

5-YEAR EVALUATION OF THE CENTRAL EMERGENCY RESPONSE FUND

COUNTRY STUDY: KENYA

On Behalf of OCHA



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Authors:

Marie Spaak

Augustin Ngendakuryio



This document has been prepared by Channel Research as part of the 5-Year Evaluation of the CERF, commissioned by OCHA.

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Please address all correspondence to:

Cecile Collin

E-mail: collin@channelresearch.com

Tel: +32 2 633 6529

Fax: +32 2 633 3092

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UN General Assembly Resolution 60/124 sets the objective of the upgraded CERF “to ensure a more predictable and timely response to humanitarian emergencies, with the objectives of promoting early action and response to reduce loss of life, enhancing response to time-critical requirements and strengthening core elements of humanitarian response in underfunded crises, based on demonstrable needs and on priorities identified in consultation with the affected State as appropriate”

channelresearch

Route des Marnières 45A, 1380 Ohain, Belgium

Tel +32 2 633 65 29 Fax +32 2 633 30 92

www.channelresearch.com info@channelresearch.com

VAT No 864 560 703

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ACRONYMS

<i>Acronym</i>	<i>Details</i>
<i>ASAL</i>	Arid and Semi Arid Lands
<i>CAP</i>	Consolidated Appeals Process
<i>CCCM</i>	Camp Coordination and Camp Management
<i>CCPP</i>	Contagious Caprine Pleuro Pneumonia
<i>CERF</i>	Central Emergency Response Fund
<i>CHF</i>	Common Humanitarian Fund
<i>DAC</i>	Development Assistance Committee (of the OECD)
<i>DFID</i>	Department for International Development (of the UK)
<i>ECHO</i>	European Commission Humanitarian Aid Department
<i>EHRP</i>	Emergency Humanitarian Response Plan
<i>ERC</i>	Emergency Relief Coordinator (the head of OCHA)
<i>ERF</i>	Emergency Response Fund
<i>EU</i>	European Union
<i>FAO</i>	Food and Agriculture Organization of the United Nations
<i>FTS</i>	Financial Tracking Service
<i>GAM</i>	Global Acute Malnutrition
<i>GHD</i>	Good Humanitarian Donorship
<i>HC</i>	Humanitarian Coordinator
<i>HCT</i>	Humanitarian Country Team
<i>HDI</i>	Human Development Index
<i>HDPT</i>	Humanitarian and Development Partnership Team
<i>HQ</i>	Headquarters
<i>IASC</i>	Inter-Agency Standing Committee
<i>IDP</i>	Internally Displaced Person
<i>IOM</i>	International Organization for Migration
<i>IPC</i>	Integrated Food Security Phase Classification
<i>IRIN</i>	Integrated Regional Information Networks (OCHA)
<i>KFSSG</i>	Kenya Food Security Steering Group
<i>KHPT</i>	Kenya Humanitarian Partnership Team

<i>Acronym</i>	<i>Details</i>
<i>KRCS</i>	Kenya Red Cross Society
<i>M&E</i>	Monitoring and Evaluation
<i>NFI</i>	Non-Food Item
<i>NGO</i>	Non Governmental Organisations
<i>OCHA</i>	United Nations Office for the Coordination of Humanitarian Affairs
<i>OECD</i>	Organisation for Economic Cooperation and Development
<i>OFDA</i>	Office of US Foreign Disaster Assistance
<i>PAF</i>	Performance and Accountability Framework
<i>PPR</i>	Peste des <u>P</u> etits Ruminants
<i>PRM</i>	<i>Bureau</i> of Population, Refugees and Migration (US State Department)
<i>PRRO</i>	Protracted Relief and Recovery Operation (WFP)
<i>RC</i>	Resident Coordinator
<i>RR</i>	Rapid Response (CERF funding window)
<i>ToR</i>	Terms of Reference
<i>UFE</i>	Under-funded emergency (CERF funding window)
<i>UK</i>	United Kingdom
<i>UN</i>	United Nations
<i>UNCT</i>	United Nations Country Team
<i>UNDP</i>	United Nations Development Programme
<i>UNFPA</i>	United Nations Fund for Population Activities
<i>UNHCR</i>	United Nations High Commissioner for Refugees
<i>UNICEF</i>	United Nations Children's Fund
<i>USD</i>	United States Dollar
<i>WASH</i>	Water, Sanitation and Hygiene
<i>WESCOORD</i>	Water and Environmental Sanitation Coordination
<i>WFP</i>	United Nations World Food Programme
<i>WG</i>	Working Group
<i>WHO</i>	World Health Organization

INTRODUCTION

1. This country report provides an analysis of the Central Emergency Fund's disbursements in response to emergencies in Kenya from 2006 to 2010. It is one of 16 case studies conducted to inform the Five-year Evaluation of the Central Emergency Response Fund (CERF). Mandated by the UN General Assembly, the Five-year Evaluation of the CERF is managed by OCHA's Evaluation and Guidance Section (EGS), and conducted by Channel Research.

CERF

2. The Central Emergency Response Fund (CERF) is a US\$500 million fund established to support rapid response and address critical humanitarian needs in underfunded emergencies. The CERF is managed by the UN's Under Secretary General for Humanitarian Affairs and Emergency Relief Coordinator (ERC), and supported by a Secretariat and by other branches of the UN Office for the Coordination of Humanitarian Affairs (OCHA). CERF funding includes a US\$450 million grant element and a US\$50 million loan mechanism. The grant component is comprised of two windows: one for rapid response and one for underfunded crises. The loan facility is a revolving fund which serves as a cash-flow mechanism for eligible humanitarian organizations. Only UN agencies and the International Organization for Migration (IOM) are eligible.

Methodology

Document review

3. Key reference documents were reviewed, including the annual reports from the Humanitarian/Resident Coordinator on the use of the CERF grants, humanitarian appeal documents, the Independent Review of the Value Added of the Central Emergency Response Fund (CERF) in Kenya (July 2010) and the Evaluation of FAO interventions carried out under the CERF in Kenya (2009). Numerical data from the CERF Secretariat, the CERF Website, and the UN Financial Tracking Service (FTS) was also analysed to establish the pattern for CERF use and the differences between CERF allocations for Kenya and the other 78 CERF recipients¹.
4. Of the 87 projects funded by the CERF in Kenya, the team examined 23 randomly selected proposals for funding (see Annex IV) submitted to the CERF Secretariat from the country, i.e. 26 percent of the total², and the extent to which the proposals paid attention to gender, vulnerability, and cross cutting issues, using the gender and vulnerability markers³.

¹ Please note that the team defined the year of the grant based on the disbursement date rather than the approval date (which the CERF secretariat uses as reference). This was done to facilitate comparison with other funding.

² All of the projects were examined in one third of the countries. Nominal sampling rates were set to give between 17 and 26 projects in the other 11 countries. These were then used to select the sample projects subject to selecting at least one project per agency per window per year. Both random selection and high sampling rates help to ensure that the sample is representative.

³ The gender markers were piloted in 2010 and were not launched officially until 2011 after the CERF evaluation

Interviews

5. Two team members visited Kenya in January 2011 and interviewed different categories of stakeholders (the HC, OCHA staff, UN agency and NGO staff, humanitarian donor representatives), although they were unable to obtain a meeting with the Ministry of State for Special Programmes, who is in charge of humanitarian affairs. Three focus group meetings were also held with members of the Agriculture and Livestock Sector Working Group, the Nutrition Sector Working Group, and UNHCR implementing partners. A briefing on key findings with the Deputy Head of the OCHA office took place before the departure of the team. Telephone interviews were conducted with several stakeholders in Kenya, and a UN staff member in Rome. The interviews were structured around a standard list of questions. Depending on the category of stakeholder interviewed, either all of the questions were asked or a selection of them. There was no time to go into non-CERF matters (e.g. ERFs) in detail. Follow-up consultations were carried out after feedback on the drafts of the report, including with staff of the CERF Secretariat, OCHA Headquarters and the OCHA Kenya Country Office.

Analysis

6. The analysis for this study employed the CERF Performance and Accountability Framework (PAF)⁴, which defines a set of indicators at each level according to a logic model approach as a means of clarifying accountability and performance expectations around a core set of agreed CERF outputs, outcomes and impacts.

Reporting

7. The drafting of this report benefitted from comments made by the steering and reference groups on the first country study, as well as more specific comments on this country report.

Constraints

8. The evaluation team faced several important constraints. First, Kenya was added to the list of Country Studies shortly before Christmas 2010, so the programme had to be organised with little advance notice, and this resulted in cancelled meetings and delays. Second, the collection of information was complicated by the informal nature of much of the relevant information and significant gaps in documentation. There was a lack of clear documentation (through minutes or records of telephone calls and email exchanges) about how CERF allocation decisions were made. Third, project proposals and the annual reports of the Resident/Humanitarian Coordinator are relatively brief and give few details of the projects.

Key definitions

period was concluded. Even though the CERF application template was only revised in 2010 in order to obtain this type of information, the evaluation team has used the markers as a framework for analytical purpose. The vulnerability marker was designed by Channel for this evaluation.

⁴ OCHA, Performance and Accountability Framework for the Central Emergency Response Fund (OCHA, August 2010)

9. The case study is concerned with assessing the following⁵:

- **Relevance/appropriateness:** Relevance is concerned with assessing whether the project is in line with local needs and priorities (as well as donor policy). Appropriateness is the tailoring of humanitarian activities to local needs, increasing ownership, accountability and cost-effectiveness accordingly.
- **Effectiveness:** Effectiveness measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Implicit within the criterion of effectiveness is timeliness.
- **Efficiency:** Efficiency measures the outputs – qualitative and quantitative – achieved as a result of inputs. This generally requires comparing alternative approaches to achieving an output, to see whether the most efficient approach has been used.

Overview

10. The report is structured as follows:

- **Context:** A description of the humanitarian context of the country, and how the CERF was used.
- **Processes:** A description and analysis of the submission process for the CERF, and the prioritisation and selection of projects.
- **Outputs:** An analysis of the CERF's overall contribution to the country programme, its timeliness (timeframes), level of donor support, and interaction with other funds.
- **Outcomes:** An analysis of the outcomes of the CERF process, including the extent to which CERF projects addressed gender, vulnerability, and cross-cutting issues.
- **Contribution:** An analysis of the CERF's contribution to meeting time-critical live-saving needs, including evidence for the extent to which the CERF contributed to this objective set by the General Assembly.
- **Conclusions:** An outline of conclusions reached by the evaluation team.

⁵ These criteria are defined by Beck, T. (2006); *Evaluating humanitarian action using the OECD/DAC criteria for humanitarian agencies: An ALNAP guide for humanitarian agencies*. (Overseas Development Institute: London, March 2006)

1. CONTEXT

Humanitarian context

11. Kenya ranks 128th of 169 countries on the 2010 Human Development Index, but while it is classified in the Low Human Development category, it is the better off of the group. The 2010 Human Development Report notes huge in-country disparities in terms of multidimensional poverty, with North-Eastern Kenya being in the worst position⁶.
12. **Drought:** Kenya has faced severe droughts in the past five years as a consequence of climate change. Droughts are becoming more frequent and last longer⁷. The Arid and Semi-Arid Lands area⁸, which covers more than 80 percent of the country's land mass and hosts more than 30 percent of the population and about 70 percent of the livestock, is the most vulnerable to their effects. In the Arid and Semi-Arid Lands, there are high rates of chronic malnutrition among children under 5 and Global Acute Malnutrition (GAM) rates in some districts are above emergency levels (15%) even in non-drought years. Droughts generate high levels of food insecurity and malnutrition, as well as conflicts over water and pastures and cross-border population movements, which spread human and animal diseases. Droughts are frequently followed by floods.
13. Poor October-December short rains in 2005 plunged the Horn of Africa and the country into a devastating drought in 2006, reportedly the worst in living memory at the time. It lasted through most of the year and affected more than 3.5 million people. Livestock losses of up to 70% in some north-eastern districts prompted a large number of pastoralists facing food shortages to move close to urban areas, increasing their dependency on food aid. A Consolidated Appeal for the Horn of Africa, including Kenya, was launched in April 2006⁹. Major floods followed in late October 2006, for which a Flash Appeal was issued. A succession of poor rainy seasons between 2007 and 2009 led to a deterioration of food security accompanied by an increase in malnutrition. The annual Short Rains Assessment of February 2009 found that 3.4 million people were in need of humanitarian assistance¹⁰. Indications at the beginning of 2011 were that another potentially severe drought is looming¹¹.

⁶ "Nairobi's multi-dimensional poverty is slightly higher than Brazil's, while that for northeastern rural Kenya is worse than that of Niger, the poorest country in the sample"; Human Development Report 2010, p. 99.

⁷ "The drought cycle has become shorter, with droughts becoming more frequent and intense due to global climate change and environmental degradation. The cycle has reduced over the years, from every ten years, down to every five years, further down to every 2-3 years, and currently every year is characterized by some dry spell. For the communities living in arid and semi arid areas of the country, drought wasn't a new thing to cope with in earlier years. The people were used to experiencing drought every 10 years or 5 years. This cycle allowed farmers to recover and rebuild their livestock and crops before the next drought. This is not the case anymore. The time for recovery, for rebuilding stocks of food and livestock is becoming shorter every year." in *The Cycle of Drought in Kenya a Looming Humanitarian Crisis*, ISS Today, Damaris E. Mateche, 18 January 2011.

⁸ The (ASAL) area encompasses north and northeastern Kenya and is predominantly inhabited by pastoralists and agro-pastoralists. The main refugee camps of Dadaab and Kakuma are located in the ASAL.

⁹ The humanitarian situation in Kenya prompted the RC to issue a joint appeal with the Government of Kenya in February 2006. As it was issued 'locally', the Financial Tracking Service has not monitored funding to this appeal

¹⁰ According to the 2010 CAP (EHRP), this figure increased to 3.8 million in August 2009, following the annual Long Rains Assessment.

¹¹ *East Africa: La Niña-induced Drought to affect Millions*; IRIN; 18 February 2011.

14. **Refugees:** Kenya has hosted a large number of refugees from neighbouring countries, in particular Somalia and Sudan, for two decades. Most of the Somali refugees have lived in camps around Dadaab (North Eastern Province) and Kakuma (North Western Province). The camps in Kakuma used to host a majority of refugees from Sudan but Somalis now represent 56 percent of the camp's population¹². Renewed conflict in Somalia in 2006 triggered an influx of refugees in August, swelling the population of Dadaab camps to 160,000¹³. The UN issued a Joint Appeal in October 2006 to mobilise assistance to respond to this influx. Around 19,000 refugees arrived from Somalia in 2007¹⁴, 60,000 in 2008¹⁵, 52,000 in 2009 (EHRP¹⁶ 2010), and another 50,000 in 2010 (EHRP 2011+). The population of the Dadaab camps was of 283,000 in October 2009¹⁷ and the total refugee population in Kenya stood at around 412,000 in September 2010 (EHRP 2010). As long as the conflict continues in Somalia, a steady flow of refugees is expected.
15. **Post-election violence 2008:** In January 2008, widespread violence following the presidential elections of December 2007 displaced or otherwise affected an estimated 500,000 people. Some 250,000 internally displaced people (IDPs) found shelter in camps and other sites. The government coordinated the humanitarian response through a National Disaster Operations Centre in the Office of the President, with the involvement of the local authorities. The Kenyan Red Cross Society¹⁸ was at the forefront of relief efforts. The first Emergency Humanitarian Response Plan (EHRP) for Kenya, which will be henceforth referred to as the CAP, was launched in January in response to this emergency. Humanitarian clusters¹⁹ were established then and transformed into government-led sector working groups supported by UN agencies in the course of 2009.

Table 1: Kenya Appeals 2006-2010

Month/Year	Title of Appeal	Requirements (revised) - USD	Objective
7 April 2006	Consolidated Appeal: Horn of Africa 2006	120,024,663	Respond to the drought in the region
16 October 2006	Kenya 2006 Flash Appeal	35,252,275	Respond to influx of refugees from

¹² Kenya: Kakuma -- the world's most cosmopolitan refugee camp, Hervé Bar, AFP, 16 September 2010.

¹³ Kenya 2006 Flash Appeal (CAP). Dadaab camps were designed for 90,000 people. According to the UNHCR 2005 Statistical Yearbook, Kenya hosted around 150,000 Somali refugees in 2005 in Dadaab, Kakuma, and Nairobi.

¹⁴ Kenya: Protect Somali Refugees; Human Rights Watch, 13 November 2008.

¹⁵ Kenya: End Abuse and Neglect of Somali Refugees; Human Rights Watch, 30 March 2009.

¹⁶ The EHRP is a Consolidated Appeal. EHRPs have been issued every year since 2008. The 2011 EHRP (EHRP+) is for three years and focuses on Disaster Risk Reduction.

¹⁷ NB: Dadaab camps were designed for 90,000 people.

¹⁸ The Kenya Red Cross Society, given its presence and operational capacity throughout the country, was the first and principal responder to post-election violence and was initially used as a main channel for assistance by UN agencies, according to the 2008 EHRP and *The United Nations and Kenya*; Briefing Note, UN Department of Public Information, 7 February 2008.

¹⁹ The following clusters were established then: CCCM (UNHCR); Coordination (HC/OCHA); Early recovery (UNDP); Education (UNICEF); Emergency Telecommunications (WFP and UNICEF); Food (WFP); Health (WHO); Logistics (WFP); Nutrition (UNICEF); Protection (UNHCR); Shelter/NFIs (UNHCR); WASH (UNICEF). The Agriculture and Livestock cluster (FAO) was established at a later stage. Changes occurred in cluster leadership over the years; in particular, cluster leadership for CCCM was shared between UNHCR for man-made disasters and IOM for natural disasters; cluster leadership for education was shared between UNICEF and Save the Children; the Shelter/NFI sector was taken over by the Kenyan Red Cross Society and Protection by the Ministry of Justice and the Kenya National Commission on Human Rights in 2009.

			Somalia
7 December 2006	Flash Appeal: Kenya: November Floods	53,744,639	Respond to the floods
16 January 2008	Flash Appeal: Kenya Emergency Humanitarian Response Plan 2008	207,568,401	Respond to humanitarian situation caused by widespread post-election violence
19 November 2008	Consolidated Appeal: Kenya Emergency Humanitarian Response Plan 2009	581,079,038	
30 November 2009	Consolidated Appeal: Kenya Emergency Humanitarian Response Plan 2010	603,544,553	

Source: Financial Tracking Service as of 27 February 2011

16. **Cholera:** Cholera outbreaks occurred in 2007 and affected the Dadaab refugee camps²⁰. A cholera epidemic started in January 2009 and affected five provinces before it was curbed in 2010²¹.
17. **Improving situation:** In 2010, acute emergency needs in Kenya subsided. The number of moderately to highly insecure people requiring food assistance declined by 58%, from 3.8 million identified in the August 2009 Long Rains Assessment to 1.6 million people. However, recovery was significantly hampered by the destructive effects of a succession of poor rainy seasons on livelihood productivity and resilience.

Humanitarian response

18. The government plays an active leadership role in the field of humanitarian assistance, which falls under the purview of the Minister of State for Special Programmes. Its Department of Relief & Rehabilitation contributes to an Emergency Operation programme, which currently distributes food aid to 27 districts every month²².
19. With respect to refugees, there seems to be consensus about the need for the international community to share the burden of assisting them with the government and for providing continuing assistance to a refugee population almost entirely dependent on aid²³. This is not the case with other emergencies, for which the government is considered as having the prime responsibility to respond.
20. As highlighted in another study (Mowjee, 2010) and the CERF Two-Year Evaluation²⁴, short term humanitarian action is generally inappropriate for effectively addressing recurrent disasters or chronic situations (drought, malnutrition, seasonal epidemics)²⁵, but agencies have no alternative but to get involved when the crises peak, in order to

²⁰ OCHA Humanitarian Update, 4 June 2007.

²¹ In 2010, there were 3,144 cholera cases and 73 deaths. There has been no case since September 2010, according to WHO.

²² See <http://www.sprogrammes.go.ke>

²³ Kenya does not allow refugees to live outside camps, and many of them have spent their entire life in camps.

²⁴ Central Emergency Response Fund Two Year Evaluation, Barber, Batthacharjee, Lossio & Sida, (2007, p. 60.

²⁵ This being said, when strategically used, humanitarian aid has enabled humanitarian agencies to make some progress in tackling some of the underlying factors, as illustrated by the progressive extension of nutritional services (see later section on Contribution). In 2006, malnutrition was largely addressed by NGOs, but the government is now in the driving seat.

save lives²⁶. In recognition of this limitation, the CAP (EHRP) 2011+ was developed as a three-year strategy in order to give humanitarian partners an opportunity to combine emergency response and the mainstreaming of DRR as a foundation for long-term recovery. The humanitarian community see a strong need for development aid to help Kenya tackle the underlying causes of disasters, but development partners do not seem to be heeding their calls for investment in the ASALs and in Disaster Risk Reduction, or at least not in the proportion that would be necessary. The government is viewed as having capacities and as having demonstrated some commitment to addressing these root causes but as not doing enough. The relative predictability of humanitarian funding ("easy money") for addressing the emergency phases of these chronic situations may be detracting it from fully playing its role (which is a clear negative impact).

CERF utilisation

21. From 2006-2010, Kenya has received 87 grants for a total of US\$104.5 million from the Under-Funded Emergency (UFE) and Rapid Response (RR) windows²⁷, of the CERF which makes it the fourth largest recipient of CERF funding.
22. The funds have been used to assist refugees, IDPs, floods or drought-affected pastoralists and refugee host-communities, as well as for the response to epidemics and malnutrition. The proportion of CERF funding that went to refugee assistance from 2006-2010 is of 48%, i.e. US\$50.4 million²⁸.
23. Amounts allocated from the UFE and RR windows represent 27 percent and 73 percent respectively of the total allocated during this period.

²⁶ Several interviewees stressed the widespread vulnerability of the population (poverty, malnutrition, absence of alternative livelihoods) and the impossibility of sitting back and letting people die.

