A total of 9,800 cartons of RUTF were procured for treatment of SAM contributing to a secure pipeline in the target counties. The estimated price per carton of RUTF was USD 39.95 at the time of proposal development, however the unit price increased to USD 45.95 therefore reducing the quantity of RUTF from 11,166 to 9,800 cartons.</p> <p>The stock-out rate was at 1.8% in December 2022.</p>
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Activities	Description	Implemented by
Activity 4.1	Procurement and distribution of 11,166 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)

<b>Output 5</b>	Increased access to safe drinking water, WASH supplies and improved hygiene practices for vulnerable population in severely drought affected counties.
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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 5.1	WS.15 Number of communal water points (e.g boreholes, tap stands and systems) constructed and/ or rehabilitated reaching 150,000 people with sufficient quantities of drinking water	28	60	Programme reports-5W matrix
Indicator 5.2	Number of people who are using sufficient and safe water for drinking, cooking and personal hygiene use	50,100	254,929	Programme reports-5W matrix
Indicator 5.3	WS.16 Number of people receiving with critical WASH supplies (e.g. WASH/Hygiene kits)	45,000	125,354	Programme reports-5W matrix

Indicator 5.4	WS.18 Number of WASH/hygiene kits distributed reaching 45,000 people.	9,000	19,500	Programme reports-Supply reports
Indicator 5.5	WS.17 Number of people receiving WASH/Hygiene/COVID-19 messaging	209,140	377,117	Programme reports-5W matrix
Indicator 5.6	WS.20 Percentage of people with improved knowledge that demonstrate safe hygiene practices that have received hygiene promotion and/ or distribution of hygiene materials	41%	50%	Programme reports-5W matrix

**Explanation of output and indicators variance:**

In all the WASH activities, all the indicators were overachieved because more strategic and accessible water supply sources were rehabilitated/restored; more households were reached with WASH supplies and more people were reached with hygiene promotion because of partners' contribution and by working closely with the government departments including supporting the Borehole Rapid Response Teams (BRRT) to respond to breakdown of water supply systems.

For the WASH/Hygiene kits distributed included 15000 WASH kits for households and 4500 kits for Menstrual hygiene management. UNICEF has complemented the procurement of additional WASH commodities using separated funding, and hence the over-achievement.

Activities	Description	Implemented by
Activity 5.1	Rehabilitation of strategic boreholes	Diocese of Lodwar for Turkana County, County Government of Wajir, Department of Water Services, Mandera County Water Services Department Finn Church Aid (FCA) for Marsabit and Garissa, Lay Volunteers International Association (LVIA)-Isiolo, Welthungerhilfe (WHH) for Tana River
Activity 5.2	Support the Rapid Response team to facilitate the repair and rehabilitation of water points	Diocese of Lodwar, Turkana County, County Government of Wajir, Department of Water Services, Mandera County Water Services Department Finn Church Aid (FCA) for Marsabit and Garissa, Lay Volunteers International Association (LVIA)-Isiolo, Welthungerhilfe Kenya (WHH), Tana River
Activity 5.3	Distribution of WASH supplies including MHM kits	Diocese of Lodwar for Turkana County, County Government of Wajir, Department of Health and Sanitation, Finn Church Aid (FCA) for Marsabit and Garissa, Lay Volunteers International Association (LVIA)-Isiolo, Welthungerhilfe (WHH) for Tana River, Kenya Red Cross Society (KRCS) for Tana River, Garissa and Turkana)
Activity 5.4	Hygiene promotion, Household water treatment and storage (HWTS) training including COVID-19 messaging in the community	Diocese of Lodwar for Turkana County, County Government of Wajir, Department of Health and Sanitation, Finn Church Aid (FCA) for Marsabit and Garissa, Lay Volunteers International Association (LVIA)-Isiolo, Welthungerhilfe (WHH) for Tana River, Kenya Red Cross Society (KRCS) for Tana River, Garissa and Turkana)

<b>Output 6</b>	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.
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**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	Number of children receiving protection support (e.g. family tracing, reunification, reintegration, case management services, etc)	13,733	13,860 (7,069 girls & 6,791 boys)	Directorate of Children Services reports from Garissa, Mandera, Marsabit, Turkana & Wajir
Indicator 6.2	CP.1 Number of unaccompanied or separated children identified and assisted, including family tracing and reunification	2,000	1,839 (905 girls, 934 boys)	Directorate of Children Services reports from Garissa, Mandera, Marsabit, Turkana & Wajir
Indicator 6.3	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	1,450	1,974 (1,016 girls & 958 boys)	Directorate of Children Services reports from Garissa, Mandera, Marsabit, Turkana and Wajir
Indicator 6.4	No. of reintegrated children reached with follow-up services by social workers	2,000	1,839 (905 girls, 934 boys)	Directorate of Children Services reports from Garissa, Mandera, Marsabit, Turkana and Wajir
Indicator 6.5	H.9 Number of people provided with mental health and/or psycho-social support services (children)	5,000	4,306 (2,174 girls, 2,132 boys)	Directorate of Children Services reports from Garissa, Mandera, Marsabit, Turkana and Wajir
Indicator 6.6	No. of government and implementing partners whose coordination mechanisms are strengthened	25	5	Directorate of Children Services (DCS) in Garissa, Mandera, Marsabit, Turkana and Wajir counties

