



**ANNUAL REPORT OF
THE HUMANITARIAN/RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Kenya
Humanitarian / Resident Coordinator	Elizabeth Lwanga
Reporting Period	January - June 2007 and October 2007 - April 2008

I. EXECUTIVE SUMMARY

Established in 1991 and 1992, the Dadaab Refugee camps cater for refugees from neighbouring Somalia. In the last quarter of 2007, the three camps (IFO, Dagahaley and Hagadera) hosted some 175,000 refugees, of whom some 35,000 were estimated to be under-fives. The Kakuma camp set up in 1992 mainly for newly arriving Sudanese refugees later saw influxes from Ethiopia and other countries in the conflict-prone region of the Horn. The population of Kakuma is estimated to be 62,000 persons with the under-fives representing approximately 10.5 percent. The three Dadaab camps and Kakuma camp are situated in harsh semi-arid environments which are often affected by droughts and flooding. The refugees have few opportunities for self-reliance as a result of the encampment policy and as a result they are nearly entirely dependent on assistance from UNHCR, WFP and NGOs. Over the years, UNHCR funding for essential activities has been gradually declining, necessitating a reduction in some essential services and assistance that in turn have impacted on malnutrition and morbidity/mortality rates.

In late 2006, there was an escalation in the civil conflict in Somalia between the Transitional Federal Government and the Islamic Courts Union. The conflict eventually led to the overthrow of the ICU that had established control over many parts of south and central Somalia prompting an outflow of asylum seekers to Kenya. The limited assistance available for the refugees was stretched with the influx of an additional 34,000 Somali refugees in 2006 and 9,000 in 2007. At the same time, both refugee camps in Kakuma and Dadaab were located in the part of the country that was recovering from the most severe drought in 10 years. By November 2006, the drought situation in and around the refugee camps was compounded by extensive floods which destroyed portions of the camps and cut Dadaab off from supply routes for nearly two months. The floods also resulted in the displacement of hundreds of families within the camps and massive destruction of physical infrastructures like latrines, residential buildings and hospitals. The limited health services struggled to respond as the floods led to increased cases of water-borne diseases and malaria. The first 2 cases of Polio that had been confirmed in Kenya in more than 20 years were in the Dadaab camp and refugees also continued to suffer from a series of epidemic outbreaks such as Measles, Cholera, Rift Valley Fever in addition to the normally high incidence of Malaria.

The nutrition situation in Dadaab was described as precarious having not shown any improvement in recent years after the joint assessment. GAM rates were consistently above 15 percent signifying a crisis according to WHO ratings. The level of anaemia remains unacceptably high (prevalence of over 70 percent among women and children below 5 years). In June 2006, a UNHCR-GTZ sponsored nutrition survey conducted in the camps indicated a GAM rate of 22.2 percent (i.e. about 7,400 children) with a SAM of 4.9 percent, (about 1,500 children). Chronic malnutrition was also high at 35.1 percent. Micronutrient deficiencies were appalling with anaemia reported at 78 percent and 72.7 percent respectively amongst Under Fives and women. Infant and young child feeding practices were grossly inadequate with low exclusive breastfeeding rates, low complementary feeding rate (only 25 percent of mothers initiated complementary feeding at the right time), and high pre-lacteals (43 percent). The effects of flooding as well as the continuing influx only worsened the already dismal situation.

The majority of the refugees depend on WFP's general food ration (comprised of maize meal, wheat flour, pulses, vegetable oil, salt and the highly nutritious corn soya blend, CSB) as their only source of food. Many households are unable to meet their complementary food and non-food needs and a major share of the household income is used to purchase food other than that provided by WFP, such as meat, vegetables, milk, sugar and tea, as well as basic non-food items such as firewood, clothing and soap that are not adequately provided. While UNHCR has begun providing complementary food from August 2007, funding gaps have prevented increased supply of firewood and related non-food items such as fuel-saving stoves. Recent monitoring in the camps has indicated that Refugees routinely forego meals due to the lack of firewood available for cooking. Despite WFP regularly meeting the food needs of the refugees in recent years, malnutrition rates remain at alarming levels.

Although the existing water infrastructure was providing adequate quantities as refugees were receiving 20 litres/person/day according to SPHERE minimum standards; the water infrastructure had been overstretched and it was predicted that in the near future it would be unable to cope due to the expanding camp population. In addition the current situation with water infrastructure with pumping regimes working at near maximum capacity placed a strain on equipment and resources. This has the result of making planned maintenance problematic and even minor breakdowns cause major disruptions to the supply of water to the camps. There are very clear links between water quality and the high incidence of waterborne diseases in and around the camps. Some of these diseases (Malaria for example) are endemic in the camps but the massive floods of 2006-07 have triggered a Cholera outbreak that proved difficult to control. Unsafe drinking water also contributes to high incidence of diarrhoeal disease and worm infestation etc which compromises the nutritional status of vulnerable populations especially under 5s, pregnant and lactating women. Therefore, the UN resident coordinator applied for and received some \$3 million from CERF's underfunded window for programmes to help some 237,000 refugees.

Total amount of humanitarian funding required and received (per reporting year)	
Total amount of CERF funding received by window	Rapid Response in 2007: \$1,944,057 Underfunded in 2007: \$ 3,000,000
Total amount of CERF funding for direct UN	\$3,000,000 (UNHCR, WFP, UNICEF, FAO,

agency/IOM implementation and total amount forwarded to implementing partners	WHO
Approximate total number of beneficiaries reached with CERF funding	237,000 refugees of which 41,324 were under-fives
Geographic areas of implementation:	<p>Dadaab refugee camp - Located in Garissa District in north-east Kenya close to the Somalia border;</p> <p>Kakuma Refugee Camp - Located in Turkana District in north-west Kenya close to the Sudan border</p>

II. Coordination and Partnership-building

(a) Decision –making process:

Following the announcement of the underfunded allocation to Kenya by the Resident Coordinator, a meeting was convened by UNHCR as the lead agency on refugee programmes with all its partners to deliberate and agree on the gap areas. In the next UNCT meeting, UNHCR made a presentation highlighting the challenges and gaps as had been identified in their prior meeting. Malnutrition was pointed out as precarious following a joint assessment that had been undertaken by UNICEF/WFP/UNHCR in July 2007. It was apparent that there was a need for continued provision of essential nutrition services, which included support to community therapeutic feeding, control of micronutrient deficiencies and continued technical support to nutrition programmes for appropriate management.

With OCHA as the lead, a task force group was established comprising of representatives from key agencies working in refugee camps to draft proposals that would reflect identified needs. Several consultations with relevant stakeholders were conducted to ensure that all proposals were rationalized and streamlined in accordance with the CERF guidelines. Although not fully engaged at the taskforce level, NGOs input was very crucial on identifying the gaps.

Satisfied with the process and the outcome, the report was finally sent out to the ERC and the CERF Secretariat from the RC's office.

(b) **Challenges for needs assessment**

Given that a joint assessment mission involving WFP, UNICEF and UNHCR had just been recently conducted in July 2007 and whose findings were problematic to implement due to financial constraints, it was quite easy to point out immediate needs as had been agreed upon by all partners involved.