²⁷ The CERF has a grant and a loan component: "The grant element is split into two components: rapid response window and underfunded emergencies window. Rapid response grants are provided to support core emergency humanitarian needs due to sudden onset emergencies or a rapid deterioration within existing crises; two-thirds of the grant facility is earmarked for rapid response grants. The remaining one-third of the grant facility is set aside for grants to underfunded emergencies." Source: Guidelines - CERF Underfunded Emergencies Window: Procedures and Criteria, January 2011

²⁸ Source: CERF database and Financial Tracking Service.

Table 2: Amounts allocated to UN agencies 2006-2010

Sum of Amount Approved		Year					
Window	Agency	2006	2007	2008	2009	2010	Grand Total
RR	WFP	8.814.727	2.487.750	5.753.701	11.966.970	848.510	29.871.658
	UNHCR	5.105.779		1.820.209	5.327.349	9.200.000	21.453.337
	UNICEF	5.909.237		1.927.840	1.968.800		9.805.876
	FAO	2.598.586	1.187.246	3.185.925			6.971.757
	IOM			1.162.529	2.698.393		3.860.922
	WHO	1.170.840	756.811	854.806	853.860		3.636.317
	UNFPA	100.000		341.904			441.904
RR Total		23.699.168	4.431.807	15.046.914	22.815.372	10.048.510	76.041.771
UFE	UNICEF		773.215	495.410	2.489.085	3.397.986	7.155.696
	UNHCR	500.000	1.402.235	3.439.500		1.700.053	7.041.788
	WFP	500.000	500.011	1.699.940	3.900.000		6.599.951
	WHO		250.000	621.698	523.230	2.664.300	4.059.228
	FAO			149.800	950.000	1.519.931	2.619.731
	IOM				176.015	699.196	875.211
	UNFPA		77.040				77.040
UFE Total		1.000.000	3.002.501	6.406.348	8.038.330	9.981.466	28.428.645
Grand Total		24.699.168	7.434.308	21.453.262	30.853.702	20.029.976	104.470.417

Source: CERF database –

NB: throughout the report, amounts indicated in tables and figures based on the CERF database are calculated on the basis of the year of disbursement rather than project submission, which means that they are not the same as those based on the Financial Tracking System.

24. As can be seen below, WFP has been the largest beneficiary of CERF funding as cluster lead for food, logistics, and telecommunications (co-lead with UNICEF). The average proportion of funding WFP got in Kenya for food assistance from 2006-2010 is slightly superior to the average proportion of funding WFP receives from the CERF globally (see Figure 3). This is due to the fact that Kenya hosts a large number of refugees who are almost entirely dependent on food assistance. WFP is followed by UNHCR, which is due to the fact that it is the lead agency for refugee assistance (see Figure 3 on portion of multi-sector assistance as compared to global average) and that UNHCR has led three clusters (CCCM; protection, and shelter/NFIs) in the framework of the response to internal displacement and other emergencies. UNICEF comes in the third position as lead agency for three clusters (education, nutrition, and WASH) and its active involvement in others (health and protection).

Figure 1: Annual share of CERF funding per agency

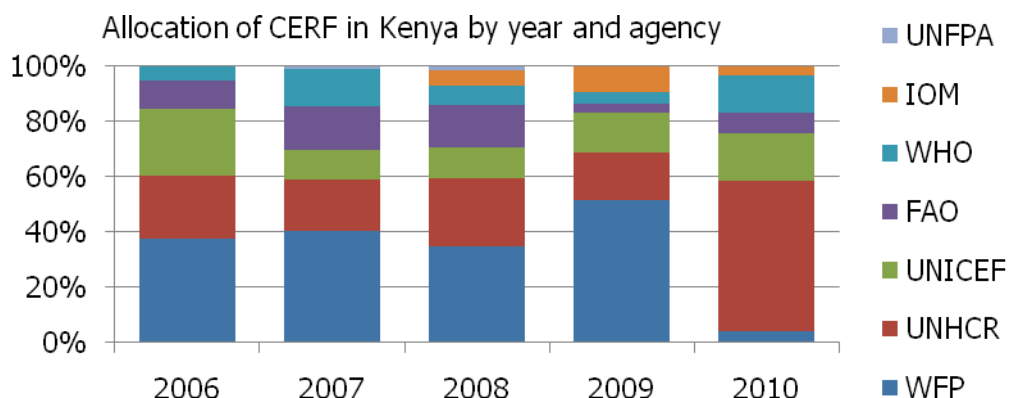


Figure 2: Total share of CERF grants per UN agency 2006-2010 (Kenya and global)

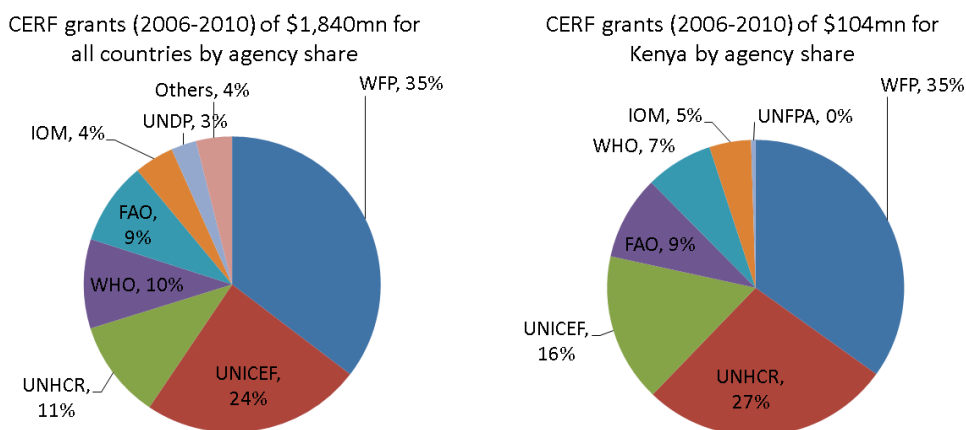
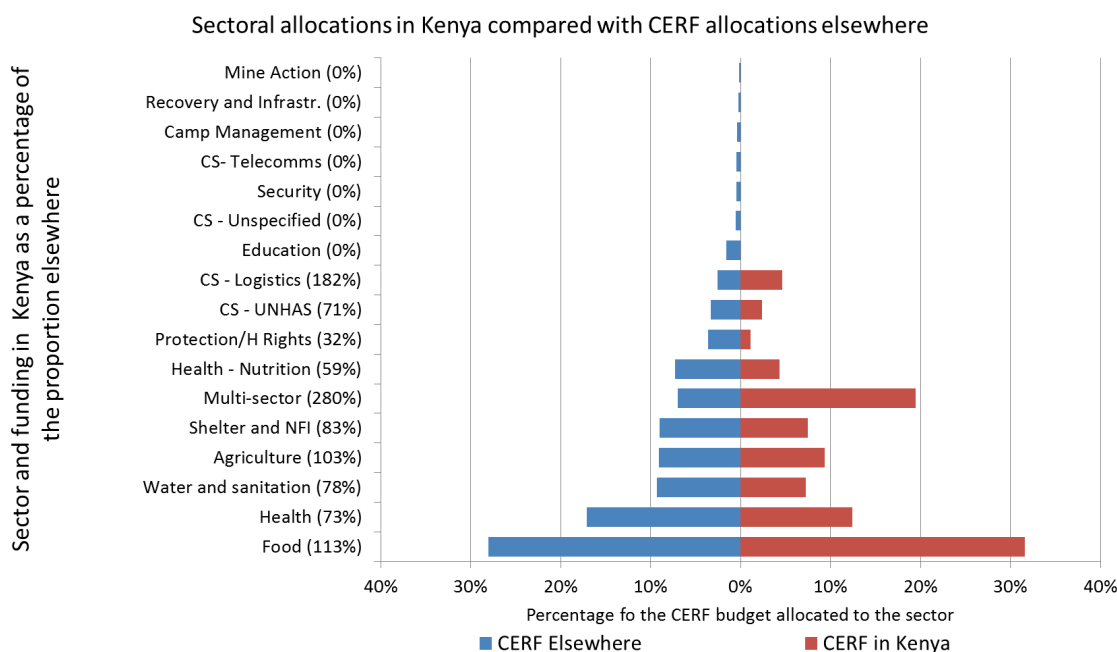


Figure 3: Sectoral allocations in Kenya compared with CERF allocations elsewhere



25. The number of clusters in which UN agencies are involved has not only affected their comparative level of funding but also the number of grants they have received. UNICEF has thus received the largest number of grants (22), followed by WFP (17), UNHCR (14). WHO comes in the fourth position (13) and is one of three agencies leading 'only' one cluster (with FAO and UNDP). The number of emergencies and CERF allocations in Kenya is another factor explaining the number of grants received by the UN agencies. Agencies in Kenya have tended to submit separate proposals for the different clusters that they lead (as opposed to submitting multi-sector proposals), while for refugee assistance, UNHCR has submitted multi-sector and sector-specific proposals, which explains the comparatively low number of UNHCR projects.
26. UFE allocations have tended to fund a larger number of agencies and projects per allocation than RR allocations, except for 2006, the first RR allocation of 2008 (11 projects of 6 agencies – to respond to post-election violence through a multi-sector response) and the second RR allocation of 2009 (7 projects of 5 agencies – to respond to four simultaneous emergencies and different caseloads).

Table 3: Number of projects by window and by agency

Count of Amount Approved		Year					Grand Total
Window	Agency	2006	2007	2008	2009	2010	
RR	UNICEF	7		4	3		14
	WFP	5	1	3	3	1	13
	UNHCR	2		4	3	1	10
	WHO	3	1	3	2		9
	FAO	3	1	1			5
	IOM			3	2		5
	UNFPA	1		3			4
RR Total		21	3	21	13	2	60
UFE	UNICEF		2	1	3	2	8
	WFP	1	1	1	1		4
	WHO		1	1	1	1	4
	UNHCR	1	1	1		1	4
	IOM				1	2	3
	FAO			1	1	1	3
	UNFPA		1				1
UFE Total		2	6	5	7	7	27
Grand Total		23	9	26	20	9	87

27. Many of the CERF projects are implemented in partnership with NGOs (international and national) and government services²⁹ (e.g. WHO works mainly through the

²⁹ Interviews; Annual reports of the Humanitarian/Resident Coordinator on the use of CERF funds; Evaluation of FAO Interventions carried out under the CERF in Kenya; 2009; Independent Review of the Value Added of the CERF in Kenya; 2010.

Ministry of Health) and at the initiative of the CERF Secretariat, the annual reports from the HC/RC provide increasingly detailed information about these partnerships. As can be seen from the tables below, the amount and portion of funding forwarded to NGOs has markedly increased in 2010³⁰ and the number of projects has decreased. However, it is too short a period of time to be able to detect any trend.

Table 4: Share of CERF funds used for direct implementation by UN agencies and transferred to partners³¹

Year	UN/IOM		NGOs		Government	
	Amount (USD)	Percentage of annual total	Amount (USD)	Percentage of annual total	Amount (USD)	Percentage of annual total
2006	Not available	-	Not available	-	Not available	-
2007	Unclear	-	Unclear	-	Not available	-
2008	18,229,671		3,223,591 ³²	15	Included in NGO figure	
2009	21,845,009	83	4,491,676	17	-	-
2010	9,136,689	46	10,893,287	54	-	

Source: Annual reports from the RC/HC 2007-2010

28. The number of agreements³³ with NGO implementing partners per cluster/sector for 2009-2010 is as follows:

Table 4: Agreements with implementing partners per year

Year	Agriculture (FAO)	Health (WHO)	Nutrition (UNICEF)	WASH (UNICEF)	Multi-sector (UNHCR)	Total
2009	12	1	10	4	12	39
2010	9	4	4	7	8 ³⁴	32

Source: Annual reports from the HC/RC for 2009 and 2010

29. As can be seen from the table below, all but one of the five UFE allocations have been provided for assisting refugees and the RR window has been used up to four or five times per year (5 times in 2008 and 4 in 2009) to respond to different types of emergencies.

³⁰ Given the role of implementing partners in the execution of projects, the portion of CERF funding passed on to them in 2008-2010 (15-17 percent) seems rather limited, but this would require a more in-depth analysis.

³¹ The CERF reporting template was modified for the 2007 report so as to include amounts used by UN agencies for direct implementation and amounts forwarded to implementing partners. The template was modified again for the report on 2009 to differentiate funding forwarded to NGOs and to Government and an annex to list each NGO implementing partner and the amount of CERF funding forwarded to them was added.

³² This figure is for implementing partners and may therefore include government services. NB: The CERF reporting format was modified for 2008

³³ The term 'agreement' is used because there can be more than one agreement with the same NGO implementing partner.

³⁴ This figure includes an agreement with IOM for shelter.

Table 5: Overview of CERF allocations by year

Year	Month	UFE	RR	Amount (USD)	Rationale/Emergency
2006	March		✓	8,365,500	Response to the drought ³⁵ .
	May	✓		1,000,000	Funding shortfalls of refugee programmes ³⁶ .
	September		✓	17,821,419	Assistance for newly-arrived Somali refugees and response to the floods.
Total 2006				27,186,919	
2007	October	✓		3,002,492	Response to the needs of Somali refugees
	October		✓	1,944,057	Response to a Rift Valley Fever outbreak ³⁷ .
Total 2007				4,946,549	
2008	March	✓		6,406,348	Assistance for Somali refugees.
	January		✓	7,022,854	Emergency assistance for those displaced by post-election violence.
	August		✓	1,462,884	Emergency assistance for those displaced by post-election violence.
	August		✓	559,106	Management of acute malnutrition and emergency health for IDPs in camps.
	September		✓	6,002,070	Food aid for populations affected by drought and post-election violence, support for vulnerable pastoralists suffering from soaring food prices, and the management of malnutrition.
	September		✓	4,517,017	Assistance for Somali and Sudanese refugees.
Total 2008				25,970,279	
2009	January		✓	470,800	Response to malnutrition in Dadaab refugee camps.
	May		✓	8,616,216	Response to drought, cholera, an influx of refugees, and assistance for IDPs.
	June		✓	4,211,339	Relocation of 12,700 refugees from Dadaab to Kakuma refugee camp.
	September	✓		8,038,330	Response to drought and outbreaks of cholera, dysentery, and other diseases.
	December		✓	5,000,000	Food aid for about 4.4 million drought-affected people.

³⁵ This allocation was part on an allocation to the Horn of Africa to respond to the drought.

³⁶ CERF Website

³⁷ Rift Valley Fever affects humans and animals.

Total 2009				26,336,685	
2010	March	✓		9,981,466	Assistance for refugees in Kakuma and response to drought, cholera, and malnutrition.
	June		✓	10,048,510	Assistance for refugees (decongestion and expansion of camps, relocation of refugees, and food assistance).
Total 2010				20,029,976	

Source: CERF database, based on annual project code (year of submission of the requests).

2. PROCESSES

30. This section examines the extent to which CERF-related processes at country level are inclusive, transparent and effective, and what monitoring mechanisms are in place.

2.1 Appropriateness/Relevance

31. CERF processes have become better organized and more consultative and inclusive over time, in particular since the clusters were established in 2008. Since then, all allocations have involved some degree of consultation. In earlier years (2006-2007), the processes were not yet clearly defined and since NGOs are not direct beneficiaries of CERF funding, they were not involved³⁸. For the October 2007 UFE allocation for example, the UN Country Team prioritized nutrition in the refugee camps. Since the cluster system had not yet been rolled out, OCHA convened meetings of UN agencies, without NGOs. At the time, the RC had to insist that consultations were necessary, as the main UN agencies concerned would have preferred deciding amongst themselves how to use the funds.
32. In recent years, the UFE process³⁹ has started with a meeting of cluster/sector coordinators convened by OCHA to agree on priorities and rough financial requirements (the latter are established, for instance, by singling out the part of the budget of a project which addresses the prioritized activity and taking into account the funding already available⁴⁰). Some cluster/sector coordinators consult their cluster/sector partners beforehand, while others work on the basis of annual programmes⁴¹ or projects defined with their respective cluster/sector partners during the CAP process⁴² or the mid-year review of the CAP and the latest information obtained through the cluster/sector WG meetings. As most of the emergencies in Kenya evolve slowly, renewed cluster/sector consultations are not viewed as essential⁴³. Agencies that are members of cluster/sectors for which they are not lead agencies (e.g. UNFPA in health or UNICEF in protection) do not necessarily participate in inter-cluster discussions but take part in the CERF-related discussions at the level of the Humanitarian Country Team (HCT)⁴⁴, which also includes

³⁸ Interviews; Kenya Report on CERF Grants in 2006; Annual Report of the Humanitarian/Resident Coordinator on the use of CERF grants.

³⁹ "The process for the CERF Underfunded Emergencies window is different from that for the Rapid Response window in that the ERC, with technical support from the CERF Secretariat, selects countries to benefit from the CERF UFE window, decides on an allocation amount per country, and makes recommendations on the use of UFE grants in selected countries. In countries selected by the ERC, RC/HCs are invited to submit a country application". ... "the ERC decides on and announces CERF underfunded country allocations, usually in January for the first round and July for the second round". Source: Guidelines – Underfunded Emergencies Window: Procedures and Criteria, January 2010.

⁴⁰ Interviews.

⁴¹ According to an NGO representative, in the case of WFP, NGOs are involved in the development of EMOPs and PRROs and once these are approved, partners are selected through a bidding process for the different districts.

⁴² Only appeal projects are eligible for UFE CERF funding (unless there has been no appeal).

⁴³ Interviews.

⁴⁴ In Kenya, the Humanitarian Country team is called the Kenya Humanitarian Partnership Team (KHPT), but the generic term 'HCT' will be used in this report. The HCT includes the Heads of the IASC agencies, three NGO representatives, and the Kenyan Red Cross.

NGOs and the Red Cross. OCHA promotes and attempts to verify that consultations have taken place⁴⁵. When refugee assistance is prioritized, UNHCR takes the lead for consultations and coordination with other UN agencies and its partners⁴⁶.

33. The HCT decides on envelopes per sector and agency on the basis of a proposal prepared by OCHA on the basis of the inter-sector meeting and consultations with the HC. Sectors and life-saving interventions experiencing critical underfunding are prioritized⁴⁷, as well as, sometimes, specific geographical areas (e.g. drought and food security for the RR allocation of September 2008; response to Rift Valley Fever outbreak in north-eastern Kenya for the RR allocation of October 2007; integrated response to cholera in northern Rift Valley Province for the UFE of March 2010; refugees for the UFE allocations of May 2006, October 2007, March 2008, March 2010 and RR allocations of September 2006, September 2008, January 2009, June 2009, June 2010). International NGOs are represented on the HCT (KHPT), where final decisions are made, and therefore have the opportunity to provide input or raise concerns. They have no major issue with the process although they tend to see it as rubber-stamping⁴⁸.
34. Once envelopes are decided, cluster/sector coordinators meet with their partners in order to develop the project proposals. Some of these meetings include all cluster/sector partners and involve a consultation on priorities (e.g. UNICEF and FAO), while others focus on the preparation of project proposals (e.g. WFP and UNHCR)⁴⁹. The latter is particularly the case for projects that are part of annual programmes with pre-selected implementing partners. NGO implementing partners obviously play a greater role than others in CERF submission processes, since they are involved in the development of the project proposal. The CERF life-saving criteria are carefully considered at this stage in the process. The Kenya country study for the evaluation of SIDA's assistance⁵⁰ found that *"NGO perceptions of inclusiveness depended on the sector groups in which they participated. They cited the Nutrition Technical Forum as an example of good practice because the lead agency allocated funding on a fair, systematic basis, according to priority areas of need. In at least two other sectors, the NGOs did not know how funding was decided and it seemed to be the sole decision of the UN co-chair."*
35. RR allocation requests have always been triggered by UN agencies bringing an emergency situation or a funding need to the attention of the HC. After a discussion at a meeting of the HCT, at which other agencies may present additional requirements, including for other emergencies, the HC sends the ERC a request for funds, which is in line with the procedure recommended by the CERF⁵¹. In the case of a new emergency,

⁴⁵ Interviews.

⁴⁶ Interviews; Annual Report of the Humanitarian/Resident Coordinator on the use of CERF grants 2007 & 2008..

⁴⁷ 2009 Annual report from the Resident/Humanitarian Coordinator on the use of CERF grants.

⁴⁸ One NGO representative was confident that if a major objection was voiced, it would be taken into account.

⁴⁹ Interviews and Independent Review of the Value Added of the CERF in Kenya, Mowjee, 2010, p. 17.

⁵⁰ Evaluation of Sida's Humanitarian Assistance - Case Study Report Kenya; Mowjee & Sweeney; UTV Working Paper 2010:16.

⁵¹ If a crisis meets the criteria of the rapid response window and the RC/HC considers it necessary to access CERF funds, it is recommended that the RC/HC signal the need for rapid response funds as soon as possible by contacting the ERC via letter or email. Source: Guidance Note on Applying for CERF Rapid Response Grants, January 2011. NB: this step in the process is in line with the guidance provided in 2006 in Guidelines – CERF: Grant Component.

cluster/sector level coordination is stepped up in order to prepare the response but again, clusters/sector members are not systematically consulted on priorities for the CERF. Consultations involve either agency implementing partners or cluster/sector partners⁵². The consultation process for UFE and RR allocations is therefore not as systematically inclusive as recommended by CERF guidelines.

