



Humanitarian Support Unit to the Office of the United Nations Resident Coordinator in Kenya (OCHA-Kenya)

## **KENYA REPORT ON CERF GRANTS in 2006**

*June 2007*



*Flooded roads between Ifo and Dagahaley refugee camps in Dadaab, Garissa District*

Prepared by: The Office of the United Nations Resident Coordinator for Kenya

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## I. EXECUTIVE SUMMARY:

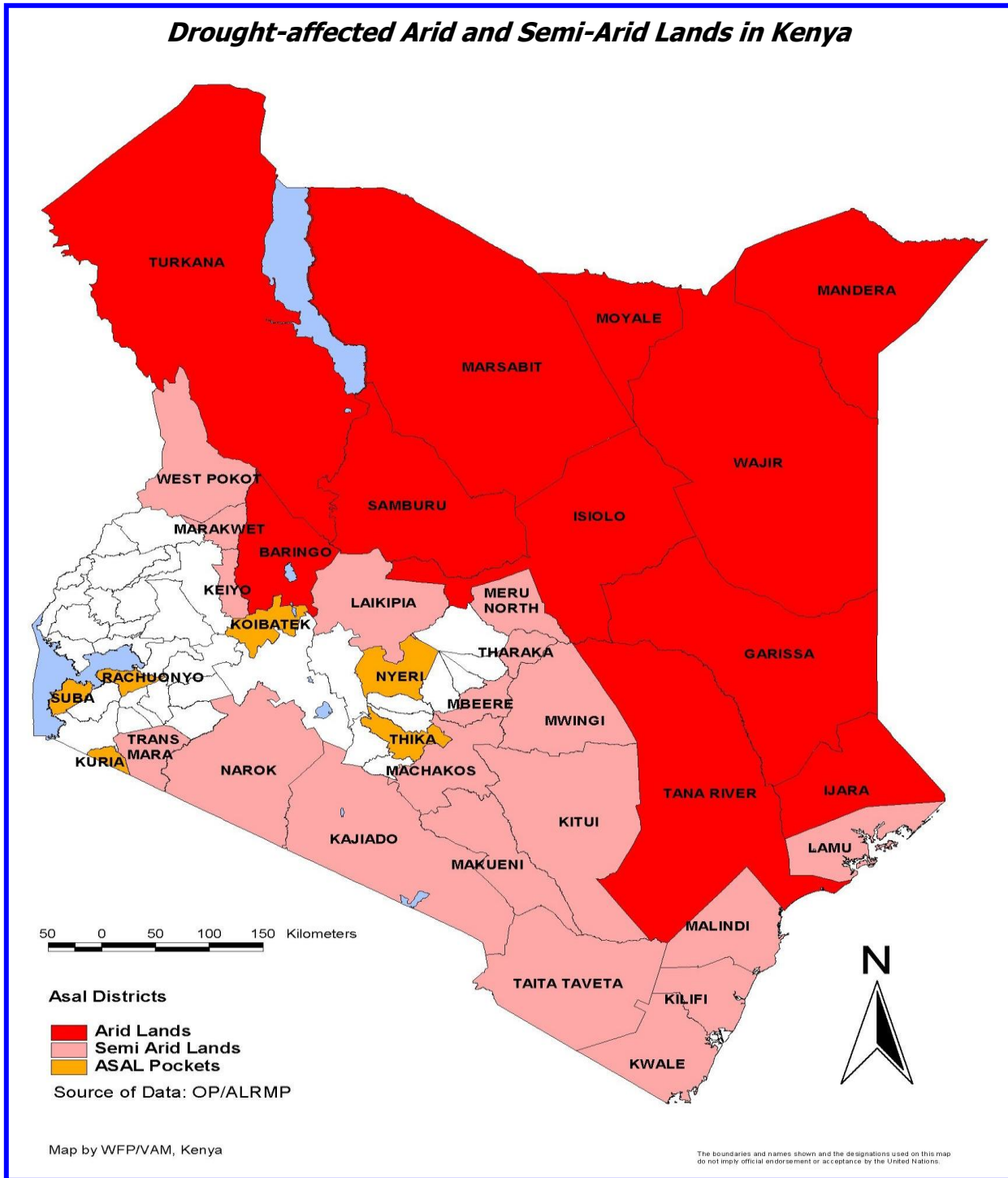
The failure of three consecutive cycles of rain in Kenya and a particularly poor October-December short rains in 2005, plunged the country into a devastating drought lasting through most of 2006. The **drought**, reportedly the worst in living memory, affected more than 3.5 million people and resulted in a serious humanitarian crisis. In addition to the drought, in August 2006, the war in the neighbouring Somalia between the Islamic Courts Union (ICU) and the Transitional Federal Government (TFG) caused a heavy **influx of refugees** into the country. By early September, UNHCR was registering close to 1,000 refugees per day stretching out the already limited facilities and response capacity in Dadaab camps. Towards the end of the year, the country experienced heavy rains which resulted in destructive **floods** along the Coastal strip, in parts of the North East and in two districts in western Kenya. More than 500,000 people were displaced from their homes and completely cut off from humanitarian assistance. The rains caused enormous destruction to the infrastructure i.e. roads and bridges that connect these districts to others and even the bridge connecting Kenya to Tanzania; water and sanitation systems were seriously damaged along the Tana River increasing the risks of water borne diseases. By the end of 2006, a severe outbreak of Rift Valley Fever that eventually spread to 17 districts caused 160 human fatalities and killed unknown numbers of livestock. The impact on livelihoods was even more severe as pastoralist Northeastern Province was put under quarantine, livestock markets were closed and a ban was placed on the slaughter of animals and sale of meat. Note that the CERF grants for the RVF response does not form a part of this report.