**Explanation of output and indicators variance:**

The slight under achievement under 6.2 & 6.5 was mainly resulted from the fewer number of people identified that needed psychosocial support and the non-accompanied children. Additionally, the county level department of children services (DCS) has been targeted in each of the target 5 counties under 6.5 and are expected to cascade the coordination skills acquired to at least 5 other staffs in each of the offices, and this had not been reported by the counties at the end of the project.

UNICEF implemented Child Protection Coordination activities in all 5 targeted Counties- Garissa , Mandera, Marsabit, Turkana and Wajir in Partnership with the Directorate of Children Services . The Directorate of Children Services charied monthly meetings, and CP prevention and response activities were coordinated through the Child Protection in Emergencies Working Group (coordination mechanism) in each of the above Counties. Number of Counties where Coordination mechanisms are strengthened.

Activities	Description	Implemented by
Activity 6.1	Identification and documentation of vulnerable children, including unaccompanied and separated children	Directorate of Children Services (DCS) in Garissa, Mandera, Marsabit, Turkana and Wajir counties
Activity 6.2	Identification and documentation of unaccompanied and separated children, and the provision of child protection services, including family tracing and reunification services and/or alternative care	Directorate of Children Services (DCS) in Garissa, Mandera, Marsabit, Turkana and Wajir counties

Activity 6.3	Procurement and distribution of CP supplies to girls and boys 5 –17 years	Procurement section, UNICEF Kenya
Activity 6.4	Facilitate family reintegration follow-up visits by social workers	Directorate of Children Services (DCS) in Garissa, Mandera, Marsabit, Turkana and Wajir counties
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.	Directorate of Children Services (DCS) in Garissa, Mandera, Marsabit, Turkana and Wajir counties
Activity 6.6	Facilitate consultations with Health Sector and referrals for children requiring specialized mental health support	Directorate of Children Services (DCS) in Garissa, Mandera, Marsabit, Turkana and Wajir counties

<b>Output 7</b>	Community awareness on child protection in emergencies is facilitated to protect children from violence, exploitation and abuse, including GBV
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>Sector/cluster</b>	Protection - Child Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 7.1	No. of counties that disseminating child protection risk mitigation and prevention messages.	5	5	Directorate of Children Services reports from Garissa, Mandera, Marsabit, Turkana and Wajir
Indicator 7.2	PP.1b Number of people accessing protection referral pathways (children referred for services in other sectors responding to the drought emergency)	500	401 (228 girls & 173 boys)	Directorate of Children Services reports from Garissa Mandera, Marsabit, Turkana and Wajir
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	50	50 (11 F & 39 M)	Directorate of Children Services reports from Garissa Mandera, Marsabit, Turkana and Wajir

<b>Explanation of output and indicators variance:</b>	For Child Protection output # 7, there was no significant variance
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<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
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.	Directorate of Children Services Garissa Mandera, Marsabit, Turkana and Wajir
Activity 7.2	Following protection assessment, refer and follow-up health, Nutrition, Education and WASH related referrals, complemented with psychological first aid and psychosocial support services	Directorate of Children Services Garissa Mandera, Marsabit, Turkana and Wajir
Activity 7.3	Mobilize and facilitate 50 Child Protection Volunteers to carry out outreach support services to children most deprived of care and protection due to the drought	Directorate of Children Services Garissa Mandera, Marsabit, Turkana and Wajir

## 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 areas<sup>6</sup> 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)<sup>7</sup>:**

To ensure greater accountability to drought affected people in target seven (7) Counties of Garissa, Isiolo, Mandera, Marsabit, Tana River, Turkana and Wajir, UNICEF ensured that 464,686 people (Women – 96,347, Men – 86,091; Girls – 152,191; Boys – 128,057) were reached with essential WASH, Health, Nutrition and Child Protection services.

WASH: WASH engaged with Community members to identify the most vulnerable communities to benefit from the WASH supplies. Engagement of Water Users Association including representative of women in the rehabilitation of the water supply systems. Identification of strategic water supply systems for rehabilitation focused on the most vulnerable communities and engaged women on identification of sites for construction of communal water points. Pipeline extension to communities reduced the trekking distance to water sources. Provision of Menstrual hygiene kit to adolescent girls targeted the most vulnerable girls.

Nutrition: 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.

Health: Identification of target communities was done in consultation with both government and representatives of communities. During implementation, community members contributed towards providing sites for examining pregnant women during the outreach periods. In addition, opinion of the communities was sought from time to time using Peer Group Discussions on how they perceive the services and what in their opinions could be done to improve efficiency of the health services being provided.