36. Priorities are established on the basis of different types of assessments. The short rains assessments and long rains assessments, each of which takes place once a year under the leadership of the Kenya Food Security Steering Group (KFSSG) chaired by the government, are the common vulnerability and needs assessment tool and provide a basis for inter and intra-sector prioritization (e.g. increase or decrease of food aid⁵³). The Integrated Food Security Phase Classification (IPC), which classifies areas on the basis of indicators and also falls under the KFSSG, is also used as a key reference (e.g. 2009 CERF UFE prioritization). Ad hoc needs assessments are also carried out for specific purposes or in the event of a new emergency⁵⁴. As an example, under-funded priority needs for the October 2007 UFE allocation were easily identified on the basis of the recommendations of a joint WFP, UNICEF and UNHCR needs assessment of malnutrition in Dadaab refugee camps in July 2007, some of which could not be implemented due to financial constraints⁵⁵.
37. In Kenya, projects selected for UFE funding are required to be appeal projects (when there is one). This also applies to RR projects when there is an appeal for the particular emergency concerned (e.g. Flash Floods in 2006). Since appeal projects are selected on the basis of selection and prioritization criteria and respond to needs confirmed by a needs assessment⁵⁶, submitting appeal projects or components thereof provides guarantees that the projects respond to identified needs⁵⁷. In the case of new emergencies or worsening situations, new assessments are carried out⁵⁸.
38. The Ministry of State for Special Programmes is not involved in the process at either the inter-cluster or the HCT level⁵⁹, but for the past few years, cluster/sector coordinators have been well aware of the priorities of their government counterparts since government line ministries have participated in or since 2009 co-chaired all sector working groups, where sector needs, objectives, and strategies are discussed and agreed. A few of these working groups seem to be systematically involved in the planning of CERF activities (e.g. nutrition technical forum, agriculture and livestock⁶⁰). In the case of

⁵² Interviews.

⁵³ On the basis of these assessments, the Ministry for Special Programmes issues instructions to partners to scale food aid up or down. See, for instance, the section on PRRO 106660 (Protecting and Rebuilding Livelihoods in the Arid and Semi-Arid Areas of Kenya) in the WFP Operations and Resourcing Update of August 2010.

⁵⁴ Interviews, CAPs, annual reports of the RC/HC on the use of CERF grants, and project documents.

⁵⁵ Annual Report of the Humanitarian/Resident Coordinator on the use of CERF Grants, 2008, p. 3.

⁵⁶ 2010 Kenya Emergency Humanitarian Response Plan, p. 33. The CERF project proposal format also includes a section on Needs Assessment Findings.

⁵⁷ CERF project documents include a sub-section on the needs assessments carried out and used as a basis for the planning of the response.

⁵⁸ In addition, the CERF project proposal format includes a section on Needs Assessment Findings.

⁵⁹ A UN staff member described the process as being “mostly a UN talk shop”.

⁶⁰ Evaluation of FAO Interventions carried out under the Central Emergency Response Fund in Kenya – 2006-2009; Julius Kajume and Tom Mboya Adoyo; 2009; p.8.

FAO, all evaluated CERF projects were approved at the level of the agriculture and livestock sector working group, which it co-chairs with the government, and district steering groups⁶¹. However, the evaluation of Sida's humanitarian assistance⁶² found that despite initial involvement, Government representatives do not know *"how much had been approved for a given sector or how, when and where CERF funds had been used"*. OCHA has consulted the Permanent Secretary for Special Programmes on two occasions to ensure that the activities foreseen for CERF funding were in line with the strategy of the Government and avoid duplication (e.g. UFE 2010)⁶³. There is no need for more extensive CERF-related consultations at the level of sector WG government counterparts but consultations with the Ministry should be systematized given the importance for the government to clearly be in the lead.

39. The level of engagement of NGOs at cluster/sector level is conditioned by the degree to which the cluster/sector is consulted, which as indicated above varies from sector to sector, and the fact that they have little time available and CERF processes are not an operational priority given that they do not have direct access to the funds and few opportunities to 'apply' for CERF funding through the cluster/sector lead agency⁶⁴.
40. Donors know little about CERF processes and their outcomes and were surprised about the level of funding to Kenya. The HC informs donors of CERF allocations at Donor Coordination Group meetings, but humanitarian donor representatives do not attend them. They learn about allocations retroactively either through hearsay, OCHA situation reports or periodic humanitarian funding reports, or sometimes a general press release issued by the CERF Secretariat. One of the donor representatives indicated having consulted the Financial Tracking System on ReliefWeb to find out more⁶⁵. This is not due to a lack of information, but to the fact that no systematic effort is made to inform them.
41. The largest humanitarian donors (ECHO, DFID, USAID/OFDA) hold regular informal meetings and regard the CERF as another fairly large donor, with which there is no dialogue. In December 2010, humanitarian donors requested that regular meetings with the KHPT be organized and the HC agreed that such meetings would take place every two months starting in January 2011⁶⁶. Donors would appreciate being consulted before CERF submissions are finalized for the sake of complementarities and avoiding duplication⁶⁷.
42. CERF-related deliberations at inter-cluster/sector and HCT level are not well documented⁶⁸. This needs to be corrected for purposes of accountability.

⁶¹ Ibid. District steering groups include the District Commissioner, departmental heads, NGOs/community based organisations, and civil society.

⁶² Evaluation of Sida's Humanitarian Assistance - Case Study Report Kenya; Tasneem Mowjee & Hannah Sweeney; UTV Working Paper 2010:16.

⁶³ Interviews.

⁶⁴ NGOs are not eligible for direct CERF funding but are involved to varying extents in the execution of CERF projects as implementing partners of UN agencies.

⁶⁵ Interviews. NB: OCHA Kenya also has a dedicated page for the CERF on its website, but no one referred to it.

⁶⁶ They are also envisaging a broader humanitarian donor forum to better coordinate as a group.

⁶⁷ One donor explained that a UN agency was actively lobbying them for funding towards the end of 2010 and that they found out in January 2011 that the agency was getting a grant from the CERF UFE allocation.

⁶⁸ The only minutes of an inter-sector meeting made available to the team had the following points on the

2.2 Effectiveness

43. CERF processes are considered to have become more effective over time⁶⁹, with a few specific exceptions since 2009. There is a perception of an occasional lack of transparency in the process, due to the impression that discussions sometimes take place behind the scenes in Kenya (e.g. envelopes do not correspond to expectations) or the belief that some UN agency headquarters directly approach the ERC or the CERF Secretariat to request funds, thus circumventing the HC and normal country-based processes.
44. This perception concerns UNHCR and WFP (e.g. RR grants to UNHCR and IOM to relocate refugees from Kakuma to Dadaab in July 2009; RR grants to UNHCR and WFP for assistance to Dadaab in June 2010; and RR grant for the WFP PRRO in December 2009).
45. In 2009, UNHCR tried to secure land in Dadaab to decongest the refugee camps, but the local authorities asked that 50,000 refugees be transferred to Kakuma as a pre-condition, arguing that the host communities were suffering from the presence of so many refugees. Several interviewees (donor representatives and others) indicated that the donor community was opposed to the move as a matter of principle (trading off of refugees for land; the suffering that such a long trip was likely to generate; bringing Somalis into the midst of different ethnic groups of the Turkana area), but also because there was no formal agreement that land would be provided and the operation would be very expensive (transportation to Kakuma⁷⁰ and subsequent repatriation). In June 2009, the HC eventually requested CERF RR funds for the relocation of 13,000 Somali refugees from Dadaab to Kakuma, based on the understanding that there had been an agreement at HQ level. Donors were extremely annoyed when they learned that the CERF was giving UNHCR and IOM US\$4.2 million for the operation, as they had been asking UNHCR in Kenya and HQ not to give in. This allocation is viewed as bad practice in terms of CERF processes (perceived circumventing of the HC), country level consultation and coordination processes (circumventing donors), the objective pursued, which was more political (showing good will) than humanitarian, and efficiency⁷¹. To be fair, the decongestion of Dadaab camps is an extremely complex question, with no easy solution and the stalemate about extending existing camps continues.
46. The 2006 guidelines for the CERF grant component include the possibility for the ERC to trigger a RR allocation⁷² (these provisions have been included in the 2011 guidelines⁷³), a

agenda: Introduction; Update on CERF implementation; Discussion on suggested priorities for the 1st UFE round for 2010, and Update on Floods. The note contains only two vaguely-worded bullet points on the suggested priorities, which makes it impossible to appreciate the substance of the discussion. One of them states that participants were told that preliminary proposals included a geographic prioritization and the other one that refugee populations had ongoing needs.

⁶⁹ Interviews; Kenya Report on CERF grants in 2006.

⁷⁰ IOM eventually received over US\$2.6 million of the grant, for the move of around 12,700 refugees (US\$204.7/person).

⁷¹ Interviews. NB: UNHCR was not given land for a fourth camp after the move, but eventually got land for the extension of an existing camp.

⁷² "The ERC will also proactively suggest potential uses of the CERF by alerting HCs/RCs when CERF funds may be appropriate and will urge the HC/RC to meet with the Country Team to analyze needs". Source: Guidelines – CERF: Grant component, 2006.

clause that is likely to have been used by UN agencies as a window of opportunity for contacting the ERC or OCHA HQ directly to flag emergency needs or funding shortfalls. However, while evidence suggests that HQ level consultations did take place, it does not point to the ERC playing any role in initiating or directing the RR processes mentioned above. The evidence rather points to UN agencies on the ground indicating that discussions had taken place at HQ level and suggesting there had been an agreement that a request be made, thereby leaving little choice to the HC and HCT but to submit an application.

47. Another case frequently mentioned during the team's visit was that of the first UFE allocation of 2011. In December 2010, WFP faced the risk of a pipeline break in the first quarter of 2011 and contacted the CERF Secretariat to find out if a RR grant could be obtained. WFP was advised to wait until the likely UFE allocation and in January 2011 the ERC informed the HC that Kenya would receive US\$6 million with a suggestion that it would most appropriately be used in support of high priority projects within the refugee assistance component of the 2011 CAP (such suggestions from the ERC are entirely in line with RR guidelines⁷⁴). The HCT was informed by WFP that the grant was meant to be for them and UN agencies understood this as a clear indication of HQ involvement in the decision-making process⁷⁵.
48. In Kenya, the above instances have somewhat damaged the credibility of CERF processes. The RR cases described are viewed as having weakened the role and position of the HC and the HCT, the effectiveness of the selection processes, and in one instance, the relevance of the submission (UNHCR project described above). One could argue that the HC could ignore a suggestion from the ERC or a request from an agency to request RR funding, but in practice, this is difficult due to inter-agency dynamics, in particular when references are made to HQ-level discussions.
49. Similarly, the suggestion from the ERC to focus on a particular crisis or caseload instead of another one for the January 2011 UFE allocation was misperceived at country-level, no matter how well founded⁷⁶. In such instances, the CERF Secretariat should clearly communicate the rationale behind the suggestion to the HC and HCT.
50. The prioritization of the most critical needs, in a country which has usually faced different crises simultaneously in recent years, has been a difficult exercise given the challenge of objectively comparing the level of need between emergencies and populations (e.g. epidemics; drought; refugees)⁷⁷. This is compounded by the fact that

⁷³ "Depending on the extent of the emergency and on whether the overall funding for the response is likely to be inadequate, the ERC may suggest an initial CERF funding "envelope" to the RC/HC based on the best estimate of the scale of the emergency, the immediate funding needs, and taking into account the overall CERF funding available."Source: Guidance Note on Applying for CERF Rapid Response Grants, January 2011.

⁷⁴ In the letter informing the HC or the RC of the allocation, the Emergency Relief Coordinator may provide additional information on key underfunded sectors (OCHA 2008) or direct the allocation or parts of it to particular underfunded sectors or regions (OCHA 2010) in order to facilitate prioritization and speed up the process.

⁷⁵ Interviews.

⁷⁶ An informant indicated that this suggestion was made on the basis of an analysis of requirements.

⁷⁷ Interviews.

assistance to refugees is not coordinated through the cluster approach⁷⁸. Whereas at times agencies all agree that a particular crisis should be prioritised because it is life-threatening (e.g. drought and cholera for the UFE 2009⁷⁹, internal displacement, a break in the food pipeline for refugees) and some agencies willingly pass a round of funding, on less clear-cut occasions specific agencies have questioned the grant or level of funding given to another one. At the time of the 2010 UFE allocation, an agency withdrew its funding request in protest at the level of funding given another one and the insufficient level of funding it was receiving compared to its requirements⁸⁰.

51. The sharing of funds between the different sectors/clusters has been equally arduous⁸¹. The CERF life-saving criteria (and their different interpretations) have sometimes been used to advocate for receiving some funding, since every cluster/sector has eligible life-saving activities, or more funding than other clusters/sectors. Discussions around them have occasionally generated acrimony, because some agencies consider that their activities, being more directly life saving, should receive the bulk of the funding⁸². The Agriculture & Livestock sector finds it difficult for its projects, which aim to protect assets in order to improve resilience to shocks to be among the priorities⁸³. Ideally the prioritization would consider the most appropriate response to the emergency based on its nature (e.g. in drought situations, there is a need to preserve lives and protect livelihoods).
52. There is a view that some variables should be more carefully considered during the project selection process. These include cost-effectiveness, implementation and outreach capacities (which vary from sector to sector) and the comparative added value of an envelope for different sectors (e.g. US\$1 million is a fraction of monthly food aid requirements and a much larger portion of another sector's).
53. While the UFE window has been used according to its original objective, RR grants may have sometimes been requested to meet programme shortfalls rather than to respond to a new or worsening emergency⁸⁴. Someone commented that they had become somewhat of a routine. The possibility of requesting RR funding has apparently sometimes facilitated UFE allocation processes, as agencies know that further funding can be requested⁸⁵.
54. The CERF life-saving criteria have been useful for guiding inter-agency discussions and selecting the activities that can be included in project proposals. The criteria do not pose any particular problem for the sector/cluster coordinators and seem to have been generally followed; but CERF funds may have been occasionally used also for ineligible

⁷⁸ UNHCR takes part in the cluster approach for other types of emergencies and caseloads (e.g. CCCM, protection).

⁷⁹ Annual report of the Resident/Humanitarian Coordinator on the use of CERF grants; 2009.

⁸⁰ Interviews.

⁸¹ Interviews. Questions and statements such as "how do you balance out the needs?" and "the separate emergency contexts are like apples and oranges" convey this challenge.

⁸² Interviews.

⁸³ Interviews.

⁸⁴ Interviews.

⁸⁵ Interviews.

activities (e.g. surveillance, prevention, contingency planning) presented in such a way that they fit into the CERF life-saving criteria⁸⁶.

Monitoring and Evaluation section

55. A key weakness identified with respect to the CERF project management cycle is that the HC has no authority to request an evaluation, an audit, or a visit to a project. As a result, even if OCHA had the capacity, it could not do any monitoring. While agencies have M&E mechanisms in place, there are no provisions for findings concerning projects benefitting from CERF funding to be shared with the HC or OCHA and no mechanism for feedback on project implementation to be provided to the HCT or the clusters/sectors⁸⁷. This limits the extent to which the HC can be held accountable, as well as opportunities for learning (but this is not specific to the CERF).
56. The CERF project document format includes a sub-section on expected outcomes and indicators and another on monitoring and reporting provisions, and the annual reports of the RC/HC include a short description of how monitoring was carried out for each project (e.g. field visits, meetings, joint assessments with partners, monitoring of distributions, surveys, etc.). UN agencies have become better at reporting on how they monitor: for 2007, five project summaries out of eight do not include any information on monitoring, in 2009 all do but one, and in 2010 they all do (annual reports).
57. UN agency M&E mechanisms in place differ significantly. WFP has an independent M&E Unit and its 10 sub-offices have trained staff monitoring implementation⁸⁸, WHO and IOM have monitoring staff, while others (UNICEF, UNHCR, FAO) rely on their programme staff to monitor project implementation. For UNICEF, monitoring is a responsibility of programme staff with technical support provided by the country level Strategic Planning, Additional oversight is provided by the Head of the Emergencies section through monthly reviews. Monitoring of programme performance is also increasingly being taken up by the sector working groups⁸⁹. WHO has two M&E officers in its sub-office in Garissa (North Eastern Province), who work with WHO partners and carry out field visits. All UN agencies monitor the work of their implementing or cooperating partners and require regular reports from them⁹⁰ (e.g. FAO partners submit three reports: one after 30% expenditure, which usually contains a lot of detailed data, a mid-term report which focuses on performance and constraints, and a final report, which includes impact). WFP evaluates the performance of its cooperating partners on an annual basis.
58. WFP and FAO carry out internal or external evaluations⁹¹ of their programmes. External evaluations of WFP refugee programmes take place every two years. An independent

⁸⁶ Interviews.

⁸⁷ Interviews.

⁸⁸ This includes distribution monitoring (gender, timeliness, organisation) all the way to the beneficiary and post distribution monitoring two weeks later at household level (how much was received, how it was used, and consumption patterns). The process for schools, nutrition, and Food for Assets is similar.

⁸⁹ Interviews and feedback on the draft report.

⁹⁰ Interviews.

⁹¹ See also the Independent Review of the Value Added of the central Emergency Response Fund (CERF) in

evaluation of the Emergency Operation and Country Programme of WFP was carried out in 2007⁹².

59. No UN agency apart from FAO, which in 2009 commissioned an external evaluation of its CERF projects in Kenya for 2006-2009, has carried out an independent evaluation of their CERF projects. One of the main findings of the FAO evaluation⁹³ was that the M&E component was insufficient in all of the projects. Even though monitoring and supervisory visits were carried out by FAO staff, the technical line ministry and implementing partners, there was an apparent lack of monitoring tools. Consequently, one of the recommendations was that *“future CERF emergency projects should provide for internal evaluation”*⁹⁴. Another one of relevance for monitoring was that *implementing partners should indicate clear targets and achievements*.
60. As the CERF frequently makes a contribution to a programme also funded by other donors, attributing results to a particular source of funding would be impossible, but this should not be viewed as a reason for not carrying out an evaluation. While joint projects should ideally be evaluated jointly by its different donors, this rarely happens and in practice, each donor is entitled to evaluate the entire project as if it were funded by them. The CERF being itself a pooled fund, attribution to particular donors is impossible anyway.
61. The quality of UN agency reporting on the use of CERF grants has improved and had a positive effect on the quality of the annual report of the HC. However, UN agencies tend to report on activities and outputs, and in most cases without performance indicators (e.g. from the 2009 annual report: *“A total of 1,525 latrines were constructed, 2,296 slabs were produced, 591 latrines rehabilitated and hand washing facilities were put in 20 camp schools”; “33,400 chlorine tablets (Aquatab) provided to health facilities”*), rather than outcomes (e.g. from 2009 annual report: *“In all the target districts, 83.5 % of moderately malnourished children were cured. This objective was thus fully met”*⁹⁵). This aspect of the reporting needs to be further improved.
62. In the case of WFP, its M&E Unit is involved in the final reporting on the use of CERF funds.
63. Downwards accountability is weak. Implementing partners have limited knowledge of other aspects of the UN projects in which they are involved and accountability to the beneficiaries seems largely devolved to the implementing partners’ level (e.g. through the committees at community level).

Kenya; Tasneem Mowjee; Development Initiatives; July 2010.

⁹² Evaluation of Kenya Emergency Operation 10374.0 and Country Programme 10264.0 (2004-2008), WFP; 2008. NB. These have not received any CERF funding.

⁹³ Evaluation of FAO Interventions carried out under the Central Emergency Response Fund – Kenya 2006 – 2009; July 2009. NB: this evaluation was conducted in the framework of a global evaluation of FAO interventions: Evaluation of FAO interventions Funded by the CERF, October 2010.

⁹⁴ Ibid, p. 80.

⁹⁵ The objective was *“At least 80% of moderately malnourished patients that are admitted for treatment recover”*.

2.3 Efficiency

64. In the last couple of years, in order to facilitate the in-country process by keeping expectations within reasonable limits, the HC has consulted the CERF Secretariat to find out how much the HCT could realistically expect. In previous years, UN agencies had been requesting amounts much larger than the CERF allocation (e.g. in 2008, the agencies were requesting US\$17 million but the CERF gave US\$ 7 million).
65. The OCHA office in Kenya has effectively and efficiently managed the CERF process⁹⁶. OCHA ensures that the project proposals are in line with the CERF life-saving criteria, which sometimes requires that projects go back and forth several times⁹⁷ and verifies that agencies requesting CERF funds have completed the implementation of previous CERF projects (as a prerequisite for new funding). It has endeavoured to play a watchdog role with respect to the CERF guidelines, inclusive consultation and evidence-based prioritization, which has not always been easy given its 'weight' in the UN system.
66. Some UN agencies and clusters/sectors in Kenya are better prepared than others in terms of skills set, information management capacity, and human resources to articulate the needs in their sector, which gives them a comparative advantage in terms of accessing CERF funding⁹⁸.
67. Agencies find CERF transaction costs reasonable for UFE funding but less so for RR funding, due to its shorter implementation timeframe. The CERF proposal format is considered as simple, short, and straightforward and easier to use than those of other donors. At least two agencies (UNICEF, WHO) have proposals ready for donors, including (and irrespective of) the CERF.
68. CERF reporting is viewed by agencies as simple and straightforward, and by OCHA in Kenya as having improved over the years, thanks to guidelines and templates, CERF training, as well as the ERC' appeal for better reporting in 2009. A comparative advantage of the CERF, according to an agency, is that it is not necessary to provide continuous updates, as in the case of other donors, in the hope that they will continue funding. Agencies report on all of their CERF projects for the year in a single format, but it has been difficult for OCHA to get the reports by the March deadline. One agency representative expressed appreciation for the efforts of the CERF Secretariat to simplify the reporting format but stated that it is difficult to express achievements for several projects in such a short format. The same representative indicated that they are struggling with the requirement to provide an analysis of lessons-learned and value added.

⁹⁶ Its tasks include consulting agencies on their needs at the request of the HC, convening inter-sector meetings prior to the UFE allocations, consolidating the resulting information as a basis for KHPT deliberations, providing guidance for the preparation of project proposals (at times even helping cluster coordinators draft the project proposals), reviewing draft proposals to ensure they are in line with the CERF criteria and communicating with the agencies concerned until the proposals are ready, and preparing the annual reports on the use of CERF grants.

⁹⁷ One UN agency staff member commented that there is little work after the proposal reaches the CERF Secretariat.

⁹⁸ Interviews.

69. Indicating the breakdown of funding per partner presents a difficulty for sector leads and partners who sometimes do not have enough time to make the necessary, more detailed, needs assessments and plans, even if there has already been a meeting⁹⁹.

⁹⁹ Based on one interview.