(c) **Sectoral Prioritization**

Existing national coordination structures along sectors continues to play a crucial role in determination of priority sectors though leadership provided by sectors leads in identification of gaps within specific sectors. In this regard, UNHCR as the lead agency

on Refugee response worked in partnership with WFP, UNICEF, WHO, CARE, LWF, GTZ etc.

The process was facilitated by the results of a recent joint assessment which had just been concluded and whose findings were agreed upon across board. In addition, overall consultation among partners working in refugee camps was welcomed. As Nutrition had been identified as a crucial gap areas, food and nutrition assistance were prioritized, followed by health and water and sanitation sectors.

III. UNDERFUNDED: January to June 2007

	WFP October 2007-April 2008	UNHCR October 2007-April 2008	UNICEF October 2007-April 2008	WHO October 2007-April 2008	UNFPA October 2007-April 2008
CERF Projects and Amount	07-WFP-053 = \$500,011	07-HCR-023 = \$1,402,235	07-CEF- 068-B = \$473,163 07-CEF-068-A = \$300,053	07-WHO-053 = \$250,000	07-FPA-026 = \$77,040
Targeted beneficiaries (Number reached by sex and age)	<ul style="list-style-type: none"> ▪ 252,730 refugees <ul style="list-style-type: none"> ○ Male: 133,651 and ○ Female: 119,079 in Kakuma and Dadaab refugee camps 	<ul style="list-style-type: none"> ▪ 263,910 refugees: <ul style="list-style-type: none"> ○ Male: 141,990 ○ Female: 121,920 	<ul style="list-style-type: none"> ▪ Malnourished women and children in Dadaab and Kakuma Refugee camps. ▪ 70 percent of moderately malnourished children <5 years admitted at the Supplementary Feeding Programme (SFP), > 70 percent of severely malnourished children <5 years admitted (Out-patient and in-patient management). 	<ul style="list-style-type: none"> ▪ 235,000 refugees (47,000 families), including new arrivals from Somalia living in Dadaab (173,000) and Kakuma (62,000) camps in Kenya 	<ul style="list-style-type: none"> ▪ The targeted refugee population was estimated at 156,000 people in 2007.
Describe key partners and effects of partnerships on implementation of projects	<ul style="list-style-type: none"> ▪ WFP and operational partners together applied and received the underfunded grants to address nutritional issues, including the concern on low intake of protein through provision of preferred varieties of pulses. The CERF funding was utilized to procure locally-produced pulses, more familiar to refugees, which were 	<ul style="list-style-type: none"> ▪ The complete package of relief assistance for refugees through CERF programme has been the right approach to ensure that essential food and non-food items as well as critical health and nutrition services are adequately provided, in order to break the cycle of malnutrition and disease in the camp. CERF programme has also strengthened UNHCR focus to ensure that basic non food household items 	<ul style="list-style-type: none"> ▪ GTZ on provision of comprehensive nutrition package ▪ CARE on Infant and Young Child feeding and ▪ AAH on outpatient management of severe malnutrition 	<ul style="list-style-type: none"> ▪ WHO works mainly through Ministry of Health structures (Provinces and Districts) in close collaboration with UN Agencies (UNICEF, UNFPA, and UNHCR) 	<ul style="list-style-type: none"> ▪ Some of these funds were used to cover indirect support costs to GTZ, the implementing partner, working at the Dadaab refugee camp in partnership with the Ministry of Health and the UNHCR

	<p>distributed through general food distributions held fortnightly.</p> <ul style="list-style-type: none"> WFP/UNHCR and the cooperating partners (LWF and CARE) assessed the utilization of WFP-provided food commodities and beneficiaries' level of satisfaction in regard to food assistance through Post Distribution Monitoring (PDM) surveys. Beneficiaries lauded WFP diversifying the food basket through provision of a more acceptable type of pulses and appealed for continuity. 	<p>and soap are provided to refugees in Kakuma camp to combat malnutrition, morbidity and mortality, and to contribute to decreasing the level of malnutrition in the camps.</p>			
<p>Explain value added by partnerships (strengths and weaknesses)</p>	<ul style="list-style-type: none"> WFP through its Cooperating Partners, Lutheran World Federation (LWF) and CARE distributed the pulses procured through CERF funding in Kakuma and Dadaab camps during biweekly general food distributions. 		<ul style="list-style-type: none"> UNICEF received CERF funding to enhance the management of malnutrition in the camps. This funding, received in October 2007 assisted in the provision of other essential nutrition actions like strengthening of infant and young child feeding support. The interventions were implemented based on a joint work plan with UNHCR. WFP is recognized within the joint work plan as a key collaborator for successful 	<ul style="list-style-type: none"> The collaboration did allow for joint planning and activities implementation. The added value was that duplication was avoided and scarce resources were used efficiently to provide life saving activities under guidance from the MoH, supported by WHO. Also based on Agencies comparative advantage they were able to complement each other in health services delivery in regard to gaps highlighted jointly. 	<ul style="list-style-type: none"> All reproductive health activities within the camps are carried out in tandem with MOH protocols. The Provincial and District Health Management Teams provide supportive supervision to the on-going health programmes in the camps. There are concerted efforts towards building the

			<p>execution of the programme.</p> <ul style="list-style-type: none"> ▪ UNICEF in collaboration with UNHCR and WFP provides technical and material support to Dadaab nutrition programming through the services of a technical nutrition staff including secondment of 6 nutritionists from the government to the therapeutic feeding centres. UNICEF's response has mainly aimed at addressing the high acute malnutrition rates and capacity gaps in management of malnutrition observed in the Dadaab camp which has been largely related to limited resource capacity. UNICEF's support has contributed to a significant decrease in malnutrition and in mortality related to acute malnutrition. 		<p>capacity of the Ministry of Health in managing SRH/GBV in emergency settings.</p> <ul style="list-style-type: none"> ▪ The MOH has seconded 18 staff to the refugee camps on 6 month rotational basis who provide clinical services to the refugees alongside GTZ contracted staff
<p>List of implementing partners, amount issued and activities carried out</p>	<ul style="list-style-type: none"> ▪ UNICEF ▪ UNHCR ▪ LWF ▪ CARE 	<ul style="list-style-type: none"> ▪ GTZ ▪ CARE ▪ LWF 	<ul style="list-style-type: none"> ▪ GTZ Implementation of comprehensive nutrition package; ▪ AAH Implementation of community/out-patient severe malnutrition ▪ CARE Implementation of Infant and Young Child feeding; 	<ul style="list-style-type: none"> ▪ GTZ ▪ Provincial and ▪ District Health teams and ▪ other partners 	<ul style="list-style-type: none"> ▪ WHO ▪ Ministry of Health, ▪ UNICEF, ▪ NGOs and ▪ CBS.