Child Protection: Community members and community-based child protection volunteers fully participated in child protection activities, including awareness raising sessions on child protection, identification of most affected and vulnerable children for support and psychosocial support services for children.

#### **b. AAP Feedback and Complaint Mechanisms:**

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

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

<sup>6</sup> 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](#).

<sup>7</sup> 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](#).

UNICEF ensured that all the implementation partners were assessed and trained on PSEA, and that their activities were closely monitored. Comprehensive quality assurance was put in place to ensure adherence to PSEA guidelines. For instance, under Child Protection, Five Department of Children Services staff (3 F & 2 M) implementing the drought response programme in 5 counties were trained for four days on PSEA and they were able to cascade the rapid training to 50 Child Protection Volunteers (11 F & 39 male) supporting the project's aim on zero tolerance for Sexual Exploitation & Abuse while ensuring that there was essential optimal child safe-guarding and referral pathway for PSEA cases. Regular monitoring of the project was done by UNICEF staff and engagement of the community members including Water Users Associations to understand and report issues related to PSEA.

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

**WASH:** Women and girls bear the greatest responsibility of collecting water for domestic use. Rehabilitation of strategic boreholes therefore reduces the distance trekked by women and girls in search of water. Providing separate water collection points for domestic water reduces the waiting time for women and girls and the conflict with livestock herders. Hygiene promotion and distribution of WASH supplies ensure women and girls have access to services that promote hygiene. Promotion of menstrual hygiene management (MHM) services for adolescent and women of reproductive age ensures their dignity during the drought emergency.

**Nutrition:** Nutrition interventions exclusively targeted severely malnourished children under the age of five years and the pregnant lactating mothers. 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.

**Health:** The health interventions targeted both girls and women, especially pregnant and lactating women where antenatal and post-natal care services as well emergency referrals were supported during the implementation of the project.

**Child Protection:** During drought emergency children are at heightened risk of sexual and gender -based violence, families get separated as they migrate with their animals. The programme ensured that it specifically targeted the separated and unaccompanied vulnerable children and with help of the community volunteers, these children were identified for the specific protection support services. During community awareness raising, these child protection risks are highlighted, and referral pathways shared. During sessions with children, separated children are identified by Children Officers and Child Protection Volunteers to support them within communities and given priority during distribution of dignity kits.

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**e. People with disabilities (PwD):**

WASH targets the most vulnerable people, including people with disabilities during the distribution of WASH supplies and MHM kits. Rehabilitation of water infrastructures including communal water points are disability friendly to ensure ease access by people with disabilities. Water Users Associations members include representative of people with disabilities to ensure their interest are considered. Under Nutrition, the mapping of the outreach sites ensured that they could easily be accessed by persons with disability. Under health, individuals, irrespective of their disability status were reached during the project implementation. However, there was deliberate effort to seek and provide necessary services to the disabled within the members of the community, through the identification of the community health volunteers. Through the child protection outreach and awareness raising sessions done by child protection volunteers and Children Officers, communities were informed to give special attention and support to persons living with disabilities and refer them to partners for services, including to receive supplies like dignity kits for children

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**f. Protection:**

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

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**g. Education:**



N/A

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	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.

UNICEF under this action did not consider use of Cash and Voucher Assistance (CVA) mainly because programmatically, the interventions under sectors like Health and WASH did not lend themselves well to cash transfer modalities.

### 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	N/A	US\$ [insert amount]	Choose an item.	Choose an item.

## 9. Visibility of CERF-funded Activities

Title	Weblink
WASH: Human Interest story was done by UNICEF Kenya for CERF supported borehole rehabilitation in Garissa County	Access to water brings hope for Rigdam village   UNICEF Kenya
Nutrition: Branding of RUTF supplies procured through CERF funding	<a href="https://www.unicef.org/supply/rutf-supply-warehouse-embakasi-kenya">https://www.unicef.org/supply/rutf-supply-warehouse-embakasi-kenya</a>
<p>Child Protection: Human interest story done UNICEF German Natcom in Dujis, Garissa –CERF supported area, on protection risks faced by children, because of drought.</p> <div>   </div> <p>Unicef in Kenya_ _ Unicef in Kenya_ _ (Not) a life without pa(Not) a life without pa</p>	<p><a href="https://www.aachener-zeitung.de/specials/unicef/k-ein-leben-ohne-eltern_aid-79968083">https://www.aachener-zeitung.de/specials/unicef/k-ein-leben-ohne-eltern_aid-79968083</a></p>
Some Project Photos - WASH	 <p>Visibility for CERF projects.docx</p>

### 3.4 Project Report 22-UF-WFP-012

1. Project Information			
Agency:	WFP	Country:	Kenya
Sector/cluster:	Food Security - Food Assistance Nutrition	CERF project code:	22-UF-WFP-012
Project title:	Support for Treatment of Moderate Acute Malnutrition (MAM) among Children 6-59 months, and Pregnant and Lactating Women (PLW)		
Start date:	10/03/2022	End date:	09/03/2023
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\$ 54,446,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 1,750,001
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent Organisation		US\$ 0