3. OUTPUTS

3.1 Appropriateness/Relevance

70. Through the UFE window, the CERF has provided support for some of the core humanitarian activities of agencies and sectors (e.g. components of annual/bi-annual programmes such as WFP PRRO and UNHCR annual programme) and for stand-alone projects designed to respond to a particular situation. The RR window has enabled agencies to respond to new crises (most notably post-election violence in 2008¹⁰⁰, but also droughts and epidemics), expand and strengthen the humanitarian response on several occasions (e.g. refugee influx in 2006¹⁰¹), and avoid WFP pipeline breaks (e.g. end of 2009 and beginning of 2011).
71. A total of 87 projects were supported from 2006-2010. The CERF contribution to the total contributions to the Appeals (revised requirements) or emergency requirements in Kenya has ranged between 5 per cent and 27 per cent, as shown below:

Table 6: Portion of contribution to appeals or emergency response covered by the CERF

Year	Type of Appeal	Total (revised) requirements	Total contribution to the Appeal or total humanitarian funding ¹⁰²	Percentage of Appeal requirements covered	CERF contribution	Percentage - contribution covered by the CERF
2006	Regional Consolidated Appeal	120,024,663	43,672,625	38.4	16,755,851 ¹⁰³	38
	Flash Appeal (refugees)	35,252,275	36,914,174	105	3,500,000	9.5
	Flash Appeal (floods)	53,744,639	35,343,384	66	9,398,972	27
	Appeals + Other	-	283,906,023	-	28,374,164	10
2007	No appeal	-	29,829,365	-	3,759,312	12.6
2008	Flash Appeal	207,568,401	136,895,869	66	11,194,863	8
	Flash Appeal + Other	-	259,705,273	-	21,453,262	8.3
2009	CAP	581,079,038	490,294,990	84	30,853,702	6
2010	CAP	603,544,553	400,207,113	66.3	20,029,976	5

Source: Financial Tracking Service – Data as of 30 June 2011¹⁰⁴

¹⁰⁰ For IOM, every other donor came in a bit later than the CERF. The Independent Review of the Value Added of the Central Emergency Response Fund (CERF) in Kenya; Tasneem Mowjee; Development Initiatives; 2010 provides other examples.

¹⁰¹ See Kenya 2006 Flash Appeal.

¹⁰² For 2007, since there was no appeal, the amount indicated is that of the total contribution to humanitarian funding. For 2006 and 2008, CERF funding was also provided outside the Appeals.

¹⁰³ The CERF has supported a regional project with a Kenya component (WFP Regional Logistics Coordination Cell in Support of Drought Affected Countries in the Horn of Africa) included in this CAP:

¹⁰⁴ NB: FTS data does not always perfectly match the CERF database data (e.g. 2007, for which the FTS total is

72. The CERF has been the second or third donor (without taking into account carry-over amounts from the previous year) to humanitarian appeals from 2006-2009 and the fourth donor to the CAP in 2010. In 2006, few donors responded to the Flash Appeal: the US (71.4 %), the CERF (27%), and Denmark (1.7%). This is an indication of the relevance of CERF funding for humanitarian operations in Kenya.
73. Initial RR timeframes¹⁰⁵ were not adequate in terms of the operational capacities of most agencies and the new one may still be too short for some. Except for WFP, UN agencies found it difficult to implement projects in three months and since 2008 FAO has refrained from applying for RR grants¹⁰⁶. The evaluation of FAO interventions in Kenya (Kajume & Adoyo; 2009) found that inputs were not always delivered to the beneficiaries on time due to procurement delays and concluded that given the *“current FAO Administrative Procedures, Rapid Response CERF projects (3mn+3) cannot be realistically implemented without sacrificing the quality of interventions”*. This has limited access of FAO to CERF funding, which has been compounded by the fact that in Kenya, the best timing for funding for agriculture is September¹⁰⁷ and that there was only one UFE allocation in September (in 2009). This has limited the relevance of the CERF for FAO.
74. From 2006-end 2010, a total of nine no-cost extensions have been requested for the 87 projects funded by the CERF (i.e. for 10 percent of the projects), none of which was denied.
75. The time pressure for CERF RR funding was mentioned by a couple of interviewees as entailing the risk of compromising the quality of project design (e.g. choice of partner, choice of strategy)¹⁰⁸.

3.2 Effectiveness

76. The CERF has enabled certain UN agencies to rapidly activate internal advance, loan, or borrowing mechanisms to kick-start or expand the response. For instance, the WHO regional office has a regular budget for emergency response enabling advances of up to US\$100,000 to be made as soon as there is a donor pledge, which has happened with CERF funds. In the case of WFP, if there are moderate or high expectations of funding, the country office can get a 50% or 75% advance respectively from the WFP Immediate Response Account¹⁰⁹. UNICEF is allowed to borrow from its Emergency Programme Fund or re-programme regular resources with the agreement of the government but

USD 3,759,312, whereas the total based on CERF data is USD 4,946,558), which explains a few discrepancies in total amounts reported in different tables and graphs in this report.

¹⁰⁵ The initial timeframe for RR Project implementation was three months, but the CERF Secretariat informally agreed in 2007 that agencies had three months to commit the funds and three additional months to complete activities (i.e. six months in total). In Kenya, there was no awareness of this arrangement, which has just been formalised.

¹⁰⁶ FAO had to request a no-cost extension for the two RR grants received in 2007 and 2008.

¹⁰⁷ According to FAO staff, the short rains (October-December), with a harvest in February, are the most reliable; the probability of getting a good crop with the long rains (March-September) is lower.

¹⁰⁸ Interviews.

¹⁰⁹ Interviews.

there has been less of a need to do so since the CERF was established; 2008 was the last time¹¹⁰.

77. FAO has to wait for documentary confirmation that funding is forthcoming in order to start operations, which in the case of the CERF is the signed LoU. FAO has an internal advance mechanism, the Special Fund for Emergency and Rehabilitation Activities (SFERA) established in 2003, but it is not used in connection with the CERF. With respect to the RR window, triggering SFERA would have no added value since funds are rapidly disbursed once the LoU is countersigned (average approval to disbursement time for FAO RR grants is 17.15 days for 2006-2010, and only 15.5 days for 2010). However, this is not as clear for UFE applications, for which the process takes longer. The FAO country office prepares (e.g. NGO technical proposals) but cannot start operations until the LoU is signed, which has effectiveness implications (e.g. in 2009, the vaccination of livestock came a little too late)¹¹¹. FAO should consider establishing more systematic interaction and complementarities between SFERA and the CERF in order to speed up the starting up of the projects.
78. Three RR CERF submissions were either rejected (FAO project “Control of Peste des Petits Ruminants (PPR) and Contagious Caprine Pleuro Pneumonia” in July 2007) or withdrawn (UNICEF and WFP projects to address malnutrition caused by the drought in January 2008, and WFP project for telecommunications in March 2008). The rejection of the FAO project seems to be due to the fact that as PPR had only been confirmed in Kenya in late 2006, there was still no socio-economic data showing its impact on livelihoods¹¹² and the proposal may thus have been seen as unconvincing. In addition, what the CERF could and could not fund was not yet well defined (the first Life-Saving criteria guidelines were issued in August 2007)¹¹³. The reasons for the withdrawal of the nutrition projects are unclear, but similar projects were re-submitted later in the year (August RR allocation) and approved, and the withdrawal of the telecommunications project seems related to the fact that the acute emergency phase was over and that there was a lack of clarity at the time about which UN agency had the lead role for telecommunications. There have been no rejections or withdrawals of entire submissions since then, which is likely to reflect a better understanding of what the CERF will fund or not. Three other project proposals were withdrawn¹¹⁴.
79. UN agencies approach and manage their contractual relations with their NGO partners in different ways¹¹⁵, which have both effectiveness and efficiency implications. UN agencies like FAO which identify the most appropriate implementing partners for each of the CERF grant are more likely to face implementation delays than UN agencies which already have partnerships in place.
80. NGOs consulted on the modalities and transaction costs of working with UN agencies were generally satisfied despite complaints about insufficient overhead costs, excessive

¹¹⁰ Interviews.

¹¹¹ Interviews.

¹¹² FAO supported a socio-economic study on the impact of PPR in Turkana in 2008, which showed the impact of PPR on the livelihoods of the affected communities (source: written feedback from FAO).

¹¹³ Interviews. NB: No one remembers with certainty given that this happened four years ago.

¹¹⁴ Projects are frequently withdrawn when they are unlikely to be approved.

¹¹⁵ On this issue, see also the Independent Review of the value Added of the CERF in Kenya; 2010.

disbursement delays (which can be systematic in the case of a particular UN agency¹¹⁶), and heavy reporting requirements¹¹⁷. The FAO evaluation (Kajume & Adoyo; 2009) found that there were delays with the signing of Letter of Agreement with implementing partners, the release of funds and the procurement of inputs, which in some cases contributed to delays in implementation. This was largely attributed to the limited delegation of authority for funds approval of the country office, which has now been resolved¹¹⁸. The evaluation of Sida's assistance (Mowjee; 2010) found that *"NGOs receiving funding channeled through UN agencies find that these are not as timely and flexible as the funding that the UN agencies receive. The funding also tends to be short-term and specific, which would make it difficult for NGOs to take a longer-term approach."*

81. NGO implementing and cooperating partners reported UN agency procurement delays and breaks in the pipeline, which make them miss distributions, among their main implementation difficulties ¹¹⁹.
82. These issues, which are not specific to the CERF, are not well documented or understood despite the fact that they affect the effectiveness and efficiency of the response. Given that many CERF (and other) grants are implemented with the help of NGOs, it would be appropriate to carry out a study of the different contractual modalities in place in order to harmonize current practices and establish an effective and efficient model across the board. This harmonization would enhance effectiveness in some of the clusters/sectors and establish a better basis for comparing the effectiveness of both clusters/sectors and implementing partners. In the absence of a capacity to rapidly sign agreements with NGOs, or of framework agreements, it will remain more efficient for UN agencies to work with their existing implementing partners, which limits opportunities for new partnerships.
83. Finally, NGOs are not always aware of the origin of the funds they receive and at times only suspect they may be receiving CERF funding¹²⁰.
84. OCHA established an Emergency Response Fund in 2009, mainly to support NGO respond to emergencies. It received contributions from Sweden in Norway in 2009 for a total of US\$ 2.6 million, and a contribution from the UK (DFID) in 2011. The objectives of the ERF are to enhance rapid response at the onset of a disaster/crisis; fill critical geographical or sectoral non-food gaps in the framework of the CAP (EHRP); and support early action to mitigate needs and prevent humanitarian situations from escalating¹²¹. ERF grants are of a maximum of US\$150,000 for six-month projects, which

¹¹⁶ Interviews.

¹¹⁷ One NGO explained that even when UN agencies agree to pay 7% for overhead costs, this is insufficient to cover the costs of all the support it provides. A particular UN agency does not always entitle NGOs to cover their overhead costs for fear of adding to its own 7% maximum charge. One NGO said that getting small amounts of funding are not worth the effort, as transaction costs are the same as for large projects, while the impact is not worth working on.

¹¹⁸ Interviews.

¹¹⁹ Interviews. An NGO representative said that were the NGO allowed to purchase, it would enhance responsiveness, while another said that the NGO had completed a project for which it had done the procurement before an earlier project for which the UN agency managed the procurement.

¹²⁰ Interviews and Evaluation of Sida's Humanitarian Assistance - Case Study Report Kenya; Tasneem Mowjee & Hannah Sweeney; UTV Working Paper 2010:16.

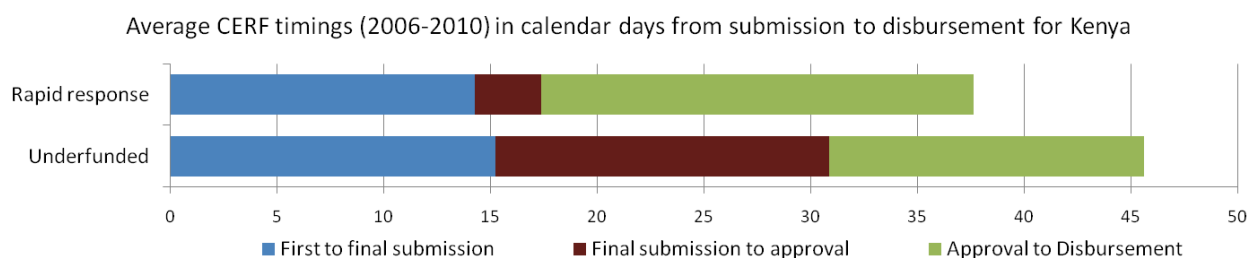
¹²¹ Minutes of the Kenya Inter-Cluster/Sector meeting of 3 June 2009.

compares well with indirect CERF funding¹²². The ERF is viewed as more flexible than the CERF in terms of eligible activities, more predictable (because funds are available year-round)¹²³, and quicker to provide funding to NGOs than the CERF¹²⁴. The Sida evaluation (Mowjee; 2010) indicates that disbursements can take up to one month (instead of 10 working days as pledged). The ERF budget is considerably smaller than contributions from the CERF, as can be seen from the table below.

85. Besides its complementarities with the CERF as pooled funding accessible to NGOs, the ERF has been used to complement the CERF from a strategic and operational point of view (e.g. since the 2011 UFE allocation went to refugee assistance and a drought was starting, the ERF was used for drought response)¹²⁵.
86. ERF processes are more inclusive than those of the CERF given that projects are vetted (by email) by a Technical Review Board in which cluster/sector WG coordinators play the main decision-making role (grants will only be given to projects they approve). The HCT as such is not involved in ERF processes, but the HCT is updated and consulted on ERF developments.
87. Bringing the two pooled funding mechanisms (CERF and ERF) under the responsibility of the same management structure should be considered as a means to improve their effectiveness.

3.3 Efficiency

88. For RR grants, processing time is critical and in 2009, RR requests took 2-4 working days to approve, 2-10 days for the Letter of Understanding (LoU) to be signed, and 4-6 days to disburse the funds, except for one RR grant to UNHCR for which 16 days¹²⁶. This means an average of 3 days from submission to approval, 5.7 days for the LoU to be signed and 6 days for the funds to be disbursed, i.e. an average of 15 working days, which is faster than average timings for 2006-2010.



¹²² Of the 39 agreements with NGOs and government services made in 2009 to implement CERF projects, a total of 28 were of US\$ 100,000 or less and only nine were of more than US\$150,000, most of which for multi-sector assistance.

¹²³ A donor representative stated that “the CERF is too slow for the (drought) window of opportunity, whereas the ERF provides funding directly to the NGOs”.

¹²⁴ Interviews.

¹²⁵ Interviews.

¹²⁶ Independent Review of the Value Added of the Central Emergency Response Fund (CERF) in Kenya; Tasneem Mowjee; Development Initiatives; July 2010 (Table 6).

89. UFE processes take longer because they are scheduled to take four to five weeks¹²⁷ to enable inclusive consultations to take place.
90. While annual reports on the use of CERF grants rarely provide information about the timeliness of the response¹²⁸, in the case of RR grants and in the absence of a no-cost extension, it can be assumed that the assistance was provided within the three-month timeframe.

¹²⁷ Guidelines – CERF Underfunded Emergencies Window: Procedures and Criteria, January 2010.

¹²⁸ The 2008 Annual report of the RC/HC on the use of CERF grants mentions, for instance, that in the case of an IOM shelter project “The shelters were rolled out in a record nine weeks and there has been a 100 per cent uptake of the shelters”, and an example of effective prevention measures by WHO “The availability of these medicines and equipment contributed to the low incidence of disease outbreaks linked with the crisis. For example, two cases of measles were identified in an overcrowded IDP camp at the stadium in Nakuru. Rapid vaccination of children in the camp against measles prevented the spread of what might have been a devastating outbreak.”

4. OUTCOMES

4.1 Appropriateness/Relevance

91. The CERF has been a fairly predictable and reliable source of additional funding: UFE funding has been given every year, the HC has requested RR funds when asked to do so, and apart from one occasion in 2007 (the FAO submission mentioned before) RR allocations have never been denied, although there were a few withdrawals of projects. It has been, and is viewed as, a predictable safety net in the event of a crisis¹²⁹.
92. With respect to the humanitarian reform, the CERF has consolidated the position of the HC by entrusting him with the leadership and coordination of CERF processes¹³⁰ and enabling him to direct funding towards the greatest priorities (except in the few cases involving HQ consultations). The CERF has supported the common strategic humanitarian framework and helped correct funding disparities between sectors.
93. The CERF has also enhanced coordination among UN agencies¹³¹ and integrated operational approaches (e.g. response to cholera, Rift Valley Fever, malnutrition)¹³². For the 2009 UFE allocation (second round), the HCT endeavoured to submit a proposal of comprehensive and complementary activities in order to maximise impact¹³³.
94. However, CERF processes do not seem to have enhanced the cluster/sector coordination mechanisms per se, given that cluster consultations are not systematic in all the clusters/sectors. Only when inclusive priority setting has taken place at cluster/sector-level (e.g. CCCM; nutrition; agriculture and livestock) can the CERF be said to reinforce cluster/sector coordination and the partnership pillar of the humanitarian reform, but this is an outcome of the commitment of the agency and the cluster/sector rather than the CERF. The FAO evaluation (Kajume & Adoyo; 2009) found that "the entire partnership involving FAO, implementing partners, line ministry collaborators and even community enhanced project implementation efficiency and effectiveness".

4.2 Effectiveness

95. The CERF has enabled agencies to kick start a number of emergency operations by providing 'seed' money and provided essential initial funding while the CAP (EHRP) was being developed in 2008¹³⁴. CERF funds have at times enabled UN agencies to respond when bilateral donors were unwilling to fund (e.g. cholera in 2008-2009¹³⁵, but

¹²⁹ Interviews.

¹³⁰ This view is also expressed in the Kenya Case Study Report of the Evaluation of SIDA's Humanitarian Assistance; Mowjee & Sweeney; UTV Working Paper 2010:16, SIDA.

¹³¹ Interviews; Kenya Report on CERF Grants in 2006, p. 2; Annual report of the Resident/Humanitarian Coordinator on the use of CERF grants, 2009, p.7.

¹³² For instance, the 2008 annual report on the use of CERF grants indicates that "The CERF request contributed to the development of a joint nutrition proposal by UNHCR, UNICEF and WFP developed for Dadaab refugees with UNICEF playing a lead role in technical guidance to the proposal.", p. 13.

¹³³ Annual report of the Resident/Humanitarian Coordinator on the use of CERF grants, 2009.

¹³⁴ Flash Appeal (EHRP) 2008.

¹³⁵ The cholera emergency started in December 2008 but humanitarian donors saw it as an outcome of "failed development" and were unwilling to support the response.

- also the controversial relocation of refugees to Kakuma) and to buy time while looking for additional funding.
96. CERF funds were instrumental for strengthening the humanitarian response capacity of at least three agencies (FAO, WHO, and IOM¹³⁶) at the time of post-election violence.
 97. CERF funds have also enabled UN agencies to scale up interventions and better covering needs (food aid pipeline¹³⁷; nutrition¹³⁸; livelihoods; needs of different caseloads).
 98. By giving them greater visibility and credibility, the CERF has enabled certain agencies to gain donor confidence and leverage further funding (e.g. WHO for its work on cholera with IRC in 2008-2009; IOM for post-election violence¹³⁹; FAO for livelihoods protection in the Agriculture & Livestock sector¹⁴⁰). Interestingly, these agencies are those which the CERF has enabled to build their emergency response capacity. In the health sector, CERF funds leveraged government funding in 2009¹⁴¹.
 99. CERF funds have also given WFP the flexibility to borrow from its reserves and the stocks of other programmes and subsequently replenish them. Another advantage is that cash contributions are more flexible (e.g. local purchases can be made) and much quicker than in-kind donations, which take up to 6 months to arrive.
 100. The extent to which cross-cutting issues are addressed in CERF-funded projects varies from agency to agency and project to project. A total of 23 CERF project documents for Kenya were randomly-selected in order to carry out an analysis of the extent to which they take gender, vulnerability, and cross-cutting issues into account. They were scored using the 'gender markers' approach, and the results are as follows:
 101. **Gender:** as can be seen from the table below, gender has not been taken into account in any of the three essential project phases, i.e. needs assessment, planning of activities, and outcomes, of most projects:

Table 7: Scores for gender sensitivity

Score	Number of projects	Percentage of the total
0	19	82.60
1	0	0

¹³⁶ Before 2008, IOM had limited emergency response capacity and with CERF funds, was able to provide immediate assistance in the sectors of shelter, NFIs and movement support in five of the major IDP camps, including in support of the Kenyan Red Cross.

¹³⁷ For instance, the May 2009 RR grant to WFP supported a "dramatic increase in food aid needs under the PRRO following the 2008 failed short rains" and "enabled WFP to procure the component of food rations for beneficiaries in Northeastern Province (totalling approximately 464,000 people) for one month, whilst other resources came online."; Annual Report of the Resident/Humanitarian Coordinator; 2009.

¹³⁸ In 2009, RR funds "facilitated a scale-up of nutrition interventions, with a special focus on diagnosis and management of acute malnutrition in Kitui, Mwingi, West Pokot, Kajiado, Marsabit, Kilifi and Turkana, which had experienced an acute deterioration of the food and nutrition situation and which had limited capacity to respond."; Annual report of the Resident/Humanitarian Coordinator, 2009.

¹³⁹ Japan and Norway contributed another US\$10 million to provide early recovery assistance for people returning home.

¹⁴⁰ In 2006-2007, the FAO Agriculture and Livestock emergency unit relied entirely on CERF funding, but it is now supported by several donors.

¹⁴¹ Annual report of the Resident/Humanitarian Coordinator on the use of CERF grants; 2009.

2a	1	4.40
2b	3	13.00
Total	23	100.00

102. **Vulnerability:** the analysis indicates that addressing vulnerability is the essential objective of most of the projects:

Table 8: Scores for vulnerability

Score	Number of projects	Percentage of the total
0		
1	2	8.70
2a	10	43.48
2b	11	47.82
Total	23	100.00

103. **Cross-cutting issues:** for the purpose of this analysis, these include protection, the participation of the affected population, the environment, coping strategies and resilience, disaster risk reduction, strengthening of local capacities, HIV/AIDS, and human resources. 'Protection' appears in most of the project documents either as the main objective or a component of the projects.