As the emergencies occurred in rapid succession, sometimes overlapping, occurring in the same areas and affecting the same people, humanitarian agencies faced enormous challenges of responding to distressed populations especially in remote areas that were difficult to access. Health and emergency services were limited and sometimes lacked the capacity to respond to the impact of compounded emergencies. Several allocations of CERF funding made it possible to act swiftly with life saving and other emergency activities that assisted more than 3 million persons affected by one or more of the shocks.

Initial “teething pains” of the CERF process were overcome with each allocation showing marked improvements in terms of process and delivery times from application to disbursement and implementation. The decision-making process at country-level also improved over time, making for speedier and more effective responses. Possibly a hidden benefit of the CERF process was that it brought UN agencies together from planning through implementation and decisions were taken as a team rather than as unilateral actors. Life-saving needs in atypical sectors such as livestock were well represented in the CERF grants, underscoring the importance of field-driven decision-making. The involvement of NGOs in the process improved through each successive allocation as these partners were the main implementers of the CERF grants in Kenya.

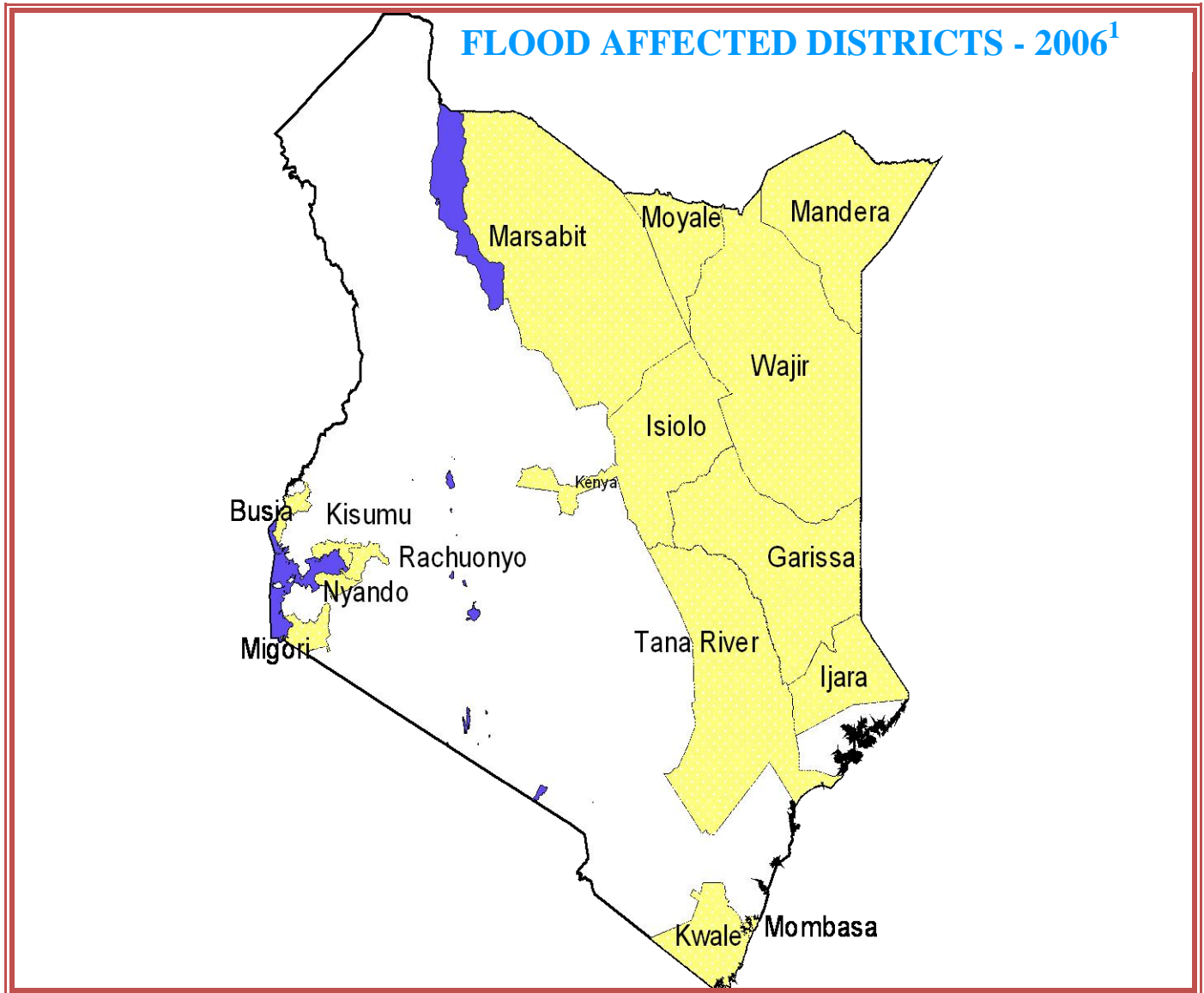


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<sup>1</sup> Prepared using Dev Info software



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II. CERF SUMMARY:

Total amount of humanitarian funding required (per reporting year):	Reporting year 2006 – USD 24,699,168 Year 2007 – USD 4,231,807
Total amount of CERF funding received by window (rapid response/under-funded):	Rapid Response: USD 23,699,168 Under-funded: USD 1,000,000