### 2. Project Results Summary/Overall Performance

Through this CERF allocation, WFP reached 48,400 vulnerable Kenyans (57 percent women) in Turkana County to mitigate the impact of drought on food security. Each household received KES 5,000 per month for three consecutive months. The cash transfers provided the targeted drought-affected communities with a seasonal safety net which improved their access to healthy and affordable diets. Further, WFP reached 190,226 children and 120,533 pregnant and breastfeeding women and girls (PBW/G)<sup>8</sup> with Specialized Nutritious Foods (ready-to-use supplementary food) and Fortified Blended Food (Super Cereal Plus), respectively, to treat moderate acute malnutrition in Garissa, Isiolo, Mandera, Marsabit, Tana River, Turkana and Wajir counties. Screening, identification, referral, and treatment continued in far and hard-to-reach areas to ensure that all the malnourished cases were referred to the health facilities for timely treatment. 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, optimal infant and maternal nutrition,

<sup>8</sup> New WFP terminology replacing pregnant and lactating women & girls.

dietary diversity, and hygiene promotion. The programme average recovery rate for children and PBW/G was 89 percent, which was above the Sphere Standards ( $\geq 75\%$ ).

### **3. Changes and Amendments.**

At the time of the application, WFP had reached just 108,000 of the 3.5 million people in need and was by necessity targeting those in worst-affected areas such as Turkana. During the project period, WFP received significant additional funding from donors to provide food and nutrition assistance to at least 75 percent of the population that was facing emergency levels of food scarcity (in IPC phase 4). Through the funds, food assistance to drought-affected Kenyans expanded five-fold targeting 535,000 people, through the *Lisha Jamii* drought response campaign across 12 counties that were worst affected as per the 2022 long rains assessment: Turkana, Samburu, Isiolo, Garissa, Tana River, Baringo, Mandera, Wajir, Kitui, Kilifi, Kwale and Marsabit. Food assistance was predominantly through cash-based transfers, with in-kind food assistance provided in areas where local markets were insufficient. 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 the revised MFB. Complementary funding from other donors and exchange rate gains enabled WFP to reach all beneficiaries planned under the CERF allocation. WFP transitioned all the 48,400 beneficiaries to the WFP emergency response programme, where they continued receiving an additional three months of transfers worth KES 6,5000/household/month to meet their food consumption gaps. Working with the government, WFP increased coverage for treatment of Moderate Acute Malnutrition (MAM) from eight counties to fifteen, to address soaring malnutrition rates, particularly in the ASALs.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	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		
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	75,024	0	70,314	46,874	192,212	120,533	0	98,491	91,735	310,759
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>75,024</b>	<b>0</b>	<b>70,314</b>	<b>46,874</b>	<b>192,212</b>	<b>120,533</b>	<b>0</b>	<b>98,491</b>	<b>91,735</b>	<b>310,759</b>
<b>People with disabilities (PWD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0

Sector/cluster	Food Security - Food Assistance									
	Planned					Reached				
Category	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	9,000	7,560	11,520	7,920	36,000	12,100	10,164	15,488	10,648	48,400
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>9,000</b>	<b>7,560</b>	<b>11,520</b>	<b>7,920</b>	<b>36,000</b>	<b>12,100</b>	<b>10,164</b>	<b>15,488</b>	<b>10,648</b>	<b>48,400</b>
<b>People with disabilities (PWD) out of the total</b>										
	160	130	200	140	630	78	72	66	70	286

\* 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

Nutrition: WFP's MAM treatment programme was complemented by a Social Behaviour Change Communication (SBCC) strategy aimed at promoting appropriate maternal, infant, and young child nutrition, hygiene practices, and timely health-seeking behaviour. This initiative helped to enhance the nutrition knowledge and skills of 138,298 community members, by using combined social and behaviour change communication strategies through media to increase demand for safe and nutritious foods.

## 6. CERF Results Framework

Project objective	Provide food assistance and nutrient-rich commodities to vulnerable Kenyan populations in order to meet acute food needs			
Output 1	36,000 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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	36,000	48,400	WFP Distribution Reports
Indicator 1.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	824,213	\$823,895	WFP Corporate Financial Accounting System/WINGS II
Indicator 1.3	FS.5c Percentage of households with a poor food consumption score	≤20%	61%	KFSSG 2022 Short Rains Food and Nutrition Security Assessment
Indicator 1.4	FS.1c Percentage of households relying on crisis livelihoods coping strategies	≤20%	25%	KFSSG 2022 Short Rains Food and Nutrition Security Assessment
Explanation of output and indicators variance:		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 crops and livestock. As a result, food insecurity was widespread, and food prices continued to increase. These contributed to an increase in populations with a poor food consumption score.		
Activities	Description	Implemented by		
Activity 1.1	Beneficiary targeting and registration.	WFP led a community-based targeting approach, and conducted jointly with the 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		
Output 2	117,188 moderately malnourished children and 75,024 malnourished pregnant and lactating women have access to nutrition commodities for the treatment of acute malnutrition			