Table 9: Scores for integration of cross-cutting issues

Score	Number of projects	Percentage of the total
0	7	30.43
1	1	4.35
2a	11	47.83
2b	4	17.39
Total	23	100.00

104. The fact that projects do not reflect gender, vulnerability or cross-cutting issues does not necessarily imply that these are not taken into account, and the opposite may be true as well, but the purpose of the analysis was to ascertain the extent to which project documents reflect a 'sensitive' approach to these issues.

105. Several agencies have policy guidelines on mainstreaming gender and vulnerability into programming (e.g. UNICEF, WFP¹⁴², and UNHCR) and actively promote this approach. UNICEF has had a Gender Adviser provided through the 'Gender in Emergency' project¹⁴³ in 2008-2009 for about 18 months and introduced the gender marker scoring

¹⁴² See the WFP "Enhanced Commitments to Women" (2008).

¹⁴³ Project funded by Norway.

system in 2010. Its implementing partners observed that UNICEF is very strict in this respect. WFP mainstreams gender into its approaches¹⁴⁴ and its M&E Unit monitors gender issues at distribution sites. UNHCR mainstreams age, gender and diversity in its annual programme, not at project level; each of its implementing partners is attributed activities that are detailed in the sub-project description document¹⁴⁵. Sensitivity to gender and other cross-cutting issues is a major component of the work of some NGO partners, irrespective of UN / CERF funding.

4.3 Efficiency

106. The team has not identified issues in relation to the efficiency of CERF outcomes in Kenya.

¹⁴⁴ For example, WFP tries to have a 50/50 representation of women and men in food advisory committees. For distributions, there are separate queues for women and men and partners are asked to fast-track the process for vulnerable categories like women with small children. They provide snacks in school, which are topped up with a small amount of sugar for girls as an incentive for them to attend classes.

¹⁴⁵ The evaluators had no opportunity to triangulate this information.

5. CONTRIBUTION

107. The CERF has responded to life-saving needs as defined by the CERF life-saving criteria by targeting highly vulnerable caseloads, such as the refugees in Dadaab and Kakuma camps who are entirely dependent on international humanitarian assistance, semi-nomadic pastoralists during droughts, and people displaced by post-election violence in 2008.
108. About half of the CERF funds allocated to Kenya have been used to provide essential assistance to refugees, improve their living conditions and access to basic services (e.g. food, water, better sanitation, nutrition, improved access to health services, improved or new shelters, school enrolment, protection and the decongestion of camps), as well as assist arriving families with transportation, plots and construction materials for shelters and the provision of clean water and latrines.
109. Pastoral and refugee host communities in the ASAL areas have been assisted through livestock support, including emergency veterinary care to bring epidemics under control¹⁴⁶, food aid and WASH assistance, while people displaced or otherwise affected by post-election violence in 2008 were assisted through projects in the sectors of protection, shelter/NFI, food aid, camp coordination and camp management, and logistics.
110. The CERF has also enabled agencies to successfully respond to outbreaks of communicable diseases such as cholera and Rift Valley Fever and respond to acute malnutrition in areas where Global Acute Malnutrition rates had reached the WHO emergency threshold of 15 percent. Several emergency operations were supported to respond to moderate and acute malnutrition in IDP camps and refugee camps in Dadaab.
111. In 2006, 2007, and 2008, the CERF enabled the agriculture & livestock sector to vaccinate millions of animals against disease and train veterinary professionals, which prevented livestock losses and improved the production and productivity of livestock, on which semi-nomadic pastoralists are highly dependent. The FAO evaluation (Kajume & Adoyo; 2009) concludes that *“Interventions were largely needs driven – with focus on needs of target beneficiaries”*.
112. Many of the projects show that UN agencies have endeavoured to combine emergency response with complementary in-kind assistance (e.g. drugs, farm inputs and seeds) and support to the government to improve its management and response capacities (e.g. training, secondments, logistical support, partnerships with NGOs) and the sustainability of the projects. This is highly appropriate in a country with chronic vulnerabilities and frequent disasters and a government exercising leadership in the humanitarian sector with existing, albeit insufficient, financial capacities. The best example is possibly that of the nutrition cluster/sector working group, which since the emergency in 2007 has worked with the government to improve the management of

¹⁴⁶ The “Peste des Petits Ruminants” (PPR) and Rift Valley Fever in particular.

acute malnutrition and scale up coverage, which has increased from 30% in 2008 to 50-55% in 2009 and 60-65% in 2010¹⁴⁷.

113. An excerpt from the 2009 annual report illustrates the above: *“In the nutrition sector, funds of just over \$ 1 million, facilitated a scale-up of nutrition interventions, with a special focus on diagnosis and management of acute malnutrition in Kitui, Mwingi, West Pokot, Kajiado, Marsabit, Kilifi and Turkana, which had experienced an acute deterioration of the food and nutrition situation and which had limited capacity to respond. Funds were employed to support NGOs to enhance the Ministry of Health (MoH) capacity in delivering nutrition services. Additional funds of \$ 237,540 were allocated to the World Health Organization (WHO) to deploy technical teams to support partners and district health workers in bridging resource gaps before Government of Kenya funds came online. Consequently, these activities have also led to appreciable capacity building of the MOH health facilities and hospitals in the management of acute malnutrition in the target districts.”*
114. Interestingly, the 2009 annual report also reports that further to the CERF contribution to WHO for cholera response, the Government made a budget available for the continuation of the activities.
115. According to the 2010 annual report on the use of CERF funds *“CERF funding was also instrumental in transitioning from emergency to recovery periods as it allowed continuation of essential nutrition services and strengthening of existing systems, which will in turn ensure better preparedness and response for future emergencies”*.
116. The following are a few examples of outcomes found in the annual reports from the Humanitarian/Resident Coordinator:
117. (2010) Cholera: *“There is a notable decrease in cholera and diarrhea deaths from 2.3 percent to less than 1 per cent through the introduction of oral rehydration salts and zinc supplements in areas with high potential for cholera outbreaks”*.
118. (2010) Health in Kakuma refugee camp: *“Prior to the funding ... all health statistics were far below international standards. However, by the end of 2010, there was a marked improvement in the health statistics. For instance, the global acute malnutrition and severe acute malnutrition rates were 17 per cent and 9 per cent, respectively, at the time of the submission of the application to CERF. By the end of the year, the rates dropped to 10 per cent and 3 per cent, respectively”*.
119. (2009) Assistance to refugees following an influx from Somalia: *“All new arrivals receive 50 grams/p/d of groundnuts and green gram for three months which has helped in reducing the GAM rate to 12.7% and SAM rate to 0.8% from 13% and 1.2%”* (Expected results/outcome: all new arrivals receive 50 grams/p/d of groundnuts and green gram for three months).
120. (2009) Emergency response to food insecurity and disease outbreaks for vulnerable populations in Kenya: *“Case fatality rate reduced from 3.7% to 2.6% by 31 Dec 2010”* (Expected results/outcome: Reduce cholera and diarrhea deaths from 2.2% to less than 1% through introduction of low osmolarity ORS and zinc supplements in areas with high potential for cholera outbreaks).

¹⁴⁷ Interview.

121. (2008) Food assistance to displaced and affected populations (post-election violence): *"GAM rates were below serious levels throughout 2008"* (baseline indicator: nutrition indicators consistently under critical levels.)
122. (2008) Emergency nutrition in Dadaab and Kakuma refugee camps: *"Iron/folate intake increased from <50 percent to approximately 70 percent in 2008 within the camps"* and *"Vitamin A supplementation coverage improved to over 80 percent in both Kakuma and Dadaab"* (baseline indicator: Vitamin A supplementation coverage among under-fives at 70-80 percent in 2007).
123. UN agencies have become better at reporting performance against expected results, and occasionally outcomes, which is partly due to changes made to the reporting format. Further improvement is nevertheless required.

6. CONCLUSIONS

124. The CERF has been a reliable source of funding for responding to emergencies and worsening crises, including looming food pipeline breaks. The CERF has enabled UN agencies and cluster partners to implement activities that were considered essential but were hampered by the lack of, or insufficient, funding.

Appropriateness and Relevance

125. The CERF allocation processes involve the cluster/sector coordinators but the members of the clusters are not systematically consulted on the priorities for CERF funding. CERF processes are not as inclusive and consultative as they should be. Consultation with the Ministry of Special Programmes is not systematic and there is no prior coordination with other humanitarian donors, even though the CERF has been a major donor to Kenya since 2006.

- Recommendation 1: Cluster lead agencies and cluster/sector coordinators should ensure that NGOs and government counterparts are consulted on priorities before and after the allocation of funding to the clusters.
- Recommendation 2: As was done before on a number of occasions, the HC or OCHA should systematically consult the Ministry of Special Programmes on its current priorities at the time of a new CERF allocation.
- Recommendation 3: Donors should be consulted through a donor/HCT meeting or donor participation in some sort of Advisory or Review Committee (which could be the same for the CERF and the ERF) or through email.

126. The prioritization and allocation of funding to the different clusters/sectors has been difficult and is sometimes viewed as being somewhat arbitrary.

- Recommendation 4: The CERF Secretariat should collect and share best practice examples and methods for the prioritization and calculation of envelopes per cluster/sector.

127. Direct contacts between agency Headquarters and the ERC or the CERF Secretariat and recommendations of the ERC to support one emergency situation rather than another, even if well founded, have been perceived as bypassing the HCT and a bending of CERF processes.

- Recommendation 5: The initiative for CERF RR allocations should remain country-driven and UN agencies should refrain from putting the HC in a seemingly *fait accompli* situation with no choice but to send a request. The HC should not shy away from directly contacting the ERC or the CERF Secretariat to seek clarification on possible HQ level discussions and their exact implications.
- Recommendation 6: UFE funds should preferably not be earmarked for a particular emergency. If a recommendation to focus on a particular emergency or caseload is made, the CERF Secretariat should clearly communicate the rationale for doing so.

128. A weakness with respect to the CERF project management cycle is that the HC has no authority to monitor implementation and performance and there is no sharing of the findings of monitoring activities by the agencies. The annual reporting format is

appreciated, but it is not demanding enough with respect to reporting on timeliness and achievements. The latter tend to be outputs- rather than outcomes-oriented, and do not refer to what percentage of the intended beneficiary population has been reached by the particular activity. The end user of the report is therefore unable to appreciate the extent to which a project or an activity has achieved its intended purpose.

- Recommendation 7: The HC should be given the authority and the means to request monitoring information.
- Recommendation 8: OCHA and the CERF Secretariat should promote innovative ways of monitoring and reporting on operations, such as the online sharing of real time information being piloted in other countries (e.g. UNICEF 'ActivityInfo' and OCHA/UNDP Joint Pooled Fund Unit 'Share Point' in DRC; Single Reporting Format in Pakistan), with a view to providing information to all interested stakeholders (e.g. on the availability or distribution of supplies) and improving the quality of reports.

129. Donors and government departments are not well informed of the outcomes of CERF allocation processes.

- Recommendation 9: The OCHA office in Kenya should communicate the outcomes of CERF allocations and grants to relevant government departments, donor representatives and other key stakeholders (e.g. annual reports on the use of CERF funds should not only be posted on the OCHA website but also circulated; information about each allocation, including the partners for each project, should be circulated and posted; CERF Secretariat press releases about allocations to Kenya could be circulated in-country, etc.).

Outputs

130. The internal advance mechanisms of some agencies, such as FAO, cannot be used before a Letter of Understanding has been signed and are no longer useful once the LoU is signed as disbursements are then very rapid.

- Recommendation 10: FAO, and other UN agencies in a similar situation, should consider adapting their advance mechanisms to the CERF so as to be in a position to start operations more rapidly.

131. The Emergency Response Fund and the CERF, both of which are UN pooled funds, have different management structures and this limits the complementary use of their respective resources.

- Recommendation 11: For the sake of greater country-level coherence, effectiveness, and efficiency of humanitarian action, the management of all pooled fund processes at country level should be streamlined.

132. Many of the CERF grants are executed with the help of NGO implementing partners, but the contractual relations of UN agencies and their partners are neither well documented nor well understood and affect the effectiveness of the response¹⁴⁸.

Recommendation 12: OCHA should take the lead to organize an inter-agency study of the different contractual modalities in place in order to harmonize current practices and

¹⁴⁸ On this issue, see also the Independent Review of the value Added of the CERF in Kenya; 2010.

establish an effective and efficient model across the board. This harmonization would enhance effectiveness in some of the clusters/sectors and establish a better basis for comparing the effectiveness of both clusters/sectors and implementing partners.

ANNEX I. LINKS TO THE TERMS OF REFERENCE AND THE INCEPTION REPORT

The Terms of Reference and the Inception Report are not annexed here due to their length. They can be found at:

Terms of reference:

http://www.channelresearch.com/file_download/294/CERF_5YREVAL_Final_TOR_07.11.2010.pdf

http://www.channelresearch.com/file_download/294/CERF_5YREVAL_Final_TOR_Appendix_V_07.11.pdf

Inception report:

http://www.channelresearch.com/file_download/297/CERF-5-yr-Evaluation-Inception-Report-v200.pdf

ANNEX II. CERF PROCESS DESCRIPTION

RAPID RESPONSE GRANT PROCESS

- B1. Although there is a preference for applications from a country team, a UN agency can make a request for CERF rapid response window funding at any time (e.g. WFP did so in December 2009 in Kenya). The only requirement, checked by the CERF Secretariat, is that the request be endorsed by the Humanitarian Coordinator (HC) or the Resident Coordinator (RC) in the absence of an HC. Such one-off requests are relatively rare, and the bulk of CERF rapid response funding goes to joint requests by several UN agencies.
- B2. The Emergency Relief Coordinator may also take the initiative of suggesting to the HC or RC the possibility of requesting CERF rapid response funding (OCHA 2006; 2011). This happens only rarely, for example after the 2010 earthquake in Haiti when many UN staff, including top ranking ones, died and most UN buildings were destroyed, in Pakistan at the onset of the 2010 floods, and in DRC for Equateur Province in 2010.
- B3. If requested by the UN country team, an informal indication may be given by the CERF Secretariat as to the likely scale of the CERF envelope for the particular crisis. There is normally a maximum limit of US\$30 million for any one emergency or crisis (United Nations Secretariat, Secretary-General's bulletin, 2006, 2010) but it is extremely rare that the full amount is allocated. The 2010 Pakistan floods are an example. Three RR allocations were made, the first two of which at the initiative of the ERC in August 2010. The initial allocation, at the onset of the floods, was revised up from an initial US\$10 million to US\$16.6 million in consultation with the HC and rapidly followed by a second one of US\$13.4 million (i.e. a total of US\$30 million). The CERF finally provided close to US\$42 million for the response to the floods.
- B4. The CERF Secretariat prefers to see a draft request prior to agreeing informally on an envelope. At a minimum, the CERF Secretariat has to be aware of the beneficiary numbers, justification, funding levels, and types of projects, before discussing the size of a submission. The CERF Secretariat often consults with the ERC on potential envelopes.
- B5. Joint applications are prepared by the country team with the UN agencies discussing the amount to be allocated to each cluster (or agencies where clusters do not exist), and each cluster lead agency preparing proposals in consultation with cluster members. The level of formality of this process varies a lot, depending on how the HC manages the prioritisation process.
- B6. The CERF Secretariat reviews the proposals, frequently leading to adjustments relating to budget issues. The CERF can make substantive comments, but it is assumed that the HC and HCT/clusters have the technical expertise to determine what the urgent needs are as well as the capacities of the agencies on the ground. Once the Secretariat signs off, the grants are reviewed and authorised by the Emergency Relief Coordinator and the agency in question signs a Letter of Understanding¹⁴⁹ with the UN Secretariat for the release of the funds.

¹⁴⁹ From second quarter of 2011 an umbrella LoU has been introduced and agencies will counter-sign an approval letter from the ERC, instead of signing a LoU for each grant.

UNDERFUNDED EMERGENCY GRANT PROCESS

- B7. Allocations from the CERF underfunded emergencies window (UFE) are made twice a year, and the two rounds coincide with the global Consolidated Appeal Process (CAP) launch and the CAP mid-year review. Allocations are made to both CAP and non-CAP countries with no predefined division between these. The criteria for selection of countries for UFE funding are the degree of funding shortfall, the severity of humanitarian needs, and type of activities and the implementation capacity. The ERC selects between 17 and 24 countries a year for underfunded emergency support with the bulk of funds (typically two thirds) allocated during the first round.
- B8. For CAP countries, the CERF Secretariat undertakes an analysis of humanitarian indicators combined with an analysis of the level of funding support for the CAP (analysis at sector level for each CAP). For the first underfunded round the previous year's CAP funding data is used for the analysis whereas the funding levels at the CAP mid-year review serve as reference for the second allocation.
- B9. For non-CAP countries, UN agencies' headquarters are invited to vote on which non-CAP emergencies they regard as the most underfunded. The voting process is supplemented with details from each agency on their ongoing humanitarian programmes in the proposed countries and the funding levels of these.
- B10. The CERF Secretariat combines analysis of CAP and non-CAP countries and, based on the UFE criteria, prepares a ranked list of country candidates for the ERCs consideration and decision. The ERC decides of the list of countries for inclusions and on the funding envelope for each. The selected countries and proposed allocation envelopes are discussed with agency headquarter focal points.
- B11. The amount decided by the ERC is notified to the RC/HC in a letter in which the ERC may direct the allocation, or parts of it, to particular underfunded sectors or regions in order to facilitate prioritisation and speed up the process. The RC/HC will have to confirm that the funds are needed and can be implemented according to the stipulated timeline and against the proposed activities.
- B12. At the country level, the allocation process is similar for the preparation of a rapid response allocation. The only other differences for underfunded emergencies is that the grants for the first annual round must be implemented by 31 December of the same calendar year and for the second annual round by 30 June of the next calendar year (OCHA 2010). Again, agencies can ask for a no-cost extension.

ANNEX III. BIOGRAPHICAL NOTICE OF THE MAIN WRITERS

John Cosgrave is an independent evaluator based in Ireland. He has more than 30 years of experience of humanitarian action and development in nearly 60 countries. His initial academic training was in engineering, and he holds three masters level degrees (in engineering, management, and social science).

After two decades managing projects and programmes for NGOs in the aftermath of natural disasters and complex political emergencies John became a freelance consultant specialising in the evaluation of humanitarian action in 1997. Since 1997 John has led a great many evaluations, mostly of humanitarian action, and including many joint evaluations of humanitarian action and several funding studies, for a wide variety of clients including the UN, Donors, and NGOs.

John was the Evaluation Advisor and Coordinator for the Tsunami Evaluation Coalition and is used to working on politically complex evaluations. He has well developed evaluation skills and trains on humanitarian evaluation both for ALNAP and for the World Bank supported International Program for Development Evaluation Training (IPDET). John combines training with evaluation and brings examples from evaluation practice into the classroom, including for ALNAP and the IPDET. John's writing includes the ALNAP pilot guide for Real-Time Evaluation.

Recent writing by John include: *Responding to earthquakes: Learning from earthquake relief and recovery operations*. (ALNAP and Provention, 2008) and the ALNAP Real-Time Evaluation pilot guide.

Mrs Marie Spaak is an independent consultant since 2008 who has worked in the humanitarian field since 1992, mostly with DG ECHO and OCHA. She has been based in the field (former Yugoslavia, Great Lakes emergency, Bangladesh, Indonesia, Russian Federation, Haiti in 2009 notably) and worked in both Brussels (ECHO) and Geneva (OCHA). She has in-depth knowledge of the UN humanitarian reform process, disaster preparedness and response, field coordination mechanisms and inter-agency processes, and direct experience of different types of pooled funding mechanisms (Indonesia, Indian Ocean tsunami, Somalia, Haiti). She is also familiar with donor perspectives due to her experience with DG ECHO and more recently, an independent mapping of humanitarian donor coordination at the field level carried out with Channel Research in 2009, for which DRC and Sudan were a case study.

She is a Belgian national and fluently speaks and writes French, English and Spanish. She holds a B.A. in Anthropology from Bryn Mawr College, USA, and subsequently studied international development cooperation (Belgium) and project cycle management (Spain).

M. Jock Baker began working as an independent consultant in 1999 following a career of over fifteen years in a series of field-based assignments with the United Nations, including the United Nations Development Program (UNDP), United Nations High Commission for Refugees (UNHCR), World Food Program (WFP), and the Office for Coordination of Humanitarian Assistance (OCHA). Mr. Baker works part-time as CARE International's Programme Quality & Accountability Coordinator at the CARE International Secretariat in Geneva, Switzerland where he is the focal point for CARE's accountability, program quality, disaster risk reduction and transition programming. Mr. Baker has led a number of thematic reviews of organizational policy in addition to participating in and leading a number of assessments, appraisals, participatory reviews and evaluations and he is skilled in workshop design and facilitation.

He holds a BSc in Biological Sciences from the University of Edinburgh and a MSc degree in Economics from the London School of Economics & Political Science.

Mr. Baker's assignments as an independent consultant include Team Leader for and Evaluation of UNHCR's Kosovo Women's Initiative, Senior Evaluator for an Interagency Real-Time Evaluation of Cyclone Nargis commissioned by UNOCHA, Micro-Finance Specialist & Conflict Analyst for an Asian Development Bank appraisal in eastern Sri Lanka, contributing author/editor for the Sphere Handbook, technical reviewer for the World Bank's Post-Conflict Trust Fund, Transition Adviser in Rwanda for the Program on Negotiation at Harvard Law School, disaster management technical adviser for CBS Film Productions Inc., IDP Relief & Reintegration Adviser for the Government of the Philippines and Local Integration Specialist for UNHCR in Indonesia.

Mr. Baker has also managed or led a number of humanitarian evaluations for CARE International, including an interagency evaluation for INGO tsunami responses, an interagency evaluation following hurricane Stan in Guatemala in 2005 and an evaluation of CARE Bangladesh's response following Cyclone Sidr. Mr. Baker is also CARE International's representative to ALNAP and was a member of the OECD-DAC team which peer reviewed WFP's evaluation function in 2007.