			<ul style="list-style-type: none"> ▪ WFP Provision of general ration for the entire refugee population; ▪ UNHCR Support with essential non-food items e.g. Soaps and firewood. 		
<p>Major activities and results achieved by sector/cluster</p>	<ul style="list-style-type: none"> ▪ Through the CERF funding, WFP provided 100 percent of the requirements of pulses to 252,730 refugees for three fortnight's general food distribution cycles. The pulses made up 10-12 percent of the nutritional value of the food basket. Out of 540.25 MT of pulses procured, 378 MT was issued in Dadaab while 162.25 MT provided to Kakuma camp. ▪ Considering that refugees rely almost entirely on humanitarian assistance for their survival due to limited opportunities to self reliance, the CERF funding enabled a consistent supply of food commodities to refugees and also 	<ul style="list-style-type: none"> ▪ Purchase and distribution of 31,600 kitchen sets, 80,000 jerry cans, 200MT of soap, 4,310 MT of firewood and 11,000 energy saving stoves. ▪ In Dadaab, 12,000 kitchen sets have been distributed. In addition, 14,000 are planned for distribution on 9th June 2008. Similarly, ▪ 34,600 Jerry cans have been distributed and a balance of 32,000 jerry cans are planned to be distributed on 9th June 2008. ▪ Purchase and distribution of 2900 metric tonnes of firewood; Involvement of some 58 local contractors for harvesting and supply of firewood; Provision of firewood to 36,575 families (182,875 individual refugee beneficiaries). The 	<ul style="list-style-type: none"> ▪ UNICEF supported GTZ and UNHCR in setting up a community growth monitoring system. Training of personnel on the surveillance took place during the first week of December 2007. UNICEF has worked with CARE and GTZ in promoting the establishment of 41 mother support groups. These have been formed in Dadaab in order to promote optimal infant and young child feeding practices and prevent severe malnutrition. ▪ UNICEF has produced and supplied implementing agencies in Dadaab with IEC materials on Infant and Young Child Feeding and on micronutrient issues. Technical assistance was provided by a UNICEF Nutrition Specialist in all aspects of the nutrition programme. Nutrition committee meetings were initiated in Dadaab where UNICEF provides this key technical 	<ul style="list-style-type: none"> ▪ A complete second level hospital laboratory and diagnostic kits (autoclaves, incubators, microscopes, and a wide range of reagents procured and supplied to GTZ in Dadaab to facilitate diagnosis and disease surveillance ▪ Orientation conducted for the Partners on coordination and Coordination meetings held in Dadaab refugee camps among the stakeholders (WHO, GTZ, UNHCR, Provincial and District health teams and other partners by NPO and provincial Medical officer. ▪ Package of essential drugs, infusions and other consumables for 100,000 persons for three months procured and supplied to GTZ in the refugee camps. ▪ Conducted Joint WHO, GTZ, UNHCR, Provincial and District Teams Rapid assessment of the cholera 	<ul style="list-style-type: none"> ▪ Well-equipped units increased the capability of the health staff to handle obstetric and gynaecological emergencies and there was an overall increase in quality of care provided. Among the equipment provided included delivery beds, patient screens, aprons, gowns, weighing scales, drip stands, maternity mattresses and safe delivery kits, among others. ▪ Hiring of donkey carts for night emergency transport. Due to the availability of donkey carts, the number of women attending health facilities for reproductive health care has increased translating into

	<p>implementation of one of UNHCR-WFP's 2007 Nutrition Mission recommendations – diversification of the types of pulses provided. The February 2008 nutrition survey in Dadaab indicated that Global Acute Malnutrition rates amongst refugees remain below WHO's 15 percent emergency threshold. While the 14.7 percent GAM rate registered is still considered serious, this is the second nutrition survey in a row that has recorded rates below the emergency cut-off.</p>	<p>three camps covered are: Hagadera (15,305 families), IFO (13,123 families) and (8,147 families).</p> <ul style="list-style-type: none"> ▪ Provision of stoves to 11,000 families in three camps (Hagadera: 4585 families, IFO: 4069 and Dagahaley: 1905) also Dadaab Host Community (441). ▪ Kakuma was able to distribute 40.763MT of soap out of the 100 MT of soap purchased. Out of this 1,410 MT of firewood distributed. In addition 995 jerry cans have been distributed. ▪ Kakuma is planning to distribute 10,644 kitchen sets, 12,000 plastic sheets and 13,005 jerry cans on June 9th, 2008. 	<p>support.</p> <ul style="list-style-type: none"> ▪ Six nutritionists were seconded by UNICEF to manage malnutrition within the camps since March 2007. Timely support to the severely malnourished within the facilities at Dadaab refugee camps was extended through the provision of essential therapeutic supplies (F75, plumpy nuts, UNIMIX, Resomal, anthropometric equipment). On-the-job training on the management of severe malnutrition was provided by UNICEF nutrition specialists and UNICEF seconded nutritionists. Caseload was initially about 300 in-patients but has since reduced to less than 30 children by end of 2007. This funding ensured facilitation of Action against Hunger (AAH) to support out-patient treatment of severely malnourished in Dadaab refugee camps (UNICEF supports AAH with supplies). Out-patient or community therapeutic feeding programme was strengthened as from October 2007 and is now fully operational in Dadaab with a current caseload of 300 children. The programme has been handed over to GTZ by AAH. 	<p>in Hagadera refugee camp conducted and joint response plan developed</p> <ul style="list-style-type: none"> ▪ Water quality testing kits (five pacualab) procured and supplied to GTZ in the refugee camp and training conducted for health workers on use by the Garissa District health Management Team. ▪ Health promotion on basic hygiene, sanitation conducted in all the camps using the volunteers ▪ Emergency response for cerebra spinal meningitis response plan for Kenya and refugees developed ▪ One high capacity Cold chain refrigerator procured for the refugee camp ▪ 19 Community Health Volunteers recruited for health promotion for three months. ▪ Training in cold chain management conducted for the health teams working in the refugee camps by the provincial health management teams ▪ Vaccination continued for all new arrivals and children in the refugee camps. 	<p>hospital deliveries increasing from 36 percent to between 45-51 percent .</p> <ul style="list-style-type: none"> ▪ Clinical officers, nurses, police men, Save the Children UK, UNHCR protection, CARE; NCKK staff was trained on clinical management of rape as the focal persons handling rape survivors. The training focused on: Examination of the rape survivor; Collection of forensic evidence; Post exposure prophylaxis; Counselling and follow-up of the survivor; Introduction to other prevalent forms of sexual violence; Health complications of FGM and their management Prevention (role of health workers; FGM and human rights).
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			<ul style="list-style-type: none"> ▪ Vitamin A supplementation campaign. Two campaigns were carried out in the camp with the first one in March and the second one in November 2007. The coverage was more than 100 percent. 		
<p>Promptness of grants in addressing life-saving needs and contribution to under funded window</p>	<ul style="list-style-type: none"> ▪ The CERF funding enabled full provision of more familiar pulses for refugees living in Kenya who depend 100 percent on WFP food support for survival 		<ul style="list-style-type: none"> ▪ This funding received in October 2007 has also assisted in the provision of other essential nutrition actions like strengthening of infant and young child feeding support 	<ul style="list-style-type: none"> ▪ CERF was effective in providing essential medicine, setting up a strong surveillance system which was been able to detect early emergence on communicable disease outbreak including measles and cholera. 	<ul style="list-style-type: none"> ▪ There was no delay experienced in the processing of the application. This quick response facilitated time for processing the LoU between UNFPA Kenya and the implementing agency and the release of funds
<p>Monitoring and Evaluation of projects (who was involved)</p>		<ul style="list-style-type: none"> ▪ The UNHCR normal monitoring evaluation tools were applied and this involved weekly and monthly meetings, regular coordination meetings, site visits together with partners and refugees. The programme was planned and implemented in collaboration with all implementing partners who were able to monitor directly the assistance given to the people of concern on a regular basis. In addition, the host community leaders as well as refugees 			<ul style="list-style-type: none"> ▪ The cultural practices of the predominantly Somali population especially female genital cut hamper efforts to improve reproductive health. Consequently cases of fistula in women who have undergone FGC are quite rampant. ▪ Myths and beliefs regarding surgical interventions ▪ Lack of ready blood for transfusion when required: donors have to be