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Nutrition			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	N.2b Percentage of people who were admitted for MAM treatment who recovered (MAM recovery rate) Target: $\geq$ 75%	75	89.0%	Kenya Health Information System
Indicator 2.2	Programme Default Rate	< 15%	3.3%	Kenya Health Information System
Indicator 2.3	Programme Death Rate	< 3%	0%	Kenya Health Information System
Indicator 2.4	N.2a Number of people admitted in MAM treatment programme	192,212	310,759	Kenya Health Information System
Indicator 2.5	Programme non-response rate	<15%	7.7%	Kenya Health Information System
Indicator 2.6	FN.1a Number of people receiving specialised nutritious foods	192,212	310,759	Kenya Health Information System
Indicator 2.7	FN.1b Quantity of food assistance distributed in MT (181MT RUSF & 111MT Corn Soy Blend)	292	287.908 (108mt of RUSF and 180mt of CSB++)	WFP distribution reports

<b>Explanation of output and indicators variance:</b>	<p>During this reporting period, WFP received significant additional funding to provide food and nutrition assistance to at least 75 percent of the population facing emergency levels of food security (in IPC phase 4). As a result, WFP expanded the nutrition programme to 15 of the worst drought-affected counties in the arid and semi-arid lands of Kenya. These include Marsabit, Isiolo, Turkana, Samburu, Wajir, Garissa, Mandera, Tana River, Baringo, West Pokot, Kilifi, Makueni, Kitui, Kwale and Kajiado. These Arid and Semi-Arid counties had a high caseload of malnutrition thus the need to timely identify, refer and treat those who were malnourished.</p> <p>For the nutrition response, more beneficiaries were reached in the targeted counties following an increase in the number of people in need of treatment of moderate acute malnutrition across the seasons. As of December 2021, individuals in need of treatment for acute malnutrition included 652,960 children and 96,480 pregnant and breastfeeding women/girls, while by December 2022, this number had increased to 970,214 children and 142,174 pregnant and breastfeeding women/girls needed treatment of acute malnutrition within the Arid and Semi-Arid Lands (ASALs). Within the same period, the nutrition sector invested in supporting mobile health facilities in the hard-to-reach areas to improve access for treatment of acute malnutrition. The deteriorating nutrition situation is attributed to worsening food insecurity situation, poor infant and young child feeding practices, and high disease burden. Contribution from CERF and other donors ensured consistent support for those in need of treatment.</p>	
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 2.1	Procurement of specialized nutritious foods –Ready to Use Supplementary Food (RUSF) and Super Cereal Plus	World Food Programme
Activity 2.2	Distribution of specialized nutritious foods until health facility level	NGO partners – as secondary transporters to health facility level. Health facility distributions to beneficiaries were conducted by the respective county governments.

## 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 areas<sup>9</sup> 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)<sup>10</sup>:

WFP engaged a multisectoral team comprising National Government Administration Officers, County Governments, WFP, and non-state actors to coordinate the food assistance project. As a result, targeted communities, including women, men, youth, and people living with disabilities (PWDs) actively participated in beneficiary targeting, validation, and monitoring of the response. 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.

To ensure effective coordination of the nutrition programmes across the country, nutrition sector coordination meetings were held both at the county and the national levels. This ensured the delivery of the nutrition activities in a coordinated manner avoiding the risk of duplication. Targeting of beneficiaries was guided by the Kenya guidelines for the management of acute malnutrition thus standardized identification and treatment package for those enrolled. WFP also supported routine monitoring activities that included Beneficiary Contact Monitoring (BCM). These allowed beneficiaries to share feedback on their perception of the programme, their use and satisfaction.

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 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:

WFP Kenya's complaints and feedback mechanism (CFM) was available to project beneficiaries, giving them an opportunity to voice their complaints, make inquiries 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, and help desks. All feedback was stored in a centralized online database while ensuring confidentiality. Regular committee meetings were held to collect, analyse, and present recommendations to improve WFP's assistance effectively and efficiently.

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

WFP mainstreamed SEA 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 any

<sup>9</sup> 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](#).

<sup>10</sup> 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](#).

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 the effective inclusion of people living with disabilities, 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. As a result, the project reached 286 persons with disabilities with cash transfers to meet the food requirements during the project period.

#### **f. Protection:**

WFP was committed to mainstreaming protection principles, including prioritizing safety and dignity, and avoiding any harm by minimizing as much as possible unintended negative effects of the activities carried out and minimizing 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)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	48,400

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 the 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. WFP explored the use of the Enhanced Single Registry (ESR), from the State Department for Social Protection for beneficiaries' registration. For the first time, this will be used from April 2023.