Total amount of CERF funding for direct UN/IOM implementation and total amount forwarded to implementing partners	For Drought Response = <b>\$9,365,420</b> For Refugee Influx = <b>\$3,500,001</b> For Floods Response = <b>\$14,321,419</b> Total Amount for Year 2006 = <b>\$ 27,186,840</b>  <i>Note: An allocation of \$2,487,750 for 2006 floods response was received in 2007 but is included in this report.</i>
Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age):	For the drought: 3.5 million people. Floods: 560,000 people
Geographic areas of implementation:	Northern districts – Garissa, Wajir, Mandera, Marsabit, Turkana, Isiolo and Moyale. Eastern districts – Kitui, Machakos, Makueni, and Tharaka. Rift Valley districts: Baringo, Narok and Kajiado. Coastal districts: Ijara, Bura, Garsen, Hola, Lamu, Taita Taveta, Malindi, Kilifi. Western districts: Busia, Kisumu, Siaya and Kisii.

II.a) Decision-making

The first allocations of CERF funding were done on a regional basis under the Horn of Africa CERF allocations I and II. The prioritization and allocation of funding across 5 countries was done in a consensual forum which involved representatives of UN country teams from Djibouti, Eritrea, Ethiopia, Kenya and Somalia, the countries worst affected by the drought. Building on two joint assessments (Long and Short Rains) involving the Government, UN agencies and NGO representation, monthly reports done by the District Steering Groups (DSGs), FEWSNET reports etc, the serious humanitarian implications of the drought in Kenya were critically analyzed. Sectoral allocations initially aligned with the CERF global priorities with precedence being given to the sectors with the greatest life saving needs and then those sectors which traditionally remain underfunded. Saving livelihoods during the drought was a high priority in the sectoral requests.