		<p>representatives played an important role in all processes of delivering and monitoring of assistance for refugees including the CERF.</p>			<p>mobilized at the time of need and this does not always yield enough units needed at the time. The belief that women should not donate blood and some families refusing blood donated by non-family members also makes the issue of transfusion complex. Consent for receiving blood transfusion is often difficult to obtain.</p> <ul style="list-style-type: none">▪ Lack of decision making power by women in the society also contributes to delayed intervention
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	<p>produced pulses, more familiar to refugees, which were distributed through general food distributions held fortnightly.</p> <ul style="list-style-type: none"> WFP/UNHCR and the cooperating partners (LWF and CARE) assessed the utilization of WFP-provided food commodities and beneficiaries' level of satisfaction in regard to food assistance through Post Distribution Monitoring (PDM) surveys. Beneficiaries lauded WFP diversifying the food basket through provision of a more acceptable type of pulses and appealed for continuity. 	<p>cycle of malnutrition and disease in the camp. CERF programme has also strengthened UNHCR focus to ensure that basic non food household items and soap are provided to refugees in Kakuma camp to combat malnutrition, morbidity and mortality, and to contribute to decreasing the level of malnutrition in the camps.</p>			
<p>Explain value added by partnerships (strengths and weaknesses)</p>	<ul style="list-style-type: none"> WFP through its Cooperating Partners, Lutheran World Federation (LWF) and CARE distributed the pulses procured through CERF funding in Kakuma and Dadaab camps during biweekly general food distributions. 		<ul style="list-style-type: none"> UNICEF received CERF funding to enhance the management of malnutrition in the camps. This funding, received in October 2007 assisted in the provision of other essential nutrition actions like strengthening of infant and young child feeding support. The interventions were 	<ul style="list-style-type: none"> The collaboration did allow for joint planning and activities implementation. The added value was that duplication was avoided and scarce resources were used efficiently to provide life saving activities under guidance from the MoH, supported by WHO. Also based on Agencies comparative advantage they were able to complement each other in health services delivery in 	<ul style="list-style-type: none"> All reproductive health activities within the camps are carried out in tandem with MOH protocols. The Provincial and District Health Management Teams provide supportive supervision to the on-going health programmes in the camps. There are concerted efforts

			<p>implemented based on a joint work plan with UNHCR. WFP is recognized within the joint work plan as a key collaborator for successful execution of the programme.</p> <ul style="list-style-type: none"> UNICEF in collaboration with UNHCR and WFP provides technical and material support to Dadaab nutrition programming through the services of a technical nutrition staff including secondment of 6 nutritionists from the government to the therapeutic feeding centers. UNICEF's response has mainly aimed at addressing the high acute malnutrition rates and capacity gaps in management of malnutrition observed in the Dadaab camp which has been largely related to limited resource capacity. UNICEF's support has contributed to a significant decrease in malnutrition and in mortality related to acute malnutrition. 	<p>regard to gaps highlighted jointly.</p>	<p>towards building the capacity of the Ministry of Health in managing SRH/GBV in emergency settings.</p> <ul style="list-style-type: none"> The MOH has seconded 18 staff to the refugee camps on 6 month rotational basis who provide clinical services to the refugees alongside GTZ contracted staff
<p>List of implementing partners, amount</p>	<ul style="list-style-type: none"> UNICEF UNHCR 	<ul style="list-style-type: none"> GTZ CARE 	<ul style="list-style-type: none"> GTZ <p>Implementation of comprehensive</p>	<ul style="list-style-type: none"> GTZ, Provincial and 	<ul style="list-style-type: none"> WHO Ministry of Health

<p>issued and activities carried out</p>	<ul style="list-style-type: none"> ▪ LWF and ▪ CARE 	<ul style="list-style-type: none"> ▪ LWF 	<p>nutrition package</p> <ul style="list-style-type: none"> ▪ AAH Implementation of community/out-patient severe malnutrition ▪ CARE Implementation of Infant and Young Child feeding ▪ WFP Provision of general ration for the entire refugee population ▪ UNHCR Support with essential non-food items e.g. Soaps and firewood. 	<ul style="list-style-type: none"> ▪ District Health teams and ▪ other partners 	<ul style="list-style-type: none"> ▪ UNICEF ▪ NGOs and ▪ CBS.
<p>Major activities and results achieved by sector/cluster</p>	<ul style="list-style-type: none"> ▪ Through the CERF funding, WFP provided 100 percent of the requirements of pulses to 252,730 refugees for three fortnight's general food distribution cycles. The pulses made up 10-12 percent of the nutritional value of the food basket. Out of 540.25 MT of pulses procured, 378 MT was issued in Dadaab while 162.25 MT provided to Kakuma camp. ▪ Considering that refugees rely almost 	<ul style="list-style-type: none"> ▪ Purchase and distribution of 31,600 kitchen sets, 80,000 jerry cans, 200MT of soap, 4,310 MT of firewood and 11,000 energy saving stoves. ▪ In Dadaab, 12,000 kitchen sets have been distributed. In addition, 14,000 are planned for distribution on 9th June 2008. Similarly, ▪ 34,600 Jerrycans have been distributed and a balance of 32,000 jerrycans are planned to be 	<ul style="list-style-type: none"> ▪ UNICEF supported GTZ and UNHCR in setting up a community growth monitoring system. Training of personnel on the surveillance took place during the first week of December 2007. UNICEF has worked with CARE and GTZ in promoting the establishment of 41 mother support groups. These have been formed in Dadaab in order to promote optimal infant and young child feeding practices and prevent severe malnutrition. 	<ul style="list-style-type: none"> ▪ A complete second level hospital laboratory and diagnostic kits (autoclaves, incubators, microscopes, and a wide range of reagents procured and supplied to GTZ in Dadaab to facilitate diagnosis and disease surveillance ▪ Orientation conducted for the Partners on coordination and Coordination meetings held in Dadaab refugee camps among the stakeholders (WHO, GTZ, UNHCR, Provincial and District health teams and other partners by NPO and provincial Medical officer. 	<ul style="list-style-type: none"> ▪ Well-equipped units increased the capability of the health staff to handle obstetric and gynaecological emergencies and there was an overall increase in quality of care provided. Among the equipment provided included delivery beds, patient screens, aprons, gowns, weighing scales, drip stands, maternity mattresses and safe delivery kits, among others. ▪ Hiring of donkey carts for night