#### **Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
Activity 1.2	35,178	US\$ 823,895	Food Security - Food Assistance	Unrestricted



## 9. Visibility of CERF-funded Activities

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

### 3.5 Project Report 22-UF-WHO-007

1. Project Information			
Agency:	WHO	Country:	Kenya
Sector/cluster:	Health	CERF project code:	22-UF-WHO-007
Project title:	Emergency lifesaving health response to drought disaster in Kenya targeting affected children, women and men		
Start date:	04/03/2022	End date:	03/03/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 2,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 250,000
	Amount received from CERF:		US\$ 400,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent Organisation		US\$ 0

### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WHO focused on controlling communicable diseases such as cholera, measles and managing severe acute malnutrition that were admitted in the major county facilities with medical complications requiring specialized care. Additional emphasis was put on boosting the early warning systems and response (EWARN) using EWARS -in-a box toolkit for public health events (PHEs), and ensuring that essential lifesaving drugs, medical and laboratory supplies are made available to the affected communities, see also here <https://www.who.int/emergencies/surveillance/early-warning-alert-and-response-system-ewars>. Technical staff were dedicated to support the counties affected to implement the prioritized interventions. These critical lifesaving response activities initially targeted 108,722 children, women and men and 8,850 people with disabilities (PwD) all of whom had been affected by the worsening drought further scaling up already ongoing efforts. Through the CERF funding WHO procured Interagency Emergency Health Kits (IEHKs) to meet the priority health needs of populations impacted by emergencies with limited access to health care, reaching 1,832,000 People in 9 priority counties. Cholera kits to treat 2 500 people were also purchased with CFE funding and helped to address the upsurge in reported cholera outbreak cases that continue to burden some of the targeted ASAL counties. WHO also organized a series of tailor-made trainings on Integrated Management of Acute Malnutrition (IMAM) for key healthcare workers, reaching 687 Health care workers in the drought affected counties. The project supported the MOH structures (both national and affected counties) in rapidly responding to the registered disease outbreaks that included measles, cholera yellow fever, Visceral Leishmaniasis (VL), also known as kala-azar as well as capacity strengthening of the decentralized health structures on mass screening, active case search and 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

Initially the IERK kits were programmed for only 7 counties that were in critical drought alert, but this was later expanded to cover the total of 9 counties augmented with WHO internally mobilized funding. Hence the CERF allocation enabled to advance WHO's health response further and beyond. Further, to strengthen nutrition screening, the project remodelled the design architecture and used a multi-pronged approach (rollout of family led MUAC screening, routine screening, and follow by CHVs as part of CHS work, community sensitization on malnutrition detection and treatment services) to strengthen early identification, referral, and treatment of wasted children and malnourished PLWs. Health systems capacity building was further repositioned and enhanced through training of additional healthcare workers and community health volunteers on the Integrated Management of Acute Malnutrition (IMAM) to improve their skills and knowledge, allowing them to participate in mass screening exercises and provide appropriate interventions effectively. Some of the field-level response experiences that necessitated reorganizations and realignment of the project implementation arrangements included: Inadequate resources to facilitate critical response pillars limiting response capacity in detecting, investigating, and follow-up of cases (especially lack of laboratory reagents; Inadequate infrastructures for cholera case management centers including CTCs to cope with the surging numbers of cholera cases; Inadequate essential drugs for cholera management which necessitated reprogramming of some of the funding and sourcing of additional funds to augment the affected counties to more robustly respond and contain the multiple disease outbreaks reported especially cholera. Moreover, inadequate resources for case finding, reporting and contact tracing resulted in late submission of line-lists from counties/sub-counties to the national level.

#### 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	11,466	10,647	30,303	29,484	81,900	366,400	91,600	696,160	677,840	1,832,000
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>11,466</b>	<b>10,647</b>	<b>30,303</b>	<b>29,484</b>	<b>81,900</b>	<b>366,400</b>	<b>91,600</b>	<b>696,160</b>	<b>677,840</b>	<b>1,832,000</b>
<b>People with disabilities (PwD) out of the total</b>										
	300	280	622	600	1,802	10,992	2,748	13,923	13,557	41,220