Angela Berry-Koch brings 34 years of humanitarian experience to this evaluation. She has worked as a staff member for over twenty years with UNHCR, UNICEF and OCHA. This consultant brings a wealth of experience in nutrition, food security and child protection issues, and has authored numerous important guidelines and manuals for the UN system at large. She has also provided consultancy services in reproductive health and HIV/AIDS to UNDP, UNFPA and UNIFEM in various country offices, primarily in Latin America. With a Masters in Science in Human Nutrition from London School of Hygiene and Tropical Medicine, she is an expert in areas of food security and food aid as well as nutrition in humanitarian situations, having forged the first consultations on human dietary requirements and standards of food aid in emergencies in the 1980's. In the past years she has revised various guidelines for the UN system, including the UNHCR/WFP food assessment guidelines in emergencies. Ms. Berry-Koch has authored many publications, including those related to use of famine foods used in the Horn of Africa, deficiency

disease syndromes in refugee populations, and human rights of displaced populations in Latin America.

Mrs Cécile Collin is a permanent area manager of Channel Research for 5,5 years in charge of Francophone clients and the UN. She is experienced in undertaking complex consultancies missions, evaluations, mid term review and impact assessments related to international assistance, emergencies and post disaster support. She has been a consultant in more than 16 missions, most of them in Africa, notably the Democratic Republic of Congo and Central African Republic including governance, interventions in unstable context, peace building, protection and human rights. She has practical experience of developing and implementing policies and strategies in the areas of multi-sectoral initiatives.

In 2006, she created Channel Research Burundi, subsidiary of Channel Research Belgium in the Great Lakes with the aim to promote African expertise and local capacity building. She took part notably to the CHF evaluation in Central African republic, evaluation of Conflict Prevention and Peace Building Programme for 11 donors, bilateral and multilateral in Eastern DRC, evaluation of post-disaster programmes of the AFD (Agence Française de Développement), a fact finding mission in Central African Republic and evaluation of rapid humanitarian assistance using Norwegian 6x6 military trucks for NORAD.

As a consultant, Mrs Collin benefits from a good knowledge of different evaluation and impact assessment methodologies as well as of general skills in organizational and financial analysis, economics, communication and management, as a graduated in Social sciences and economics (BA) and business administration, performance monitoring (MA). Mrs Cécile Collin is a French national and speaks English, French, Italian and German.

Mrs Annina Mattsson is a full-time area manager and evaluator at Channel Research. She has experience in the evaluation of humanitarian aid, peace building and development programmes in the Middle East, Africa, and South Asia. Working for Channel Research, Mrs Mattsson has gained experience of large multi-donor, multi-sector and multi-country evaluations. She was a key team member in the Sida commissioned follow-up evaluation of the linkages between relief, rehabilitation and development in the response to the Indian Ocean tsunami, the joint donor evaluation of conflict prevention and peace building initiatives in Southern Sudan and has just finished managing and working on the OCHA funded evaluation of the CHF. A part from being an evaluator, she is also advising organizations on their monitoring and evaluation systems.

Mrs Mattsson has carried out short- and longer term missions to Bangladesh, Indonesia, Jordan, Kenya, Kosovo, Liberia, Maldives, Palestinian Territories, Sierra Leone, Sri Lanka, Sudan, Thailand, Uganda and the United Arab Emirates. She is a Finnish citizen, based in Dubai, and speaks fluent Finnish, Swedish, English, Spanish and French, while she is conversational in colloquial Arabic.

ANNEX IV. PERSONS MET OR INTERVIEWED BY TELEPHONE

Allport, Robert	Emergency Coordinator, FAO
Bradford, Pippa	Deputy Representative, WFP
Cahandula, Antonio Jose	Deputy Representative, UNHCR
Chepkite, Ann	Commodity Officer, Humanitarian and Emergency Affairs; World Vision
Chuma, Aeneas	UN Resident and Humanitarian Coordinator
Cooper, Jeanine	Head of Office, OCHA
Cox, Nicholas	Regional Advisor, OFDA/USAID
Crosland-Taylor, Philippa	Country Director, Oxfam
Dickinson, Lucy	CERF Secretariat, Programme Officer (formerly with OCHA Kenya)
Essombe, Thomas	Administrative Officer, WHO
Gilgan, Megan	Field Operations and Emergency, UNICEF
Gwynne-Vaughan, Stephen	Country Director, CARE
Horent, Yves	Representative, ECHO
Ibutu, Susie	Programme Director, National Council of Churches of Kenya
Igweta, Grace	Programme Officer (M&E), VAM Unit, WFP
Jaber, Rana	Regional Head of Operations, IOM
Jack, Abdoulie	Representative, WHO
Jacqueson, Patrick	Senior Programme Officer, Emergency Operations and Rehabilitation Division, FAO Headquarters
Kimari, Betty	Emergency Response Officer, Islamic Relief
King'ori, Maina	Sr. Programme Officer, World Vision
Kiniya, H.S.N.	Chief Executive Officer, Kenya Livestock Finance Trust
Kinyua, Anne	Project Operations Officer, FAO
Kirya, Mark	CERF Technical Focal Point, UNHCR
Kitala, Jechoniah	Advisor, Economic Development, Netherlands Development Organisation
Lavand'Homme, Patrick	Deputy Head of Office, OCHA
Malloo, Seifuddin	Regional Coordinator, Vétérinaires Sans Frontières
Malmqvist, Sofia	Programme Coordinator, Somali Refugee Programme, Lutheran World Federation
Maritim, William Kimutai	Assistant Director, Ministry of Livestock Development/Dept of Veterinary Services
Mbithi Mutungi, Paul	Pastoral Field School Specialist, FAO
Mbugua, Caroline	Embassy of Australia, AusAID
Mebius, Jaco	First Secretary, Embassy of the Kingdom of the Netherlands
Melisande, Geneviève	CERF Secretariat
Metsä-Tokila, Piia	MDG Program Officer and Humanitarian Assistance, Embassy of Finland
Musumba, Matildah	RH/Humanitarian Response Officer, UNFPA
Muthungu, Grâce	Sr. Programme Officer, National Council of Churches of Kenya
Nadazdin, Natasha	Former Emergency Officer for the drought operation, WFP
Njuguna, Joseph	Emergency Livestock Officer, FAO

Odingo, George	Crop Production Officer, FAO
Okara, Sam	Programme Officer, Refugee Unit, WFP
Omanga, Paul	Crop Production Officer, FAO
Ortiz-Iruri, Juan	Deputy Representative, UNICEF
Porter, Chris	DFID, Embassy of the UK
Rio, Dolores	Project Officer, Nutrition, UNICEF
Said, Fatma	Programme Support Assistant, Emergency Post Crisis Unit, IOM
Seii-Houlding, Jerotich	Staff member on Special Leave, IOM
Smith, Karen	CERF Secretariat
Teprey, James	EHA & Health Sector Coordinator, WHO
Woldemariam, Romina	Programme Officer, Food Assistance Unit and Food sector Coordinator, WFP Rome
Worth, Martin	WASH Coordinator, UNICEF
Yambi, Olivia	Representative, UNICEF
Yishak, Yacob	Health and Nutritional Coordinator, Concern

ANNEX V. COUNTRY PROJECT SUMMARY

UNICEF - RR - Health - US\$1,570,080 (06-CEF-014) -	2006	346	Emergency outreach services in health and nutrition for children and women in ten worst drought affected districts in Kenya	Expand mobile clinics; improve supplementary feeding center; distribution of nutrition supply; provide security escort; provide fuel subsidies; support water tanks to help facilities and schools
UNICEF - RR - Water and sanitation - US\$600,000 (06-CEF-039) -	2006	347	Water for Health facilities, Feeding centres and schools	Support water trucking and improvement of storage facilities for therapeutic and supplementary feeding centres and schools affected by the drought Organize delivery of safe water Support fuel supply to existing water sources Partnerships with NGOs
UNICEF - RR - Water and sanitation - US\$278,093 (06-CEF-267) -	2006	348	Water development for Somali refugees influx to Dadaab Camp	Survey, drill and equip boreholes, installation of ferro-cement tanks, piping and booster pumps, water-tanks installations
UNICEF - RR - Health - US\$588,500 (06-CEF-283) -	2006	349	Response to increase in malnutrition related to communicable diseases and dietary inadequacy and support to flood affected households' nutritional needs	Deliver specialized therapeutic foods to Kenyans and refugees; Provide ready-to-eat foods such as nutrient dense biscuits to the affected populations; Set up a wet-feeding operation for the refugees who do not have access to cooking utensils and/or fuel
UNICEF - RR - Water and sanitation - US\$1,623,874 (06-CEF-284) -	2006	350	Provision of safe drinking water and emergency hygiene and sanitation to flood affected populations	Awareness creation of the threat of diarrhea diseases and especially cholera through mass marketing to reach at least 2 million people in vulnerable areas; Direct or social marketing of hygiene and sanitation to mobilize 200,000 people to respond to the threat of diarrhea and cholera and on the use of water treatment methods at the point of use; Reorientation of Public Health Officers on participatory emergency response and marketing methodology as well as use of water testing equipment; Procurement of water treatment chemicals, water testing equipment, toilet slabs and sanitation tools
UNICEF - RR - Protection/H Rights - US\$178,690 (06-CEF-285) -	2006	351	Protection of women and children	Undertake a rapid assessment of the affected districts, including appraisal/mapping of women and child rights' networks in the affected communities; Provide 5 safe havens for women and children (3 in Daadab and 2 in Coastal Province); Support safe cooking fuel (including provision and distribution of fuel efficient stoves) for the most at risk households of the 500,000 people affected by the floods; Provide training and resource materials to strengthen the capacity of local women and child rights organizations and relief and reconstruction workers to address
UNICEF - RR - Health - US\$1,070,000 (06-CEF-286) -	2006	352	Provision of essential health services to flood affected population	Deliver essential health services to that will comprise provision of essential medical supplies ITNs distribution and anti-malarial procurement and distribution
FAO - RR - Agriculture - US\$500,000 (06-FAO-010-D) -	2006	353	Immediate support to pastoral communities as a drought mitigation response	Increase chances of survival for 977,000 more productive animals Maintain purchasing power of 13,000 pastoralist households Increase the availability of fodder for livestock
FAO - RR - Agriculture - US\$1,065,420 (06-FAO-037) -	2006	354	Emergency Animal Health	De-worming 240,000 sheep and goats; 306,400 cattle and camels; CBPP 285,000 cattle; FMD 125,000 cattle; CCPP 240,000 sheep and goats; 40,000 pastoralist communities supported
FAO - RR - Agriculture - US\$1,033,166 (06-FAO-291) -	2006	355	Animal health interventions in flood conditions	Rapid epidemiological assessment using PRA techniques; Identification of implementing partners; Training and planning workshops; Livestock Disease treatments and de-worming; Provision of kits for Community Animal Health Workers; Vaccination; Monitoring and evaluation
UNFPA - RR - Health - US\$100,000 (06-FPA-035) -	2006	356	Provide trainings on the Minimum Initial Service Package (MISP) for Reproductive Health and Post-Exposure Prophylaxis	Strengthen human resources through training, strengthen logistical capacities to ensure that equipment is delivered in a timely manner, monitoring
UNHCR - UFE - Multi-sector - US\$500,000 (06-HCR-118) -	2006	357	Life-sustaining Humanitarian Assistance to Refugees in Camps in Kenya	Ensure access by persons with specific needs and protection risks, and newly arrived refugees in Daadab and Kakuma with basic Non-Food Items to ensure they can meet basic standards of protection from the elements and be able to collect water and prepare food It will ensure that groups at risk will have access to basic sanitation and water supplies, and those without shelter will be able to construct basic shelter
UNHCR - RR - Multi-sector - US\$1,483,837 (06-HCR-269) -	2006	358	Emergency assistance for Somali new arrivals in Dadaab camps	Procurement of dry and wet rations; Provision of logistical support for food and NFI distribution; Warehousing and transportation; Procurement of urgently required NFIs such as plastic sheeting, blankets, kitchen sets, jerry cans, sleeping mats and firewood; Extension of water systems to accommodate for new arrivals; Construction of 2,200 new latrines, and 6,000 temporary shelters; Development of health activities including hiring of staff, procurement of drugs and of one ambulance; Education; Protection
UNHCR - RR - Multi-sector - US\$3,621,943 (06-HCR-290) -	2006	359	Emergency assistance for flood recovery in Dadaab refugee camp	Distribution of emergency wet rations; procurement of non-food items (blankets, plastic mats, soap, kitchen sets); Assist CARE in the coverage of water distribution; set up of 20,400 temporary shelters
WFP - RR - Food - US\$3,600,000 (06-WFP-008) -	2006	360	Food assistance to drought affected people B/R No 06	Cover food assistance requirements
WFP - RR - Food - US\$50,000 (06-WFP-034) -	2006	361	Communications	Better Communication for emergency situations
WFP - RR - CS - Logistics - US\$150,000 (06-WFP-038) -	2006	362	WFP Regional Logistics Coordination Cell in Support of Drought Affected Countries in the Horn of Africa	Provide adequate support to the Horn of Africa drought affected COs to ensure smooth pipeline activities, to prioritise and coordinate food transportation and ensure dissemination of updated logistics information to all stakeholders; To interact with the interagency community involved in relief activities to provide an efficient support to any logistics related challenge or constraint
WFP - UFE - Food - US\$500,000 (06-WFP-131) -	2006	363	Food Assistance to Somali and Sudanese Refugees	General food distribution; Selective feeding program for malnourished children under 5 and pregnant and nursing mothers; Therapeutic feeding for severely malnourished children; School feeding for primary school children; Support for Best Infant Feeding Practice Promotion in Kakuma Refugee Camp
WFP - RR - Food - US\$1,738,071 (06-	2006	364	Food assistance to Somali and Sudanese	Food Distribution in the Refugee Camps

WFP-268) -			refugees PRRO 10258 1		
WFP - RR - Food - US\$3,276,656 (06-WFP-288) -	2006	365	Refugee and Emergency operation	Deliver HEB to Kenyans and Somali refugees either by air or by road; Set up a wet-feeding operation for the refugees who do not have access to cooking utensils and/or fuel	
WFP - RR - CS - UNHAS - US\$2,487,750 (06-WFP-346) -	2007	366	Refugee and Emergency Operation	Deliver life-saving supplies to Kenyans and Somali refugees by air	
WHO - RR - Health - US\$430,000 (06-WHO-005) -	2006	367	Health and Nutrition	Strengthening the immunization response (ensuring protection from measles, polio and Vitamin A deficiency); Improving detection and response to diseases outbreaks, through strengthened surveillance and surge capacity; Increasing the capacities of local and national health systems	
WHO - RR - Health - US\$300,000 (06-WHO-036) -	2006	368	Reduce avoidable mortality and morbidity due to life-threatening health conditions resulting from food insecurity, and strengthen service delivery	Strengthening health stakeholders and activities coordination, providing health information including stakeholder mapping, strengthening cold chain in the most affected district for emergency and routine immunization activities, providing logistic support to surveillance and coordination activities	
WHO - RR - Health - US\$440,840 (06-WHO-289) -	2006	369	Emergency health intervention in flood areas of Kenya	Support the provincial, district teams and partners through assessment , gaps identification and monitoring, capacity building and support to affected provincial and district teams for integrated management of childhood diseases, diseases surveillance, outbreak investigation and response, provide support for treatment of waterborne diseases, diarrhoea, cholera, and management of severe malaria	
UNICEF - UFE - Water and sanitation - US\$300,053 (07-CEF-068-A) -	2007	370	Improvements to water & sanitation infrastructure, and hygiene promotion in Dadaab Refugee Camps	Construction and equipping of two new boreholes complete with pumps, generator sets and overhead steel tank (only for one borehole) Installation/rehabilitation of water supply infrastructure A three month Hygiene and Sanitation Education project using schools as entry points to reach the camp community A solid waste clean - up campaign A pilot project to train local artisans on concrete latrine slab construction and creation of demand for household latrines	
UNICEF - UFE - Health - US\$473,163 (07-CEF-068-B) -	2007	371	Support to emergency nutrition programme among Somali Refugees in Dadaab camps	Provide adequate supplies (therapeutic foods and other supplies) for the malnourished Support implementing partners to hire adequate technical staff to manage acute malnutrition, Support a comprehensive health and nutrition support package (health and nutrition education, growth monitoring, promotion of breastfeeding and other IYCF activities, addressing women's nutrition, integrating nutritional care for specialized populations i.e. PMTCT and other HIV/AIDS beneficiaries etc) Promote uptake of micronutrient supplements and dietary diversification and a package for nutrition information to support delivery of nutrition counseling Strengthen the monitoring of malnourished children as well as reporting systems	
FAO - RR - Agriculture - US\$1,187,246 (07-FAO-002) -	2007	372	Control of Rift Valley Fever in Kenya	The interventions will assist the national and local authorities to conduct rapid health and risk assessments in the affected districts, identify gaps in the emergency/outbreak health care delivery and response system and offer prompt gap filling interventions	
UNFPA - UFE - Health - US\$77,040 (07-FPA-026) -	2007	373	Safe motherhood and GBV	Training of midwives/health workers: According to the reproductive health needs assessment carried out, reproductive health especially family planning is not well understood and services not adequately utilized The training is intended to improve the necessary skills of the midwives in family planning, update them on safe deliveries and Sexual/Gender Based Violence Community sensitization on antenatal care, safe deliveries, family planning and SGBV: The results of the reproductive health assessment showed that many of the refugees are not accessing antenatal care 95% of births take place at home without skilled care in spite of skilled attendants at the health facilities Issues of Gender Based Violence are also of great concern in the camp Through sensitization, the refugees will be provided with information on Sexual/Gender Based Violence, family planning and antenatal care and encouraged to seek skilled care during delivery	
UNHCR - UFE - Shelter and NFI - US\$1,402,235 (07-HCR-023) -	2007	374	Protection and Assistance to Refugees in Kenya	The main activities would involve the procurement, transport and distribution of essential non food household items, including firewood, energy saving stoves, soap, cooking sets/utensils and jerry cans UNHCR will procure the items, and provide to its partners funds for the necessary logistical support, including the sourcing of the firewood by GTZ from local suppliers, and distribution to those families among the 47,000 families in the camps who lack these non food items	
WFP - UFE - Food - US\$500,011 (07-WFP-053) -	2007	375	PRRO 10258 2 Food assistance to Somali and Sudanese Refugees in Kenya (October 2007 – September 2009)	Activity 1: Ensure three fortnightly distributions of culturally-preferred pulses in the refugee camps, thereby increasing the intake of protein in the refugee diets, while additional cash contributions are sought to continue with this diversification of sources of pulses For these activities, WFP requires 619 00 MT of pulses at a food value of US\$ 500,000 00	
WHO - RR - Health - US\$756,811 (07-WHO-001) -	2007	376	Emergency health response for Rift Valley Fever outbreak in North Eastern Kenya	The interventions will assist the national and local authorities to conduct rapid health and risk assessments in the affected districts, identify gaps in the emergency/outbreak health care delivery and response system and offer prompt gap filling interventions	
WHO - UFE - Health - US\$250,000 (07-WHO-053) -	2007	377	Emergency Health response for refugees in Kenya	Support coordination and monitoring of emergency refugee health response with partners; Conduct rapid health, epidemiological and risk assessments among the refugee population and in the close nearby affected communities Identify gaps in the emergency / outbreak response, the emergency health care delivery system and offer prompt gap filling interventions; Strengthen capacity for health sector partners working with refugees for i) Disease surveillance and early warning systems ; ii) Disease outbreak investigation and response; iii) Medical management of severe malnutrition, IMCI, HIV, TB and malaria etc, and iv) Emergency obstetric care Establish minimum Health package for medical care, medical management of severe malnutrition, emergency obstetric care and emergency response	
UNICEF - RR - Health - US\$232,725 (08-CEF-002-A) -	2008	378	Emergency Health response for victims of the Kenya political conflict	Health response coordinated between partners on the ground Minimum life saving health package provided Emergency obstetric services and antenatal care readily available for the vulnerable women Priority health threats of the displaced communities identified and monitored regularly with participation of all partners, information disseminated for purposes of early warning and effective response plan developed and implemented Improved emergency response to the health needs of the displaced and injured vulnerable population within local systems and among health partners	
UNICEF - RR - Water and sanitation - US\$842,625 (08-CEF-002-B) -	2008	379	Emergency WES response for victims of the Kenya political conflict	Minimum life saving water and sanitation provided for the IDPs Improved emergency response to the water and sanitation needs of the displaced and injured vulnerable population within local systems and among health partners	
UNICEF - UFE - Health - US\$495,410	2008	380	Support to emergency nutrition programme among Somali and Sudanese Refugees in	Establish maternal and child welfare clinics in health posts Increase uptake of micronutrient supplements (iron tabs) through implementing micronutrient awareness campaigns for mothers attending ANC, developing orientation and	