	<p>entirely on humanitarian assistance for their survival due to limited opportunities to self reliance, the CERF funding enabled a consistent supply of food commodities to refugees and also implementation of one of UNHCR-WFP's 2007 Nutrition Mission recommendations – diversification of the types of pulses provided. The February 2008 nutrition survey in Dadaab indicated that Global Acute Malnutrition rates amongst refugees remain below WHO's 15 percent emergency threshold. While the 14.7 percent GAM rate registered is still considered serious, this is the second nutrition survey in a row that has recorded rates below the emergency cut-off.</p>	<p>distributed on 9th June 2008.</p> <ul style="list-style-type: none"> ▪ Purchase and distribution of 2,900 metric tonnes of firewood; Involvement of some 58 local contractors for harvesting and supply of firewood; Provision of firewood to 36,575 families (182,875 individual refugee beneficiaries). The three camps covered are: Hagadera (15,305 families), IFO (13,123 families) and (8,147 families). ▪ Provision of stoves to 11,000 families in three camps (Hagadera: 4585 families, IFO: 4069 and Dagahaley: 1905) also Dadaab Host Community (441). ▪ Kakuma was able to distribute 40.763MT of soap out of the 100 MT of soap purchased. Out of this 1,410 MT of firewood distributed. In addition 995 jerry cans have been distributed. ▪ Kakuma is planning to distribute 10,644 	<ul style="list-style-type: none"> ▪ UNICEF has produced and supplied implementing agencies in Dadaab with IEC materials on Infant and Young Child Feeding and on micronutrient issues. Technical assistance was provided by a UNICEF Nutrition Specialist in all aspects of the nutrition programme. Nutrition committee meetings were initiated in Dadaab where UNICEF provides this key technical support. ▪ Six nutritionists were seconded by UNICEF to manage malnutrition within the camps since March 2007. Timely support to the severely malnourished within the facilities at Dadaab refugee camps was extended through the provision of essential therapeutic supplies (F75, plumpy nuts, UNIMIX, Resomal, anthropometric equipment). On-the-job training on the management of severe malnutrition was provided by UNICEF nutrition specialists and UNICEF seconded nutritionists. Caseload was initially about 300 in-patients but has since reduced 	<ul style="list-style-type: none"> ▪ Package of essential drugs, infusions and other consumables for 100,000 persons for three months procured and supplied to GTZ in the refugee camps. ▪ Conducted Joint WHO, GTZ, UNHCR, Provincial and District Teams Rapid assessment of the cholera in Hagadera refugee camp conducted and joint response plan developed ▪ Water quality testing kits (five pacualab) procured and supplied to GTZ in the refugee camp and training conducted for health workers on use by the Garissa District health Management Team. ▪ Health promotion on basic hygiene, sanitation conducted in all the camps using the volunteers ▪ Emergency response for cerebra spinal meningitis response plan for Kenya and refugees developed ▪ One high capacity Cold chain refrigerator procured for the refugee camp ▪ 19 Community Health Volunteers recruited for health promotion for three months. ▪ Training in cold chain management conducted for the health teams 	<p>emergency transport. Due to the availability of donkey carts, the number of women attending health facilities for reproductive health care has increased translating into hospital deliveries increasing from 36 percent to between 45-51 percent.</p> <ul style="list-style-type: none"> ▪ Clinical officers, nurses, police men, Save the Children UK, UNHCR protection, CARE; NCKK staff was trained on clinical management of rape as the focal persons handling rape survivors. The training focused on: Examination of the rape survivor; Collection of forensic evidence; Post exposure prophylaxis; Counselling and follow-up of the survivor; Introduction to other prevalent forms of sexual violence; Health complications of FGM and their management Prevention (role of health workers; FGM and human rights).
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		<p>kitchen sets, 12,000 plastic sheets and 13,005 jerry cans on June 9th, 2008.</p>	<p>to less than 30 children by end of 2007. This funding ensured facilitation of Action against Hunger (AAH) to support out-patient treatment of severely malnourished in Dadaab refugee camps (UNICEF supports AAH with supplies). Out-patient or community therapeutic feeding programme was strengthened as from October 2007 and is now fully operational in Dadaab with a current caseload of 300 children. The programme has been handed over to GTZ by AAH.</p> <ul style="list-style-type: none"> ▪ Vitamin A supplementation campaign. Two campaigns were carried out in the camp with the first one in March and the second one in November 2007. The coverage was more than 100 percent. 	<p>working in the refugee camps by the provincial health management teams</p> <ul style="list-style-type: none"> ▪ Vaccination continued for all new arrivals and children in the refugee camps. 	
<p>Promptness of grants in addressing life-saving needs and contribution to under funded window</p>	<ul style="list-style-type: none"> ▪ The CERF funding enabled full provision of more familiar pulses for refugees living in Kenya who depend 100 percent on WFP food support 		<ul style="list-style-type: none"> ▪ This funding received in October 2007 has also assisted in the provision of other essential nutrition actions like strengthening of infant and young child 	<ul style="list-style-type: none"> ▪ CERF was effective in providing essential medicine, setting up a strong surveillance system which was been able to detect early emergence on communicable disease outbreak including 	<ul style="list-style-type: none"> ▪ There was no delay experienced in the processing of the application. This quick response facilitated time for processing the LoU between UNFPA

	for survival		feeding support	measles and cholera.	Kenya and the implementing agency and the release of funds
Monitoring and Evaluation of projects (who was involved)		<ul style="list-style-type: none"> ▪ The UNHCR normal monitoring evaluation tools were applied and this involved weekly and monthly meetings, regular coordination meetings, site visits together with partners and refugees. The programme was planned and implemented in collaboration with all IPs who were able to monitor directly the assistance given to the people of concern on a regular basis. In addition, the host community leaders as well as refugees representatives played an important role in all processes of delivering and monitoring of assistance for refugees including the CERF. 			

The CERF underfunded grant - October 2007 to April 2008

	WFP January – June 2007	UNHCR January – June 2007
CERF Projects and Amount	\$2,500,000 for the air operation	\$ 1,810,971.51
Targeted beneficiaries. (Number reached by sex and age)	<ul style="list-style-type: none"> ▪ Flood-affected Kenyans: through the air operations, some 500,000 were assisted (includes 280,000 people previously affected by the drought (planned was 200,000)) 	<ul style="list-style-type: none"> ▪ Dadaab Refugee Camp, Kenya
Describe key partners and effects of partnerships on implementation of projects	<ul style="list-style-type: none"> ▪ WFP worked in close collaboration with Government of Kenya, UN agencies, and NGOs, who played a significant role in the planning, implementation and utilization of the fleet. Coordination efforts for drought/flood affected Kenyans continued under the auspices of the Kenya Food Security Meeting, whereas UNHCR coordinated the relief efforts for the refugees in Dadaab. ▪ WFP established three hubs in Garissa, Wajir and Malindi/Garsen, to support the air operations across the flood affected zones. The Government of Kenya's office in charge of disaster coordination worked hand in hand with WFP in prioritizing and coordinating the operation's activities. 	<ul style="list-style-type: none"> ▪ CARE is the main implementing partner of UNHCR Dadaab tasked with the extension of the water system in the camps to serve the flood affected population, logistical support to UNHCR for the distribution of non-food items, sanitation works and provision of education. ▪ GTZ is the main implementing partner in the health sector tasked with the provision of primary health care including referral services to the flood affected refugees in the Dadaab camps and urgent response to medical referral and further medical investigation to Garissa/Nairobi. GTZ also provided firewood, emergency saving devices as well as management of environment activities in/and around the camps. ▪ HI undertook medical referrals to Garissa Provincial Hospital and/or Nairobi as well assisting the physically challenged people. ▪ NCCK was promoting reproductive health, HIV/AIDS and Peace Education. ▪ NRC - Norwegian Refugee Council joined Dadaab operation early 2007 and is implementing construction, sanitation, and shelter programmes in Ifo (Section N) and Hagadera new site. ▪ SCF (UK) - Save the Children UK joined early 2007 to contribute to the reduction of child abuse, exploitation and neglect including gross violation of child rights in all three refugee camps in Dadaab.