\* 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 all the community end beneficiaries in the 23 counties ((Baringo, Embu, Garissa, Isiolo, Kajiado, Kilifi, Kitui, Kwale, Laikipia, Lamu, Makueni, Mandera, Marsabit, Meru, Narok, Nyeri, Samburu, Taita-Taveta, Tana River, Tharaka-Nithi, Turkana, Wajir, and West Pokot) under health sector response that were either in alert/crisis phases of the humanitarian emergency and were potentially at risk of graduating to famine phase based on the evolution of the drought as documented in both the SRA and LRA 2022 projections. The people in need (PIN) totalling 3,048,182 out of the 17,089,095-total population for the select 23 counties, indirectly benefitted from the interventions, that included: early warning and reduction of disease transmissions due to the early detection and rapid control measures instituted, and 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 7 most affected counties in northern parts of Kenya currently 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	40,000	18,044,986	MoH
Indicator 1.2	H.1a Number of emergency health kits delivered to healthcare facilities (7 IEHK)	7	1336	WHO
Indicator 1.3	N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate)	90	90%	MoH/DHIS2
Indicator 1.4	Proportion of the total number of people with communicable diseases successfully treated and discharged from treatment facilities	90%	96%	MoH/DHIS2
Indicator 1.5	H.11 Number of people receiving treatment for acute watery diarrhoea (incl. cholera)	81,900	8,050	MoH Cholera SitRep, 31.03.2023
Indicator 1.6	H.7 Number of functional health facilities supported	7	547	MoH/ KMHFL
Explanation of output and indicators variance:	Additional financing was mobilized internally by WHO to ramp up support to the increased number of counties that had been graded to alert and critical drought phases following the July 2022 long-rain assessments increasing the number of targeted counties from the previously earmarked 7 ( <b>Garissa, Isiolo, Mandera, Marsabit, Tana River, Turkana, Wajir</b> ) to a total of 9 (with <u>Samburu and Kajiado</u> onboarded) for support with IEHK kits and capacity building on IMAM. This number (9) was further revised to 23 after a robust consultation to generate the health sector PIN guided by the <u>severity levels</u> and <u>identified health sector need indicators</u> that followed the IPC assessment and guided the drafting of the current DRP 2023. Similarly, the WHO achievement of the number of primary healthcare consultations provided is reflective of the changes in the number of prioritized counties having been revised from 7-9 AND then finally to the current number of 23 since Jan, 2023 that is tracked using the <u>total Outpatient Consultations</u> from the KHIS/DHIS2.			

	<p>In terms of functional facilities, all the levels 3 and 4 in the 23 select food insecurity, malnutrition and health risks heightened counties were prioritized with cascaded capacity building scaled IDSR implementation and distribution of essential drugs and supplies]</p> <p>The target provided was the number of counties and not number of the IEHK kits that were programmed for the facilities. It should have read number of IEHK kits and NOT number of counties targeted for support.. N/B: Initially the IERK kits were programmed for <u>only 7 counties</u> that were in critical drought alert, but this was later expanded to cover the <u>total of 9 counties</u> augmented with WHO internally mobilized funding.</p> <p>The targeted of 81900 was a geustimate while the actual number of of cholera cases in period of reference (as at 31st March, 2023) was 8050 as detailed in the MOH Cholera SitRep.</p> <p>Targeted provided with the proposal was mapped to the counties that were earmarked for support and NOT the actual number of functional facilities supported hence the registered variance. N/B: As provided in the explanation notes: In terms of functional facilities, all the levels 3 and 4 in the 23 select food insecurity, malnutrition and health risks heightened counties were prioritized with cascaded capacity building scaled IDSR implementation (integrated surveillance and case management and IPC trainings) and distribution of essential drugs and supplies</p>	
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, antiseptics, cotton wool in line with MOH emergency standards list consumable items (Interagency emergency health kit and other consumables)	WHO
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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	90%	100%	Weekly MoH/DDESR Bulletins and NPHEOC Sitreps
Indicator 2.2	H.6 Proportion of functional health facilities sharing timely reports	90%	93%	MoH 505 IDSR Weekly Epidemic Monitoring Form Rev 2020 - Reporting rate (DHIS2)
Explanation of output and indicators variance:		On average, the 23-food insecurity and health risks heightened counties prioritized with health sector response scored 93% reporting rate with a low of 84 and high of 99 across of the set of counties demonstrating different levels of health systems capacities		
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	Counties have multi-partner disease response plans	100%	100%	MoH/WHO
Indicator 3.2	County level disease outbreak and response data compiled submitted to national level weekly	80%	93%	MoH 505 IDSR Weekly Epidemic Monitoring Form Rev 2020 - Reporting rate (DHIS2)]
Indicator 3.3	Joint quarterly monitoring conducted	80%	65%	WHO/MoH
<b>Explanation of output and indicators variance:</b>		Not all the scheduled joint quarterly monitoring visits were conducted largely due to resource constraints and competing priorities requiring a lot of flexibilities to accommodate National level MoH participation (in implementing the devolved health systems strengthening and partnership framework) considering the country has been responding to multiple outbreaks including contingency planning and readiness for both EVD and Marburg		
Activities	Description	Implemented by		
Activity 3.1	Maintain activation of 7 Emergency Operations Centre (EOC) in the 7 targeted Counties and 1 EOC at national level	MoH/WHO/CDC		
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/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 areas<sup>11</sup> 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)<sup>12</sup>:

The WHO technical officers (epidemiologist/ public health/surveillance, case management, RCCE , HIM, EpiData Analyst and PM&E technical specialists) have provided tailored technical assistance and support to the MoH structures and systems (at both levels of government) to ensure a coordinated and harmonized health sector response to the public health events resulting from the effects of the food security, malnutrition and health risks emergencies, that included meaningful engagement of all implementing agencies in the

<sup>11</sup> 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](#).