(08-CEF-019) -			Dadaab and Kakuma camps	mobilization materials and monitoring of progress Strengthen community control of Iodine Deficiency Disorders through use of iodine test kits, awareness of iodized salt storage, preparation and consumption, Provide adequate supplies (therapeutic foods and other supplies) through Community therapeutic care to the malnourished children Undertake a knowledge attitude and practice (KAP) survey on maternal and child nutrition
UNICEF - RR - Water and sanitation - US\$436,365 (08-CEF-049) -	2008	381	WASH Support To Return Areas	83,137 returning IDPs have access to safe drinking water within 6 months School children in 20 primary school have access to improved sanitation Rainwater harvesting systems installed in 20 primary schools School children in 20 primary schools & surrounding communities practicing improved hygiene & sanitation behavior
UNICEF - RR - Health - Nutrition - US\$416,125 (08-CEF-050) -	2008	382	Prevention and management of acute malnutrition	Nutritional deterioration is prevented through early detection and effective management Risks of increase morbidities and mortalities associated with malnutrition are reduced Improved management of malnutrition and clinical conditions secondary to malnutrition Improved coordination of stakeholders
FAO - UFE - Agriculture - US\$149,800 (08-FAO-010) -	2008	383	Restoring Livelihoods for youths in refugee camps	1 Developed skills in JFFLS participants to link agricultural and life skills, so as to combat life threatening situations 2 Reduced Malnutrition, especially in children under 5 years, due to production and utilization of vegetables and fruits 3 Increased supply of fuel wood for all communities and animal feeds for host community due to improved NRM 4 Developed confidence among vulnerable youths
FAO - RR - Agriculture - US\$3,185,925 (08-FAO-028) -	2008	384	Emergency agricultural support to alleviate the impact of soaring food prices on the most affected vulnerable rural, peri-urban and pastoralist populations of Kenya	At the end of the CERF grant, an estimated 27,000 households vulnerable to soaring food prices will have been empowered to participate effectively in production of crops and livestock for both domestic use and sale in the local markets in coming 6 months This will indirectly contribute to the stabilization of food prices in local markets leading to food access of a majority of low-income rural and urban dwellers The anticipated increase in livestock products will result in improved availability and consumption of animal proteins by a larger proportion of the population with associated better nutritional status
UNFPA - RR - Health - US\$106,504 (08-FPA-001-A) -	2008	385	Emergency Health response for victims of the Kenya political conflict	Health response coordinated between partners on the ground Minimum life saving health package provided Emergency obstetric services and antenatal care readily available for the vulnerable women Priority health threats of the displaced communities identified and monitored regularly with participation of all partners, information disseminated for purposes of early warning and effective response plan developed and implemented Improved emergency response to the health needs of the displaced and injured vulnerable population within local systems and among health partners
UNFPA - RR - Protection/H Rights - US\$107,000 (08-FPA-001-B) -	2008	386	Emergency protection assistance for displaced victims of the post elections violence in Kenya	Improved emergency response to the protection needs of the displaced population Improved GBV coordination and response
UNFPA - RR - Protection/H Rights - US\$128,400 (08-FPA-026) -	2008	387	Ensuring Gender Based Violence Prevention and Response in transit sites and areas of return	PEP available in all sites Safer spaces identified for women and girls Safe fuel/firewood collection strategies are in place Key SEA messages known
UNHCR - RR - Protection/H Rights - US\$263,220 (08-HCR-001-A) -	2008	388	Protection Assistance for displaced persons affected by post elections violence in Kenya	Improved emergency response to the protection needs of the displaced population
UNHCR - RR - Shelter and NFI - US\$872,664 (08-HCR-001-B) -	2008	389	Emergency Shelter and NFI Response, for displaced persons affected by post elections violence in Kenya	Emergency material assistance to be provided to 100,000 displaced
UNHCR - RR - Protection/H Rights - US\$286,285 (08-HCR-001-C) -	2008	390	Camp Coordination and Camp Management (CCCM) for displaced persons affected by post elections violence in Kenya	Emergency material assistance to be provided Improved emergency response to the protection needs of the displaced population
UNHCR - UFE - Shelter and NFI - US\$3,439,500 (08-HCR-009) -	2008	391	Protection and Assistance to Refugees in Kenya	The key outputs will be: -Increased number of latrines throughout the camps, and a reduction in communicable diseases and/or hygiene related diseases -Increasing the quantity and quality of water, and reduction of water borne diseases, with a view to achieving the minimum international standards through increase of water supply -Reduction in the Global Acute Malnutrition and the Severe Acute Malnutrition Rates; -Reduction of Micronutrients deficiencies particularly relating to anaemia and children and pregnant and lactating mothers
UNHCR - RR - Shelter and NFI - US\$398,040 (08-HCR-024) -	2008	392	Emergency/ Transitional Shelter for displaced persons affected by post election violence in Kenya	Shelter reconstruction and assistance to more 22,250 affected persons (4,450 households) Improved shelter and living conditions for IDPs in both affected communities and where warranted, in transit sites Shelter assistance will be targeted to the most vulnerable households based on community mapping Partners may leverage provision of emergency shelter materials with protection monitoring and/or peace and reconciliation initiatives to maximize impact and stabilize return
UNHCR - RR - Multi-sector - US\$2,492,205 (08-HCR-044) -	2009	393	Rapid Humanitarian Response to new influx from Somalia in 2008 2009 KEN-09/H/20799	(c) Expected Outcomes All new arrivals (67,000 from January to December 2008) will receive groundnuts and green gram @ 50gms/person/day for three months (ground nuts for first one and half month and green grams for remaining one and half month) in 2009; Provision of NFIs (26,800 J-cans; 67,000 B-kets; 13,400 K-sets; 67,000 S-mats; and 40,200 Mosquito nets); Soap (250 gms/person/ month); and firewood (0 30 gms/person/day); Ten water bladders provided for emergency water supply; 1000 communal latrines are constructed;
IOM - RR - CS - Logistics - US\$443,868 (08-IOM-002-A) -	2008	394	Emergency Logistical Support for the Displaced Persons in Rift Valley, Western Kenya and other parts for Kenya	Transportation and protection provided to most vulnerable populations among the displaced
IOM - RR - Protection/H Rights - US\$218,582 (08-IOM-002-B) -	2008	395	Emergency Camp Management Support for the Displaced Persons in the Show Grounds in Eldoret Kenya	Collection of data related the movement of victims Medical Screening and medical escort related the transportation of victims in including victims of GBV Management of Eldoret Show accommodation centre and referral of basic service provision within
IOM - RR - Shelter and NFI - US\$500,079 (08-IOM-017) -	2008	396	Emergency/ Transitional Shelter for displaced persons affected by post election violence in Kenya	Shelter reconstruction and assistance to more 22,250 affected persons (4,450 households) Improved shelter and living conditions for IDPs in both affected communities and where warranted, in transit sites Shelter assistance will be targeted to the most vulnerable households based on community mapping Partners may leverage provision of emergency shelter materials with protection monitoring and/or peace and reconciliation initiatives to maximize impact and stabilize return
WFP - RR - Food - US\$3,353,681 (08-	2008	397	Food Assistance to displaced and affected	WFP expects to ensure uninterrupted access to staple food for the displaced population, their lives saved and nutritional

WFP-002) -			populations	status preserved (verifiable through nutritional surveys by UNICEF/INGOs)
WFP - UFE - Food - US\$1,699,940 (08-WFP-025) -	2008	398	PRRO 10258 2 Food Assistance to Somali and Sudanese Refugees in Kenya (Oct 2007 – Sept 2009)	Through subsequent nutrition surveys in Dadaab, WFP expects to see a decrease in the anaemia rates among children and pregnant and lactating women as a result of the provision of the Double Fortified Salt. Through the post distribution monitoring in both camps, WFP expects to find less of the locally procured, culturally-preferred pulses and maize meal exchanged for other items, therefore increasing the intake of protein among refugees who depend almost entirely on WFP food assistance. In addition, early breaks in the supply of pulses or cereals would be avoided.
WFP - RR - Food - US\$1,200,010 (08-WFP-064) -	2008	399	Food Assistance to populations affected by drought and post-election crisis, EMOP 10745	WFP expects to ensure uninterrupted access to staple food for the returning populations, their lives saved and nutritional status preserved (verifiable through nutritional surveys by UNICEF/INGOs)
WFP - RR - Food - US\$1,200,010 (08-WFP-065) -	2008	400	Food Assistance to populations affected by drought and post-election crisis, EMOP 10745	WFP expects to ensure uninterrupted access to staple food for the food insecure drought-affected populations, their lives saved and nutritional status preserved (verifiable through nutritional surveys by UNICEF/INGOs)
WFP - RR - Food - US\$2,024,812 (08-WFP-111) -	2009	401	PRRO 10258 2 Food Assistance to Somali and Sudanese Refugees in Kenya (October 2007 to September 2009) (Kenya Emergency Humanitarian Response Plan (EHRP) 2009 KEN-09/H/21657)	Expected Outcomes: Distribution of 2,335 MT of assorted food commodities to 67,000 the new arrivals. Provision of 2100Kcal/day to new arrivals.
WHO - RR - Health - US\$295,700 (08-WHO-001) -	2008	402	Emergency Health response for victims of the Kenya political conflict	Health response coordinated between partners on the ground. Minimum life saving health package provided. Emergency obstetric services and antenatal care readily available for the vulnerable women. Priority health threats of the displaced communities identified and monitored regularly with participation of all partners, information disseminated for purposes of early warning and effective response plan developed and implemented. Improved emergency response to the health needs of the displaced and injured vulnerable population within local systems and among health partners.
WHO - UFE - Health - US\$621,698 (08-WHO-014) -	2008	403	Response for refugees in Kenya	Priority health threats monitored regularly through early warning systems. Health activities in the three camps coordinated and integrated into Kenya's national health system. All women, children, and new arrivals in the camps vaccinated against measles and meningitis. Minimum health package provided. Emergency obstetric services, and antenatal care readily available and family planning uptake increased. Improved emergency response to the health needs of refugees within local systems and among health partners.
WHO - RR - Health - US\$309,105 (08-WHO-039) -	2008	404	Emergency Health response for IDPs in camps and transit camps	Coverage of the health needs of the population in the transit sites. Health response coordinated among all partners. Minimum life saving health packages provided. Priority health threats of the displaced communities identified and monitored regularly. Vital early warning health information disseminated promptly and effectively.
WHO - RR - Health - Nutrition - US\$250,001 (08-WHO-040) -	2008	405	Prevention and management of acute malnutrition	1) Nutritional deterioration is prevented through early detection and effective management. 2) Risks of increase morbidities and mortalities associated with malnutrition are reduced. 3) Improved management of malnutrition and clinical conditions secondary to malnutrition. 4) Improved coordination of stakeholders.
UNICEF - RR - Multi-sector - US\$470,800 (09-CEF-001) -	2009	406	Support to emergency nutrition programme among Somali refugees in Dadaab camps Kenya Emergency Humanitarian Response Plan (EHRP) 2009 KEN-09/H/21643	Expected Outcomes: Recovery rate at over 85% at the SFPs and 80% among the TFC cases. Death rate at the therapeutic feeding programme less than 5%. Supplementary and Therapeutic feeding coverage >90%. Vitamin A supplementation coverage among <5s at >90% etc.
UNICEF - RR - Water and sanitation - US\$486,850 (09-CEF-029-A) -	2009	407	Emergency Multi-sectoral response to Cholera	80% of households in cholera affected areas have knowledge of critical actions for cholera prevention and mitigation including knowledge of how to: o obtain safe water and/or treat water at home; o undertake proper disposal of faeces; o practice appropriate hygiene including washing hands with ash or soap at critical times; o prepare and eat hygienic food; and o Employ key actions for the early management of cholera and other diarrhoea diseases. Increase in the early use of ORS for treatment of mild cholera cases from 33% to 60% in target districts. District WASH Clusters 'WESCOORDS' activated in 80% of target districts & weekly updates on status of response and gaps reported to national WESCOORD and disseminated to partners.
UNICEF - RR - Health - Nutrition - US\$1,011,150 (09-CEF-029-B) -	2009	408	Prevention and Management of Acute Malnutrition (Nutrition Cluster)	50% of moderately malnourished children below 5 years old as well as pregnant and lactating mothers have access to treatment in targeted areas. 50% of severely malnourished children below 5 years old have access to treatment in targeted areas. At least 80% of moderately malnourished patients that are admitted for treatment recovers. At least 75% of severely malnourished patients that are admitted for treatment recovers.
UNICEF - UFE - Health - US\$293,548 (09-CEF-038-A) -	2009	409	Emergency response to food insecurity and diseases outbreak for vulnerable populations in Kenya KEN-09/H/24438/124	It is hoped that by the time the project shall be completed the following will be achieved: All identified hospitals and health centres have operational ORT corners. Increase ORT rate from 33% to at least 80% by 2009 by establishing ORT corners in 526 hospitals, 649 health centres and sub-health centres through the patients who will visit these health facilities. Reduce cholera and diarrhoea deaths by from 2.2% to less than 1% through introduction of low osmolarity ORS and zinc supplements in areas with high potential for cholera outbreaks.
UNICEF - UFE - Health - Nutrition - US\$895,537 (09-CEF-038-B) -	2009	410	Scale-up critical nutrition interventions in drought affected areas KEN - 09/H/20823/124	50% of moderately malnourished children below 5 years old as well as pregnant and lactating mothers have access to treatment in targeted areas. 50% of severely malnourished children below 5 years old have access to treatment in targeted areas. At least 80% of moderately malnourished patients that are admitted for treatment recovers. At least 75% of severely malnourished patients that are admitted for treatment recovers.
UNICEF - UFE - Water and sanitation - US\$1,300,000 (09-CEF-038-C) -	2009	411	Gov of Kenya/Drought Intervention Project KEN-09/WS/20726/124	Reduced incidence of water & sanitation diseases in focus districts. Communities empowered to operate & maintain. Reduced conflict outbreaks between communities. Increased capacity of GoK to plan, implement, coordinate & monitor emergency WASH interventions.

FAO - UFE - Agriculture - US\$950,000 (09-FAO-021) -	2009	412	Assistance to farming households affected by soaring food prices and drought KEN-09/A/20489/123 (REVISED)	At the end of the CERF grant period, it is hoped that the livelihoods of the food insecure communities especially in the pastoralist and agro-pastoral zones will have been restored The beneficiaries will not only benefit in terms of food but also their core assets eg livestock will have been protected through the de-stocking, supplementary feeding, disease treatment and control In agro-pastoral areas that take advantage of the short rains, the food security will be enhanced by the growing of quick maturing crops that will help avert the crisis 1 Livelihoods of food insecure communities restored, as measured by improved nutritional status of children (Below 15%), improved school attendance, and social cohesion amongst families 2 Improved animal health through the treatment of 65,000 livestock, vaccinations of 1,000,000 small stocks reducing the mortality rate to 1% 3 Reduced pressure on grazing land through the off take of 32,000 animals 4 2,000 households receive cash for work to purchase food and seed 5 10 tons seeds of drought tolerant crops planted in 2,000 acres
UNHCR - RR - Shelter and NFI - US\$1,232,961 (09-HCR-019) -	2009	413	Humanitarian Assistance to Refugees in Kenya	All the 2,300 refugee family dwelling are not less than a 3 5 square metres
UNHCR - RR - CS - Logistics - US\$1,602,183 (09-HCR-023) -	2009	414	Humanitarian Assistance to Refugees in Kenya	(no Expected Out comes but objectives:) a Objective(s) All relocated refugees live in safety and with dignity in accordance with internationally accepted standards Refugees have access to adequate space for livelihood, recreation and settlement Refugees have access to services including water sanitation, health and education
IOM - RR - Health - US\$89,237 (09-IOM-015) -	2009	415	Emergency Response to cholera outbreak in 25 most affected districts in Nyanza and North-eastern areas of Kenya	At least 80% of most affected districts produce weekly disease outbreak response reports All hospitals in the most affected districts orientated in case management Case fatality reduced by 80% in all health facilities in the most affected areas 100% of District Health teams in affected areas investigate all reported disease outbreaks within 48 hours Water quality surveillance established in at least 60% of most affected districts All health facilities and Cholera Treatment Centres have adequate portable water
IOM - RR - CS - Logistics - US\$2,609,156 (09-IOM-018) -	2009	416	Humanitarian Assistance to Refugees in Kenya	(No Expected Outcomes, only objectives:) a Objective(s) All relocated refugees live in safety and with dignity in accordance with internationally accepted standards Refugees have access to adequate space for livelihood, recreation and settlement Refugees have access to services including water sanitation, health and education
IOM - UFE - Health - US\$176,015 (09-IOM-020) -	2009	417	Emergency Response to Cholera and Dysentery Outbreak in most affected Districts in Rift valley, Western and Nyanza Provinces of Kenya	a Make available two mobile teams to operate in inaccessible places in Rift Valley, Western and Nyanza provinces; b Improve community knowledge and skills related to preventing cholera outbreaks and enhance community group actions; c Produce and distribute target IEC materials for the community; d Make available essential drugs, infusions and ORS for case management and prophylaxis for close contacts; e Strengthen emergency cholera response for district health teams
WFP - RR - Food - US\$4,942,158 (09-WFP-031) -	2009	418	Protecting and rebuilding livelihoods in the arid and semi-arid areas (PRRO 10666)	-Coping strategy index <0 2 -Household food consumption score >35 -Prevalence of acute malnutrition below 15% among children under 5 in WFP intervention areas -SFP recovery rates>75%; mortality rates <3%; defaulter rates<15%; and coverage >80% based on targeted beneficiaries -Actual number of women, men, girls and boys receiving food and non-food items by category and as % planned
WFP - UFE - Food - US\$3,900,000 (09-WFP-043) -	2009	419	Protecting and Rebuilding Livelihoods in the Arid and Semi-Arid areas (PRRO 10666 0) KEN-09/F/20738/561	WFP will be able to ensure distribution of cereals to a larger number of the affected populations, save lives and better preserve nutritional status of about 1 3 million (verifiable through nutritional surveys by UNICEF/INGOs)
WFP - RR - Food - US\$5,000,000 (09-WFP-077) -	2009	420	Protracted relief and recovery operation for population affected by drought in Kenya	Provide the cereal component of the food rations for approximately 20 percent of the targeted beneficiaries for one month On the assumption that it is difficult for most of them to provide food from other sources, due to lack of means, WFP intends to provide daily rations at a value of 1,749 Kcal to beneficiaries in the arid and semi arid areas (ASAL) of Kenya
WHO - RR - Health - US\$616,320 (09-WHO-026) -	2009	421	Emergency Response to cholera outbreak in 25 most affected districts in Nyanza and North-eastern areas of Kenya	At least 80% of most affected districts produce weekly disease outbreak response reports All hospitals in the most affected districts orientated in case management Case fatality reduced by 80% in all health facilities in the most affected areas 100% of District Health teams in affected areas investigate all reported disease outbreaks within 48 hours Water quality surveillance established in at least 60% of most affected districts All health facilities and Cholera Treatment Centres have adequate portable water
WHO - RR - Health - Nutrition - US\$237,540 (09-WHO-027) -	2009	422	Prevention and emergency management of complicated and severe malnutrition	1) Risks of increase mortalities associated with malnutrition are reduced 2) Improved management of severe and complicated clinical conditions secondary to malnutrition 3) Improved coordination of stakeholders 4) Orientation for surveillance for diseases of epidemic potential 5) Establishment and integration of facility based nutrition surveillance into the Integrated disease surveillance system
WHO - UFE - Health - US\$523,230 (09-WHO-038) -	2009	423	Emergency Response to epidemic diseases outbreaks in at least 8 districts and response complicated cases due to severe malnutrition	??? to be updated when project is approved
UNICEF - UFE - Health - Nutrition - US\$1,707,386 (10-CEF-009-A) -	2010	424	Prevention and Management of Acute Malnutrition	50% of moderately malnourished children below 5 years old as well as pregnant and lactating mothers have access to treatment in targeted areas 50% of severely malnourished children below 5 years old have access to treatment in targeted areas At least 80% of moderately malnourished patients that are admitted for treatment recovers At least 75% of severely malnourished patients that are admitted for treatment recovers
UNICEF - UFE - Water and sanitation - US\$1,690,600 (10-CEF-009-B) -	2010	425	WASH Cholera Response project KEN-10/WS/29124 / KEN-10/WS/29131	80% of households in cholera affected areas have knowledge of critical actions for cholera prevention and mitigation including knowledge of how to: o obtain safe water and/or treat water at home; o undertake proper disposal of faeces; o practice appropriate hygiene including washing hands with ash or soap at critical times; o prepare and eat hygienic food; and o Employ key actions for the early management of cholera and other diarrhea diseases District WASH Clusters 'WESCOORDs' activated in 80% of target districts & regular updates on status of response and gaps reported to national WESCOORD and disseminated to partners
FAO - UFE - Agriculture - US\$1,519,931 (10-FAO-007) -	2010	426	Emergency support to pastoral and agro-pastoral households affected by extreme climatic conditions	Outcome 1: Beneficiaries have sufficient resources to feed their families for the next four months Outcome 2: Beneficiaries are able to re-build and sustain their livelihoods Outcome 3: Livestock assets are protected

KEN-10/A/29580					
UNHCR - UFE - Multi-sector - US\$1,700,053 (10-HCR-002) -	2010	427	Humanitarian assistance and service delivery to refugees in Kakuma KEN 10/MS/29223	a Reduction in the GAM and the SAM Rates; b Reduction of Micronutrients deficiencies and specially relating to anaemia and children and pregnant and lactating mothers c Improved and increased number of shelters to improve housing conditions in the camps, in view of limiting the exposure of refugees to health and environment hazards Reduction of risks to SGBV d Marked reduction in food being sold to neighbouring communities in order to acquire basic household needs; e Improved Nutrition and reduction of sexual exploitation and abuse f Improved household food security g Increased access to basic health services and ultimately improved health indicators h Refugees live in safety and with dignity	
UNHCR - RR - Multi-sector - US\$9,200,000 (10-HCR-020) -	2010	428	UNHCR Camp Decongestion programme for Somali refugees in Dadaab: Expansion of Ifo Camp and Relocation of 40,000 Refugees and Asylum Seekers to the New Ifo Site	14,535 refugees (2,907 families) in Ifo 2 have access to adequate and secure shelter 40,000 refugees in Ifo II and 20% of the host community members (an estimated 10,000 persons) have access to a health centre with Emergency Neo-Natal and Obstetrics Care (EmNOC) services and a maternity ward 40,000 refugees in Ifo 2 have access to adequate sanitation facilities 40,000 refugees in Ifo 2 have access to adequate, safe, clean and portable water (at least 18 l/p/d) 11,000 refugees of school going age in Ifo 2 have access to education The acute congestion problem in Dadaab camps is reduced and 272,000 people have more space to live in safety and dignity The new camp is well planned and managed, including through systematic site demarcation and plotting The relation between refugees and local communities is improved	
IOM - UFE - Agriculture - US\$180,003 (10-IOM-005) -	2010	429	Immediate livestock support to pastoralist host communities affected by impacts of recurrent droughts and floods in North West Kenya KEN-10/ER/28793	Livestock livelihoods needs of 2,500 pastoralist and host community households assessed and addressed; Livestock livelihood activities of 2,500 pastoralist households in North Turkana supported through support for trade in livestock, Graze land development activities and installation of rain water harvesting systems, on-the-job training activities and - Livestock livelihood activities of 2,000 pastoralist households in Turkana supported through measure to improve access to alternative livelihoods activities including agricultural production, access to clean energy and access to markets Local coping mechanisms strengthened; Local and national referral mechanisms in place; through existing coordination with government authorities at district level	
IOM - UFE - Health - US\$519,193 (10-IOM-006) -	2010	430	Emergency response to outbreak in affected areas of northern & central districts of Turkana, Rift Valley Province, Kenya	a 1 million chlorine tablets and 300,000 packets of ORS disseminated; 500 cases treated; b 85,000 households reached for improved cholera-awareness, hygiene, treatment behaviour; c 100,000 cholera flyers and 5,000 posters disseminated; d Essential drugs, infusions, ORS for case management, testing reagents, and prophylaxis for close contacts provided to health authorities	
WFP - RR - Multi-sector - US\$848,510 (10-WFP-046) -	2010	431	PRRO 10258 3 Food assistance to refugees in Kenya	Adequate storage facilities in place by September 2011 to hold commodities that can cater for the 40,000 refugees Functional food distribution centres that will cater for 40,000 refugees in place by September 2011	
WHO - UFE - Health - US\$2,664,300 (10-WHO-007) -	2010	432	Emergency Response to contain the cholera outbreak in Larger 8 most affected districts in North western parts of Kenya in the Rift Valley and Eastern Provinces	Cholera outbreak contained to levels below that of public health concern All targeted districts have functioning health sector Coordination co-chaired by lead NGOs in the districts At least 80% of most affected districts produce weekly disease outbreak response reports All hospitals in the most affected districts orientated on WHO guideline on case management Case fatality reduced by 80% in all health facilities in the most affected areas 100% of District Health teams in affected areas investigate all reported disease outbreaks within 48 hours Emergency disease surveillance functional in all targeted districts 100% of Targeted hospitals able to diagnose cholera within 48 hours	

ANNEX VI: ANALYSIS OF PROJECTS WITH SCORES

This is the list of standard projects for the country as from the inception report and their scores for the Gender, Vulnerability, and cross cutting markers..