<p>List of implementing partners, amount issued and activities carried out</p>		<ul style="list-style-type: none"> ▪ Amounts indicated below represent the overall budget allocated to each of the following implementing partners in their respective sectors of which the CERF contribution is a portion. ▪ CARE: Ksh 42,818,590.50 and \$ 92,261.77 ▪ GTZ: Ksh 28,838,055 and \$80,272 ▪ HI: Ksh 19,890,937.00 ▪ NCCK: Ksh 7,147,364 ▪ NRC,: Ksh 60,366,148.00 and \$ 429,305.00 ▪ SCK (UK): 48,223,222.50
<p>Major activities and results achieved by sector/cluster</p>	<ul style="list-style-type: none"> ▪ In its capacity as the lead agency for logistics, WFP used a CERF grant to set up a regional logistics coordination cell. Its role was to identify logistics bottlenecks, provide operational advice to UN and non-UN cluster partners, and to analyse/disseminate logistics information in support of drought operations in the Horn of Africa countries. 	<p>Emergency water supply</p> <ul style="list-style-type: none"> ▪ CARE provided water through hose pipes at borehole 1 and the slaughter slab. They also took over the water trucking activity initiated by MSF-Swiss. This activity is continuing, though at a reduced scale. A platform for a plastic tank to serve GTZ health post was erected. Backfilling of exposed 200m pipelines was done. ▪ The new sections were linked to the camp's water reticulation system in January 2007 and piped water is supplied 3 hours a day. The rest of the supply was done through <i>trucking</i>. 12 tap stands have been installed and a 2.6km 4" PVC pipeline has been laid. Another 0.6km pipeline was laid from borehole 6 and linked to sections GHI pipeline to beef up supply to the area. ▪ UNICEF drilled a borehole in Hagadera while UNHCR purchased a tractor to enhance the Water and Sanitation sector capacity. <p>Environmental sanitation</p> <ul style="list-style-type: none"> ▪ A total of 180 community and 60 school latrines (substructure and superstructure) collapsed. The affected refugee

households were mobilized to backfill the latrines. 30 school latrines were reconstructed before schools reopened in January 2007 and another 45 whose superstructures had collapsed were rehabilitated. In addition, a total of 180 latrines have been erected in the 9 blocks.

- 50 sanitation cleaners were hired for a period of 45 days to deal with the initial garbage build up associated with any new establishment. Sanitation tools (250 shovels, 250 rakes with handles, and 125 wheelbarrows worth 450,000) for use in the new settlement were procured. Nine (9) blocks were demarcated and re-demarcated within the camps.

Health

- Flooding and the relatively high temperatures are favourable conditions for build up of vector populations such as mosquitoes, filth flies, cockroaches and other insects. Rift Valley Fever transmitted by the *aedes* mosquito spp. broke out in the region in December 2006. CARE, GTZ and NCKK embarked on a massive information campaign in the 3 camps. The outcome was impressive. Mosquito nets were distributed and CARE demonstrated to the beneficiaries how to use the bed nets as they received them at the food distribution centres. Spraying of all the refugee households and latrines with ICON (a synthetic pyrethroid chemical with a knockdown effect and a residual protective period of 4-6 months) was done in January. A total of 32,392 shelters used as sleeping rooms were sprayed mainly for the control of mosquitoes and 12,054 latrines were sprayed for the control of cockroaches and flies. All schools, hospitals, agency compounds, office and residential rooms were also sprayed. Carcasses collection was also carried out in the 3 camps as well as procurement of des-infective materials and of baccicide for mosquito larva control.

Shelter

- Site planning and demarcation of new blocks for Hagadera new site were done. 15,000 bundles of sticks were purchased to assist with shelter (2,500 improved shelters) construction for the flood affected refugee families. Two schools will also be constructed in Hagadera new site to address the needs of the relocated refugees. Construction materials for UNHCR satellite office were procured and delivered to Dadaab.

		<p>12,254 plastic tarpaulins were distributed to new arrivals and flood affected refugee families. Light grading of the road between Dadaab- Dagahaley- Hagadera was carried out to improve the road that was damaged by the floods.</p> <p>Domestic Needs</p> <ul style="list-style-type: none"> ▪ Procurement of urgently required Non-Food Items such as 30,000 plastic sheeting, 25,000 blankets, 7,000 kitchen sets, 25,000 jerry cans and 25,000 sleeping mats was undertaken. A number of assorted non-food items were distributed to registered new arrivals and flood affected population in late 2006 and early 2007 ▪ In 2007, some 2,460 MT of firewood were procured and was distributed to refugees in the camps. Supplies for production of 8, 000 energy saving stoves were procured and fabrication is on-going. This provision of cooking energy has contributed substantially to the households well being (30-40 percent of the household energy needs) and reduced the risks of women and girls being raped while collecting firewood in the bush. No cases of rape were reported. <p>Protection</p> <ul style="list-style-type: none"> ▪ Kenyan national staff were hired under UNOPS contracts to undertake registration and eligibility activities (7 registration clerks). An additional vehicle for the security forces was procured to improve security patrols. UNHCR HQ deployed an Emergency Response Team to support the Sub-Office. Six laptops, one printer and two fingerprinting machines were purchased. Costs for the Kenya National Bureau of Registration (NRB) such as per diems and materials were also covered. The NRB undertook registration of new arrivals at the camp level. <p>Programme support costs</p> <ul style="list-style-type: none"> ▪ One vehicle was provided to GTZ to increase its capacity to respond to urgent medical needs.
<p>Promptness of grants in addressing life-saving needs and contribution to underfunded window</p>	<ul style="list-style-type: none"> ▪ For the rapid response grant, CERF funding enabled prompt responses during critical periods last year – at the height of severe drought and later floods, as well as during the influx of Somalis into Kenya. 	

Rapid Response Projects in 2007 – Emergency Response to the Rift Valley Fever Outbreak in north-eastern Kenya