<sup>12</sup> 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](#).

implementation of the project. With the stewardship of the MoH and coordination of WHO, the outbreak response dynamics was discussed and reviewed at the county level health emergency coordination forums including the community opinion leaders to ensure the response is targeted and communities are meaningfully engaged. Joint monthly monitoring visits by WHO and MoH, the county government, and key stakeholders. The dynamics of the whole-government response was also routinely discussed during the monthly Kenya Humanitarian Partners Teams status of progress review meetings and bi-weekly inter-sector technical review meetings

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**b. AAP Feedback and Complaint Mechanisms:**

The project deliberately worked with and strengthened the established MoH structures and systems for handling complaints and feedback mechanisms at all health facilities in the country. All communities accessing health services at these facilities have access to these services which are confidential and discussed at established county health management teams comprising of senior health managers. Follow-up is routinely conducted following already established government standard operation procedures and also as part of the facilitative supportive supervision missions including scheduled participation of WHO technical officers in the community level dialogue fora which implements the social accountability and community feedback loop mechanisms

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

WHO continued to ensure protection of victims within the guidelines of IASC and UN policies. Throughout the project, WHO has strengthened the MoH established complaints and feedback mechanism to consolidate the engagement of beneficiaries and encouraged them to raise their comments. All communities accessing health services at these facilities have 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 with targeted technical assistance and 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. Suppliers, partners, collaborators, and communities have been sensitized and are aware of WHO policies on PSEA and channels of reporting.

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**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 of all gender were 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 by age, gender and 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

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**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

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**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 are able to 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

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#### 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 reducing 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	Choose an item.	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 is currently programmed separately under the FSL and the MPC sectors that are projects under this funding led by other agencies

#### 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	0	US\$ 0	Choose an item.	Choose an item.

### 9. Visibility of CERF-funded Activities

Title	Weblink
WHO distributes food to children faced with malnutrition, valued at Sh26 million	<a href="https://www.standardmedia.co.ke/nutrition-wellness/article/2001465865/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</a>
Water shortage in drought-affected counties has serious implications on people's health	<a href="https://twitter.com/whokenya/status/1593567836164743169?s=46&amp;t=e3QzDPYovaPQonSs7r6VqQJ=">https://twitter.com/whokenya/status/1593567836164743169?s=46&amp;t=e3QzDPYovaPQonSs7r6VqQJ=</a>
WHO Foundation in Kajiado county, Kenya (Health Emergency Appeal for the Sahel & Horn of Africa)	<a href="https://www.youtube.com/watch?v=Ui6aVr_Nm_k&amp;t=3s">https://www.youtube.com/watch?v=Ui6aVr_Nm_k&amp;t=3s</a>
Dr. Jill Biden Shocked in Kenya After Seeing How Women Are Suffering in Kajiado due to impacts of drought, food insecurity and health risks	<a href="https://www.yahoo.com/news/horn-africa-drought-trends-said-174439037.html">https://www.yahoo.com/news/horn-africa-drought-trends-said-174439037.html</a>

**ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS**

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-UF-FPA-006	Sexual and Reproductive Health	UNFPA	RedC	\$218,059
22-UF-FPA-006	Gender-Based Violence	UNFPA	NNGO	\$90,872
22-UF-FPA-006	Sexual and Reproductive Health	UNFPA	NNGO	\$60,264
22-UF-FPA-006	Gender-Based Violence	UNFPA	INGO	\$39,422
22-UF-FPA-006	Gender-Based Violence	UNFPA	NNGO	\$27,619
22-UF-CEF-010	Nutrition	UNICEF	RedC	\$136,190
22-UF-CEF-010	Child Protection	UNICEF	GOV	\$3,676
22-UF-CEF-010	Child Protection	UNICEF	GOV	\$8,021
22-UF-CEF-010	Child Protection	UNICEF	GOV	\$11,188
22-UF-CEF-010	Child Protection	UNICEF	GOV	\$11,754
22-UF-CEF-010	Child Protection	UNICEF	GOV	\$12,529
22-UF-CEF-010	Child Protection	UNICEF	GOV	\$14,522
22-UF-CEF-010	Child Protection	UNICEF	GOV	\$15,817
22-UF-CEF-010	Child Protection	UNICEF	GOV	\$17,028
22-UF-CEF-010	Child Protection	UNICEF	GOV	\$16,866
22-UF-CEF-010	Child Protection	UNICEF	GOV	\$14,003
22-UF-CEF-010	Child Protection	UNICEF	GOV	\$3,006
22-UF-CEF-010	Child Protection	UNICEF	GOV	\$3,848
22-UF-CEF-010	Child Protection	UNICEF	GOV	\$13,071
22-UF-CEF-010	Water, Sanitation and Hygiene	UNICEF	INGO	
22-UF-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$41,098
22-UF-CEF-010	Water, Sanitation and Hygiene	UNICEF	INGO	\$60,604
22-UF-CEF-010	Water, Sanitation and Hygiene	UNICEF	INGO	\$49,661
22-UF-FAO-005	Agriculture	FAO	INGO	\$92,719
22-UF-FAO-005	Agriculture	FAO	NNGO	\$92,719
22-UF-FPA-006	Agriculture	FAO	NNGO	\$185,437