Project	Activity	Documents available	Gender	Reasons for score	Vuln.	Reasons for score	X-Cutting	Reasons for score
06-WHO-005-RR. WHO: Health and Nutrition	Strengthening the immunization response (ensuring protection from measles, polio and Vitamin A deficiency); Improving detection and response to diseases outbreaks, through strengthened surveillance and surge capacity; Increasing the capacities of local and national health systems	Original proposal + activities report	0	Gender in not reflected in any component of the project	2 a	The project has contributed to addressing the needs of the drought affected population. A rapid assessment carried out in January 2006 identified the needs of the most vulnerable, which were integrated in the three components of the project : needs assessment, activities and outcomes. However, the project does not target any specific vulnerable category of the population.	2 a	The project focuses on capacity building of local capacity through strengthening of the Health capacity system in the intervention area.
09-WHO-026-RR. WHO: Emergency response to cholera outbreak in 25 most affected districts in Nyanza and North-eastern areas of Kenya	*Improve coordination, joint rapid assessments, information management and sharing among all stakeholders at all levels; * Make essential drugs, infusions, ORS for case management and prophylaxis for close contacts; * Strengthen cholera and emergency response capacities for district health and hospital teams; * Ensure availability of portable water in health facilities managing cholera cases; * Ensure disease and water quality surveillance, outbreak investigation and response; * Engage Partners along the Kenya - Ethiopia border for collaborated	Original and final proposal	0	Gender in not reflected in any component of the project	2 b	The principal purpose of the project is to address the need of the vulnerable. In addition, it focuses also on reducing vulnerability, for instance by strengthening local capacities for district health and hospital teams and ensuring water quality surveillance.	2 a	The project is designed to contribute significantly to addressing Disaster Risk Reduction as a cross-cutting issue.

Project	Activity	Documents available	Gender	Reasons for score	Vuln.	Reasons for score	X-Cutting	Reasons for score
	interventions; *Make available two mobile teams for inaccessible places especially in the Rift Valley province							
09-WHO-038-UFE. WHO: Emergency Response to epidemic diseases outbreaks in at least 8 districts and response complicated cases due to severe malnutrition for most vulnerable populations in at least eight districts in Kenya	*Make available essential drugs, infusions for case management and prophylaxis for close contacts; * Support projects supervision and monitoring activities *Oriente Key hospital staff on cases diagnosis, management and infection control; *Strengthen cholera, dysentery, black fever, management of complicated severe malnutrition and emergency response capacities for district health teams and hospital health personnel; *Facilitate local authorities and partner coordination, (join rapid assessments, information management and sharing among all stakeholders, stakeholder meetings etc) especially at district level; *Oriente DHMTS on disease surveillance, prompt outbreak investigation and response; *Engage Local authorities, line ministries, UN and NGO Partners for collaborated interventions; *Supply basic laboratory diagnostic reagents for targeted and remote district hospitals; *Supply basic personnel protection kits (gloves, gowns, caps, boots etc.);	Original and final proposal	0	Gender in not reflected in any component of the project	2 b	The principal purpose of the project is to address the need of the vulnerable. In addition, it focuses also on other activities on reducing vulnerability by strengthening local capacities and coordination and information management.	2 a	The project is designed to contribute significantly to addressing Disaster Risk Reduction as a cross-cutting issue.
07-FPA-026-UFE. UNFPA: Safe motherhood and GBV	*Training of midwives/health workers; * Community sensitization on antenatal care, safe deliveries, family planning and SGBV.	Original proposal	2b	The entire project focuses on building gender-specific services (e.g. SGBV, family planning , etc.)	2 a	The project contributed to address the needs of the vulnerable. The needs of the vulnerable have been analysed and integrated in assessment needs, activities and	0	No cross-cutting issue is reflected in the designed project.

Project	Activity	Documents available	Gender	Reasons for score	Vuln.	Reasons for score	X-Cutting	Reasons for score
						outcomes. It targets one aspect of vulnerability, namely reproductive health needs.		
08-FPA-001-B-RR. UNFPA: Emergency protection assistance for displaced victims of the post elections violence in Kenya	Procurement of non food items and deployment of emergency protection staff to: Technical support on GBV to protection team, setting up GBV coordination system within the protection cluster; establish coordinated GBV response	Original proposal	2b	The implementing activities respond to the needs of survivors of GBV. All activities focus on addressing Gender Based Violence concerns.	2b	The project contributed to address the needs of the most vulnerable. It considers multiple sources of vulnerability (e.g. food insecurity, SGBV, etc.)	2a	The project is designed to contribute significantly to capacity building through technical support and strengthening the coordination system for effective response.
08-IOM-017-RR. IOM: Emergency/ Transitional Shelter for displaced persons affected by post election violence in Kenya	<p>Shelter reconstruction and assistance to more 22,250 affected persons (4,450 households). Improved shelter and living conditions for IDPs in both affected communities and where warranted, in transit sites</p> <p>Shelter assistance will be targeted to the most vulnerable households based on community mapping.</p> <p>Partners may leverage provision of emergency shelter materials with protection monitoring and/or peace and reconciliation initiatives to maximize impact and stabilize return.</p>	Original and final proposal	0	Gender is not reflected in any component of the project	2a	The project contributed to address the needs of the vulnerable. It targets shelter exclusively as a vulnerability issue.	0	No cross-cutting issue is reflected in the designed project.

Project	Activity	Documents available	Gender	Reasons for score	Vuln.	Reasons for score	X-Cutting	Reasons for score
09-IOM-020-UFE. IOM: Emergency Response to Cholera and Dysentery Outbreak in most affected Districts in Rift valley, Western and Nyanza Provinces of Kenya	<p>*Support community and social mobilisation to foster behaviour change to improve hygiene and sanitation standards in the community;</p> <p>*Provide health education to the community and produce targeted IEC;</p> <p>*Make available ORS, chlorine and essential drugs for case management and restock existing Cholera Treatment Centers (CTC);</p> <p>*Support the district health team in logistical arrangements (fuel, transport, communication) in delivering supplies in target areas.</p>	Original and final proposal	0	Gender is not reflected in any component of the project	2b	The project contributed to addressing the needs of the vulnerable. It is an ongoing project and considers multiple sources of vulnerability. In addition to the provision of essential drugs, it focuses on sensitization and strengthening stakeholders capacities.	2b	The project covers different cross-cutting issues especially disaster risk reduction, participation of the affected population through sensitization and capacity building of the stakeholders
09-HCR-023-RR. UNHCR: Humanitarian Assistance to Refugees in Kenya	<p>(no Expected Out comes but objectives:)</p> <p>a. Objective(s)</p> <ul style="list-style-type: none"> All relocated refugees live in safety and with dignity in accordance with internationally accepted standards Refugees have access to adequate space for livelihood, recreation and settlement Refugees have access to services including water sanitation, health and education 	Original, revised and final proposal	0	Gender is not reflected in any component of the project.	2a	The project was designed to contribute significantly to addressing the needs of the refugees in Dadaab camp. Their needs have been analysed and integrated into the entire project. It focuses on one aspect of vulnerability (i.e. camp decongestion)	2a	The project was designed to address protection concerns. These have been analysed and integrated into the different components of the project.
08-HCR-001-C-RR. UNHCR: Camp Coordination and Camp Management (CCCM) for displaced persons affected by post elections violence in Kenya	<ul style="list-style-type: none"> Emergency material assistance to be provided. Improved emergency response to the protection needs of the displaced population. 	Original proposal	0	Gender is not reflected in any component of the project	1	The project does not directly target vulnerable people but it aims to ensure effective assistance by strengthening the capacities of the stakeholders in camp coordination and management.	2a	The project was designed to address protection concerns and focuses on building the capacities of the stakeholders involved in camp management.

Project	Activity	Documents available	Gender	Reasons for score	Vuln.	Reasons for score	X-Cutting	Reasons for score
08-HCR-024-RR. UNHCR: Emergency/ Transitional Shelter for displaced persons affected by post election violence in Kenya	<p>Shelter reconstruction and assistance to more 22,250 affected persons (4,450 households). Improved shelter and living conditions for IDPs in both affected communities and where warranted, in transit sites</p> <p>Shelter assistance will be targeted to the most vulnerable households based on community mapping.</p> <p>Partners may leverage provision of emergency shelter materials with protection monitoring and/or peace and reconciliation initiatives to maximize impact and stabilize return.</p>	Original and final proposal	0	Gender is not reflected in any component of the project	2a	The project was designed to contribute significantly to addressing the shelter needs of the IDPs.	2a	The project was designed to address protection concerns.
08-HCR-009 - UFE. UNHCR: Protection and Assistance to Refugees in Kenya	<p>Procurement and distribution through Shelter Cluster members of shelter material packages for repair of damaged houses;</p> <p>Distribution of tarpaulins for emergency shelter in camps or transit sites;</p> <p>*(IOM) procurement and construction of Transitional Shelters in North Rift Valley for returnees with destroyed houses</p>	Final proposal	0	Gender is not reflected in any component of the project	2b	This is a multi-sector project, which considers multiple sources of vulnerability, i.e. water, hygiene & sanitation, food, shelter and NFIs.	2a	The project was designed to address protection concerns.
06-CEF-014-RR. UNICEF: Emergency outreach services in health and nutrition for children and women in ten worst drought affected districts in Kenya.	<p>Expand mobile clinics;</p> <p>improve supplementary feeding center;</p> <p>distribution of nutrition supply;</p> <p>provide security escort;</p> <p>provide fuel subsidies;</p> <p>support water tanks to help facilities and schools.</p>	Report on the use of the CERF April 2006 to March 2007, UNICEF-Kenya	2a	The needs of the targeted women and children have been analysed and integrated in the three components of the project: needs assessment, activities, and outcomes.	2b	The project was designed to contribute significantly to addressing the needs of vulnerable women and children under five. It focuses on reducing vulnerability (malnutrition).	2a	Protection is reflected as a cross-cutting issue and integrated in the three components of the project: needs assessment, activities, and outputs.

Project	Activity	Documents available	Gender	Reasons for score	Vuln.	Reasons for score	X-Cutting	Reasons for score
06-CEF-267-RR. UNICEF: Water development for Somali refugees influx to Dadaab Camp	Survey, drill and equip boreholes, installation of Ferro-cement tanks, piping and booster pumps, water-tank installations.	Report on the use of the CERF April 2006 to March 2007, UNICEF-Kenya	0	Gender is not reflected in any component of the project	2b	The project is designed to contribute significantly to addressing the needs of the refugees. It focuses on reducing vulnerability through the development of different activities around water and sanitation issues.	2a	The project includes local capacity building of local Public Officers on emergency response preparedness; marketing methodology and the use of water testing equipment, as well as refugee sensitization
06-CEF-283-RR. UNICEF: Response to increase in malnutrition related to communicable diseases and dietary inadequacy and support to flood affected households' nutritional needs.	Deliver specialized therapeutic foods to Kenyans and refugees; Provide ready-to-eat foods such as nutrient dense biscuits to the affected populations; Set up a wet-feeding operation for the refugees who do not have access to cooking utensils and/or fuel.	Original proposal	0	Gender is not reflected in any component of the project	2a	The project was designed to provide appropriate food commodities to flood affected Kenyans and refugees. The needs of the vulnerable have been analysed through a joint UN/GOK assessment and well integrated in the entire project.	0	No cross-cutting issue is reflected in any component of the project
06-CEF-285-RR. UNICEF: Protection of women and children	Undertake a rapid assessment of the affected districts, including appraisal/mapping of women and child rights' networks in the affected communities; Provide 5 safe havens for women and children (3 in Daadab and 2 in Coastal Province); Support safe cooking fuel (including provision and distribution of fuel efficient stoves) for the most at risk households of the 500,000 people affected by the floods; Provide training and resource materials to strengthen the capacity of local women and child rights organizations and relief and reconstruction workers to address monitoring, reporting and referrals of cases of violence, abuse and	Original proposal	2b	The project targets women and children, and is gender-sensitive and rights-based.	2b	The principal purpose of the project is to ensure a better response to the protection needs of women and children. It considers multiple sources of vulnerability and focuses all activities on reducing vulnerability and exclusion.	2b	The project focuses on the following cross-cutting-issues: Disaster (Flood) Risk Reduction; the participation of the affected population (women); and local capacity building through training.

Project	Activity	Documents available	Gender	Reasons for score	Vuln.	Reasons for score	X-Cutting	Reasons for score
	exploitation, ensuring confidentiality of cases, promote the Code of Conduct against Sexual Exploitation and Abuse, ensure participation of women, particularly widows and those heading households, in mainstream initiatives to re-build communities; and to coordinate response efforts. Provide psychosocial support services to women and children affected by disaster and by refugee and conflict affected areas; Advocacy with Government, UN and international NGO efforts to ensure that women's associations and networks are part of mainstream relief and development efforts; Set up an effective and transparent monitoring and evaluation mechanism.							
09-CEF-038-C-UFE. UNICEF: Gov of Kenya/Drought Intervention Project KEN-09/WS/20726/124	Repair and rehabilitation of the identification of existing boreholes and other water points such as shallow wells which require rehabilitation (this activity is ongoing through WSBs); Procurement of equipment & spare parts for rehabilitation of water points; Repair and rehabilitation of existing piped water supply schemes & pipe networks; Extension & upgrading of existing pipe networks; Support water treatment of pumped supplies & household water treatment technologies; Improve water storage capacity at key community locations such as health care & educational institutions; Raising awareness of community ownership and management of water sources to improve sustainability.	Original and final proposal	0	Gender is not reflected in any component of the designed project	2b	The project was designed to contribute significantly to addressing the need for water supplies in focus areas. It focuses on different activities designed to reduce vulnerability.	2b	The project focuses on Disaster (Drought) Risk Reduction; the participation and sensitization of the affected population to enhance community ownership; and capacity building in management of water resources to improve sustainability
10-CEF-009-B-UFE. UNICEF: WASH Cholera Response project	Scale up production and dissemination of communication material and launch of mass media campaigns to support community level	Final proposal	0	Gender is not reflected in any component of the designed	2b	The project was designed to contribute significantly to addressing the need for water	2b	The project focuses on Disaster Risk Reduction (Cholera

Project	Activity	Documents available	Gender	Reasons for score project	Vuln.	Reasons for score	X-Cutting	Reasons for score
KEN-10/WS/29124 / KEN-10/WS/29131	<p>and household mobilisation;</p> <p>Strengthen National Cholera Communication Centre within the Ministry of Public Health and Sanitation to enhance national emergency management for outbreak communications;</p> <p>Strengthening of outbreak communication and social mobilization in affected and at risk districts through the rapid development and implementation of district cholera action plans engaging key district officials, communication partners and media and strengthened outreach and engagement of community elders students, religious leaders in raising awareness amongst communities for cholera prevention;</p> <p>Support district WESCOORDs in affected district to facilitate coordination of WASH response and enhance WESCOORD information management capacities at district and national level;</p> <p>Equip District Water Officers with portable water quality testing kits to rapidly test water sources in outbreak areas provide refresher training and technical assistance on proper use;</p> <p>Provision of chlorine to disinfect wells and control quality of water points at source and supplies for household water testing and treatment;</p> <p>Support mobile Hygiene Promotion teams to respond to cholera outbreaks;</p> <p>Provision of emergency WASH supplies to support hygiene promotion teams.</p>					<p>supplies in focus areas. In addition, the project focuses on improving the health & nutritional status of the population in targeted areas. All activities aim to reduce vulnerability.</p>		<p>outbreaks), as well as building the institutional and local capacities to improve the sustainability of the actions.</p>

Project	Activity	Documents available	Gender	Reasons for score	Vuln.	Reasons for score	X-Cutting	Reasons for score
08-WFP-002-RR. WFP: Food Assistance to displaced and affected populations	<ul style="list-style-type: none"> WFP expects to ensure uninterrupted access to staple food for the displaced population, their lives saved and nutritional status preserved (verifiable through nutritional surveys by UNICEF/NGOs). 	Original proposal	0	Gender is not reflected in any component of the project.	2a	The project was designed to contribute significantly to addressing the food needs of the vulnerable. The needs have been analysed and integrated into the three essential components of the project (needs assessments, activities and outcomes). It focuses only on one aspect of vulnerability which is the lack of food.	0	Cross-cutting issues are not reflected in any component of the project.
09-WFP-043-UFE. WFP: Protecting and Rebuilding Livelihoods in the Arid and Semi-Arid areas (PRRO 10666.0) KEN-09/F/20738/561	WFP will be able to ensure distribution of cereals to a larger number of the affected populations, save lives and better preserve nutritional status of about 1.3 million (verifiable through nutritional surveys by UNICEF/NGOs).	Original, revised and final proposal	0	Gender is not reflected in any component of the project.	2a	The project was designed to contribute significantly to addressing the needs of the vulnerable. They are integrated in the three main project components (needs assessment, activities, and outcomes).	0	Cross-cutting issues are not reflected in any component of the project.
09-WFP-077-RR. WFP: Protracted relief and recovery operation for population affected by drought in Kenya	<ul style="list-style-type: none"> Provide the cereal component of the food rations for approximately 20 percent of the targeted beneficiaries for one month. On the assumption that it is difficult for most of them to provide food from other sources, due to lack of means, WFP intends to provide daily rations at a value of 1,749 Kcal to beneficiaries in the arid and semi arid areas (ASAL) of Kenya. 	Original and final proposal	0	Gender is not reflected in any component of the project.	2a	The project is designed to address the needs of children under-five years. Their needs have been analysed and integrated in all three essential components (needs assessments, activities and outcomes).	0	Cross-cutting issues are not reflected in the project design.
10-WFP-046-RR. WFP: PRRO 10258.3 Food assistance to refugees in Kenya	<ul style="list-style-type: none"> Adequate storage facilities in place by September 2011 to hold commodities that can cater for the 40,000 refugees. Functional food distribution centres that will cater for 40,000 refugees in place by 	Original, revised, and final proposal	0	Gender is not reflected in any component of the designed project	1	The project is designed to contribute in some limited way to addressing the needs of the refugees through construction of camp infrastructure to ensure some appropriate	0	Cross-cutting issues are not reflected in the project.

Project	Activity	Documents available	Gender	Reasons for score	Vuln.	Reasons for score	X-Cutting	Reasons for score
	September 2011.					services in the camps (storage, distribution of food).		
06-FAO-037-RR. FAO: Emergency Animal health	De-worming 240,000 sheep and goats; 306,400 cattle and camels; CBPP 285,000 cattle; FMD 125,000 cattle; CCP 240,000 sheep and goats; 40,000 pastoralist communities supported.	Regional Proposal	0	Gender is not reflected in any component of the project.	2 a	The project was designed to contribute significantly to addressing the needs of the animals facing serious drought conditions.	1	Cross-cutting issues reflected are coping strategies and resilience.
10-FAO-007-UFE. FAO: Emergency support to pastoral and agro-pastoral households affected by extreme climatic conditions KEN-10/A/29580	<p>Outcome 1: Beneficiaries have sufficient resources to feed their families for the next four months</p> <p>Identification of beneficiaries based on traditional assistance mechanisms;</p> <p>Cash/Food for assets;</p> <p>Rehabilitation of infrastructure;</p> <p>Provide farm inputs (seeds, fertilizers and tools) to agro-pastoralists and small-scale farmers in the affected districts;</p> <p>Outcome 2: Beneficiaries are able to re-build and sustain their livelihoods:</p> <p>Redistribution of livestock and provision of seeds;</p> <p>Provide support to livestock, crop and fodder production through the PFS/FFS approach to Farmer Field Schools/Pastoral Field Schools;</p> <p>Support to rangeland management through PFS redistribution of livestock</p> <p>Outcome 3: Livestock assets are protected</p> <p>Tender out the supply of de-wormers and veterinary equipment to local veterinary drug stores;</p> <p>Provide Vouchers for de-worming to identified beneficiaries;</p> <p>Disease surveillance and response</p>	Final proposal	0	Gender is not reflected in any component of the project.	2 b	The project aims to contribute to saving and preserving the lives of the most vulnerable people affected by climatic hazards. It targets multiple aspects of vulnerability (livelihood recovery, rehabilitation and infrastructure, etc.)	2 a	The project focuses on the following cross-cutting issues: coping strategies and resilience; and local and institutional capacity building.

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