CERF Projects and Amount	FAO January – June 2007	WHO January – June 2007
Targeted beneficiaries. (Number reached by sex and age)	\$1 048 150 OSRO/RAF/608/CHA \$1 033 166 OSRO/KEN/602/CHA \$1 187 246 OSRO/KEN/701/CHA	Emergency health Response for Rift Valley fever outbreak in north-eastern Kenya \$756,811
Describe key partners and effects of partnerships on implementation of projects	<ul style="list-style-type: none"> ▪ Pastoralists' households, Veterinary and Para-veterinary professionals 	<ul style="list-style-type: none"> ▪ 300,000 – 500,000 including refugees
List of implementing partners, amount issued and activities carried out		<ul style="list-style-type: none"> ▪ Ministry of Health, Field Epidemiology Laboratory Training Programme, (FELT), Kenya Medical Research Institute (KEMRI), CDC, MSF. provincial and district teams, health care delivery systems in the area, FAO, UNICEF, Ministry of Agriculture, UNHCR and others.
Major activities and results achieved by sector/cluster	<ul style="list-style-type: none"> ▪ There was fast and efficient response because of the partners knowledge of the communities and the dynamics in the livestock sector, this is because most of them are livestock specialized NGOs such as VSF – Suisse and Belgium, some had specific subject matter specialist as their employees e.g. on Rift Valley Fever. ▪ It was also observed that there was increased coverage and appropriate targeting especially as the partners understand the community dynamics and perceptions. ▪ Enhanced linkages and coordination in the districts as the partners are active members of the District Steering Groups (DSGs) and other coordination fora. ▪ Most of the implementing partners had excellent knowledge of those affected areas through well established relations with the pastoralists and the Government. However it was also noted that a few partners were in efficient on timely delivery and reporting. 	<ul style="list-style-type: none"> ▪ WHO supported the Ministry of Health to establish coordination mechanisms at National, provincial and District levels. ▪ WHO also provided logistical support for the coordination team. ▪ WHO recruited 45 health workers for two (2) months to support MoH in the management of cases including the refugee camps. ▪ During the rvf outbreak, technical guidelines relevant to the situation were quickly developed by WHO and MoH. These were used for training on RVF control; contact tracing and record review to identify missed cases. WHO also provided technical, financial and logistical support for strengthening surveillance on RFV. ▪ WHO procured and donated complete sets of laboratory equipments and reagents to four

		distant and in accessible districts; Garissa, Wajir, Mandera and Moyale district hospitals. The National Public Health laboratory was also a beneficiary. This had strengthened the various laboratory capacities in the diagnosis and confirmation of diseases of epidemic potential. The items include: Autoclaves, fridges, centrifuges and many other assorted equipments and reagents.
Promptness of grants in addressing life-saving needs and contribution to underfunded window	<ul style="list-style-type: none"> ▪ FAO collaborated with a total of eleven (11) NGOs, one veterinary surgeon's professional association and the GoK's department of Veterinary Services (DVS) covering over forty five districts (45) districts in Kenya 	
Monitoring and Evaluation of projects (who was involved)	<ul style="list-style-type: none"> ▪ The main activities undertaken during the three projects implemented during the period under review mainly focused on animal health i.e. vaccination and treatment against major diseases affecting the livestock, training of veterinary professionals and CAHWs. In general terms the appropriate vaccination and treatment did not only preserve livestock losses but also improved the production and productivity of livestock 	

IV. THE CERF IN ACTION

Underfunded projects

Refugee Response – UNHCR, WFP, UNICEF

Household/Non-Food items

In Kakuma, Lutheran World Federation has been responsible for the distribution of food and non-food items (NFIs) directly to the refugees on behalf of WFP, UNHCR and other donors. Food is provided by WFP directly while the non-food items including soap are provided by UNHCR. Since the beginning of the year in January 2008 to date, there has been distribution of soap except in February.

The rate of soap distribution throughout this period remained at 250 grams per person per month. This quantity is twice the amount that was being distributed in previous cycles before the start of this emergency project soap. Below is a summary of how soap was distributed every month from March:

Month	Total soap distributed in tons
March	14.42
April	13.20
May	13.143
Total	40.763

Out of the 96.0 metric tones of soap supplied under this project, LWF has distributed 40.763 tones which are equivalent to 42.46 percent metric tonnes and is left with 55.237 equivalents to 57.54 percent. LWF projects to conduct four more distributions in order to exhaust the available stocks provided under the CERF initiative.

GTZ is responsible for the distribution of firewood in Kakuma camp. The objective of the firewood distribution is to reduce the incidence of rape and assault cases against women and children who otherwise are compelled to go to the bush to look for firewood. Refugees are not allowed to collect firewood and if they do so they put their lives at risk as the host community safeguard their natural resources aggressively. Insufficient supply of firewood therefore put them at risks and even forces them to sell or exchange part of their food for firewood at the local market. Part of the refugee food baskets are legumes with high nutrient content, which require a longer cooking period and thus increase in the need for firewood. In the absence of sufficient firewood the food is not well cooked and creates a serious health hazard especially for children.

In Dadaab, 11,000 stoves were procured and distributed to 11,000 families in three camps (Hagadera: 4585 families, IFO: 4069 and Dagahaley: 1905) as well as Dadaab Host Community (441). Energy saving stoves have helped in reducing firewood requirements which in turn lessen environmental degradation impacts. It is estimated that these stoves save up to 30 percent on firewood requirements. Based on assumption of 5 members per family, then 55,000 individuals have benefited from this intervention. Based on firewood average requirement of 1 kg/person/day, the total

requirement for 55,000 individuals per day will be 55,000 KG. If there is a 30 percent saving of this requirement this amounts to 16.5 MT per day, which significantly increases resources available for humanitarian assistance and contributes to safe guarding of the environment. Since local host community are also involved in the distribution, this process has helped in achieving more cordial relations between refugees and host community as well as jointly pursuing energy saving techniques to reduce environmental degradation.

Through CERF funding, 100 metric tonnes of soap were procured and distributed to 176,048 individuals in the three camps. These individuals (mainly women and children) have better health conditions due to personal hygiene on one hand and sparing some food ration (which otherwise could be sold to purchase this item). As a result there has been improvement in personal hygiene and more intake of food (more kilo calories per day).

2900 metric tonnes of firewood procured for distribution to 36,575 families in three Dadaab refugee camps have injected a lot of money in local host community economy which otherwise would not be able to get these financial resources. Refugees benefited more from this intervention i.e. not selling their dry food ration to get firewood, avoidance of tension with local host communities and environment degradation. Moreover women and girls (who have been traditionally responsible to harvest firewood) are saved from SGBV related incidents.

Food Sector

WFP was able to procure locally-produced pulses and provide 100 percent of the pulse requirements to 252,730 refugees for three fortnight's general food distribution cycles. The pulses made up 10-12 percent of the nutritional value of the food basket. Out of 540.25 MT of pulses procured, 378 MT was issued in Dadaab while 162.25 MT provided to Kakuma camp.

Considering that refugees rely almost entirely on humanitarian assistance for their survival due to limited opportunities to self reliance, the CERF funding enabled a consistent supply of food commodities to refugees and also implementation of one of UNHCR-WFP's 2007 Nutrition Mission recommendations – diversification of the types of pulses provided. The February 2008 nutrition survey in Dadaab indicated that Global Acute Malnutrition rates amongst refugees remain below WHO's 15 percent emergency threshold. While the 14.7 percent GAM rate registered is still considered serious, this is the second nutrition survey in a row that has recorded rates below the emergency cut-off.

Health Sector - WHO, UNFPA and UNICEF

A complete second level hospital laboratory and diagnostic kits (autoclaves, incubators, microscopes, and a wide range of reagents procured and supplied to GTZ in Dadaab by WHO to facilitate diagnosis and disease surveillance. In addition, a package of essential drugs, infusions and other consumables for 100,000 persons for three months was procured and supplied to GTZ in the refugee camps.

Other activities undertaken included:

- A joint WHO, GTZ, UNHCR, Provincial and District Teams Rapid assessment conducted for cholera in Hagadera refugee camp and joint response plan developed;
- Water quality testing kits (five pacualab) procured and supplied to GTZ in the refugee camp and training conducted for health workers on use by the Garissa District health Management Team;
- Health promotion on basic hygiene and sanitation conducted in all the camps using the volunteers;
- One high capacity Cold chain refrigerator procured for the refugee camp;
- 19 Community Health Volunteers recruited for health promotion for three months;
- Vaccination continued for all new arrivals and children in the refugee camps.

UNFPA used CERF funds to establish well-equipped units, which increased the capability of health staff to handle obstetric and gynaecological emergencies resulting in an overall increase in quality of care provided. Among the equipment provided included delivery beds, patient screens, aprons, gowns, weighing scales, drip stands, maternity mattresses and safe delivery kits, among others. In addition a donkey car was hired for transport at night in case of emergencies leading to an increase in the number of women attending the health facility for reproductive health care and consequently an increase in hospital deliveries from 36 percent to between 45-51 percent.

Clinical officers, nurses, police men, Save the Children UK, UNHCR protection, CARE; NCKK staff was trained on clinical management of rape as the focal persons handling rape survivors. The training focused on: examination of the rape survivor; collection of forensic evidence; post exposure prophylaxis; counselling and follow-up of the survivor; introduction to other prevalent forms of sexual violence; health complications of FGM and their management; and prevention (role of health workers; FGM and human rights).

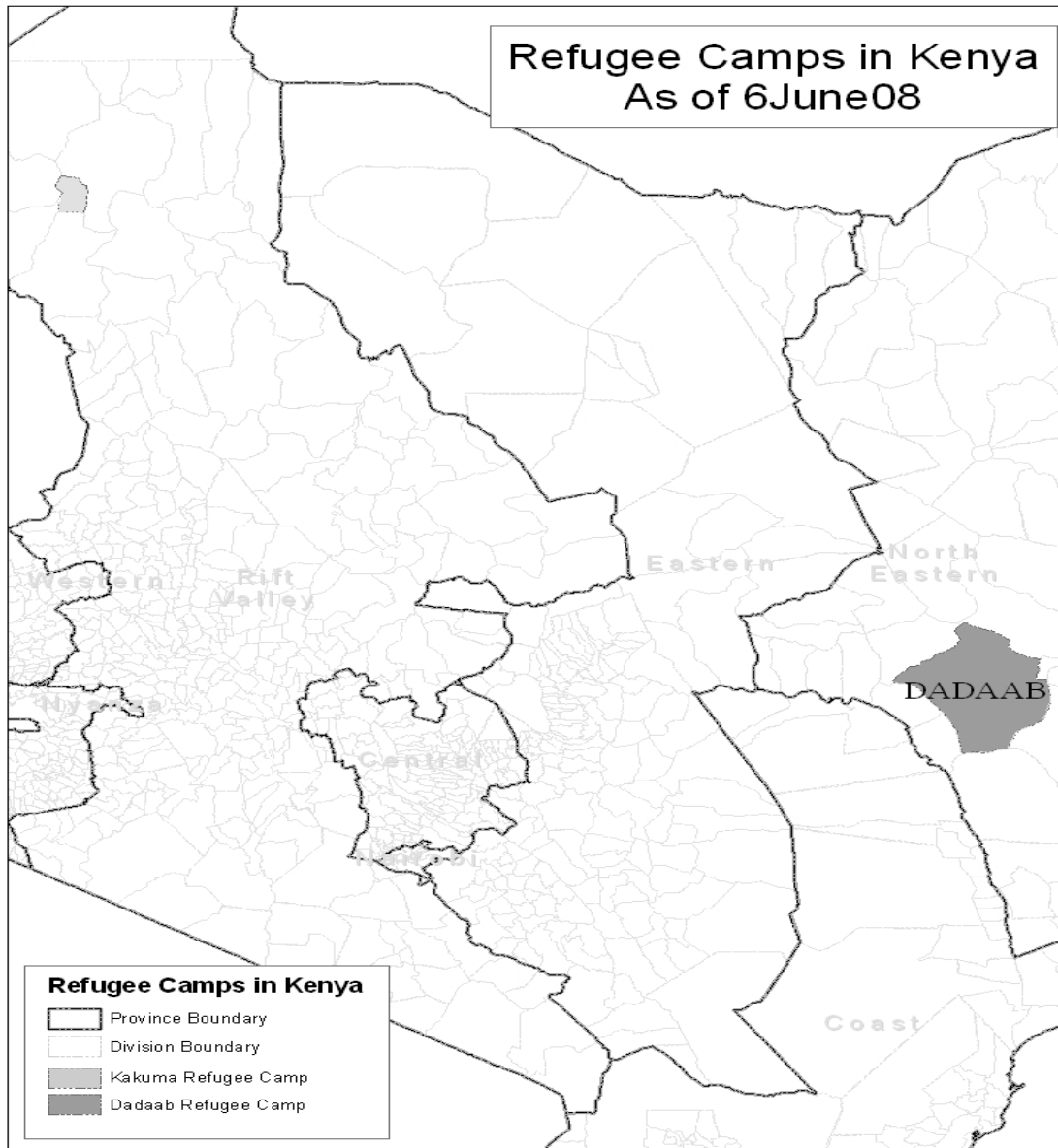
Nutrition Sector – WFP and UNICEF

UNICEF supported GTZ and UNHCR in setting up a community growth monitoring system and training of personnel on the surveillance of malnutrition during the first week of December 2007. UNICEF also worked with CARE and GTZ in promoting the establishment of 41 mother support groups. These have been formed in Dadaab in order to promote optimal infant and young child feeding practices and prevent severe malnutrition.

UNICEF has produced and supplied implementing agencies in Dadaab with IEC materials on Infant and Young Child Feeding and on micronutrient issues. Technical assistance was provided by a UNICEF Nutrition Specialist in all aspects of the nutrition programme. Nutrition committee meetings were initiated in Dadaab where UNICEF provides this key technical support. In addition, six nutritionists were seconded by UNICEF to manage malnutrition within the camps since March 2007. CERF funding also ensured facilitation of Action against Hunger (AAH) to support out-patient treatment of severely malnourished in Dadaab refugee camps (UNICEF supports AAH with supplies). The out-patient or community therapeutic feeding programme was strengthened as from October 2007 and is now fully operational in Dadaab with a current caseload of 300 children. The programme has been handed over to GTZ by AAH. Two

Vitamin A supplementation campaigns were carried out in the camp with the first one in March and the second one in November 2007. The coverage was more than 100 percent.

MAP of area of assistance



LIST OF ACRONYMS

AAH:	Action against Hunger
CERF:	Central Emergency Response Fund
ERC:	Emergency Relief Coordinator
FGM:	female genital mutilation
GAM:	Global acute malnutrition
GTZ:	Deutsche Gesellschaft für Technische Zusammenarbeit
ICU:	Intensive care unit
IEC:	International Electro-technical Commission
LWF:	Lutheran World Federation
MOH:	Ministry of Health
NCCK:	National Council of Churches of Kenya or Protestant National Council of Churches for Kenya
NFI:	Non-food items
NGO:	Non-governmental Organization
OCHA:	Office for the Coordination of Humanitarian Affairs
RC:	Resident Coordinator
SGBV:	Sexual and Gender-based violence
UNCT:	United Nations Country Team
UNHCR:	United Nations High Commissioner for Refugees
UNICEF:	United Nations Children's Fund
WFP:	World Food Programme
WHO:	World Health Organization