During the floods; two joint aerial assessments were conducted in the flood affected districts to identify the gross implications and explicit extent of the damage caused. Confident with the results and recommendations of the assessment teams, especially



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during the floods period, and considering that the Kenyan Government had not declared the floods a National Disaster, Humanitarian agencies were not able to solicit response funding from their usual donor partners. As a result, the Resident Coordinator called for a UNCT meeting to identify critical sectors for immediate responses. Each agency was thus tasked to draft a proposal which was to be sent to the RC's office for vetting. The Humanitarian Coordination Unit/OCHA Kenya assisted in this process and further consultations were made with relevant agencies to streamline and rationalize the projects before they were sent to the ERC from the RC office.

Unfortunately, this process did not involve the NGOs who had played a crucial role during assessments and were also key implementing partners.

### **II.b) Challenges for needs assessment**

- Although drought is slow-onset and the early warning signs had been evident for some time, the response was delayed until the comprehensive short rains assessment could be completed.
- During the drought period, most of the pastoral communities had either crossed over to neighboring countries or kept on moving from one place to the other in search of water and pasture for their livestock. The challenge of service delivery to normally nomadic populations for whom mobility is a key coping strategy made it difficult to get an exact figure of the affected population.
- The heavy rains and flooding which cut off most roads in the country, affected populations remained inaccessible for concrete assessments to be done. Aerial assessments were conducted but these were less comprehensive and were more costly.

### **II.c) Sectoral Prioritisation:**

Kenya operates with national coordination structures that do not necessarily follow the cluster format of the humanitarian reform process. Sectoral lead agencies and membership are well-defined at national level and the determination of priority sectors was a challenge. Since the initial CERF grants were made on a regional basis with a multi-country workshop to determine sectoral prioritization, the process was made consensually and in a collegial manner with agreement to prioritize according to main CERF criteria: life saving needs and under-funded sectors. These grants were thus prioritized in the following order: water, health and nutrition, livestock and finally coordination.

There were some challenges posed by the regional CERF grants:



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- Initial confusion on ultimate decision-making and reporting. The involvement of regional offices in certain sectors<sup>1</sup> made it difficult for control of portions of the CERF grant to fall within the responsibility of the RC's offices.
- There was a misconception that the CERF grant sectoral allocations were to be made by agency rather than needs-based by sector. This caused some confusion in the prioritization process but was ultimately resolved.

Kenya did not have a CAP in 2006, although it was part of the Horn of Africa CAP appeal. However, a joint Kenyan Government and UN agencies - WFP, UNICEF, WHO appeal had been launched in February 2006. Although the food sector received more contributions, this was warranted by the magnitude of the crisis and the needs. High malnutrition levels in affected districts ranging between 25 to 32% made it necessary for the Nutrition Sector to receive second highest request. Other issues at the time were the need for supplementary feeding for both under 5 and lactating and pregnant mothers. There was some concern for protection needs as reports of Gender-Based Violence were being highlighted constantly. The limited and overstretched health services needed much support not only for response but for surveillance for the inevitable outbreak of diseases. A measles outbreak occurred at the peak period of the drought, necessitating rapid scaling up of immunization campaigns.

At a time when water was a major problem, water tankering was necessary to provide water for already exhausted animals to preserve at least the core breeding herds. Mandera and Wajir districts lost over 50% of the entire livestock population during the drought. In the Agriculture sector, there were prospects for an improved long rain season in mid-year 2006 so that the timely provision of seeds and tools would capitalise on these expectations.

### III. THE CERF IN ACTION

#### III.a) Logistic Cluster – WFP

During the floods of late 2006, the establishment of common air operations between Kenya and Somalia greatly improved the efficiency and effectiveness of the humanitarian response. There were important gains made in terms of operational flexibility, optimization of air assets and lower overall running costs. Some donors have also commended the CERF for freeing up their budgets to be applied to other aspects of the response. The use of helicopters whilst being the most practical and feasible means of accessing marooned populations was still a poor alternative to transporting food and relief items by road. Their limited carrying capacity dictates the necessity for these aircraft to be utilized to their optimum delivery/flying capacity; i.e. minimum distance to and fro the operational base and location of assistance. However

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<sup>1</sup> FAO's Regional Emergency Office applied for and administered the CERF I and II funds putting their projects outside the decision-making process led by the HC/RCs in the countries. Reporting back was also more complicated even if the funds were used for implementation at country level.





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their flexibility to operate out of locations with minimal support enabled the operation to relocate these air assets to alternate operational bases with minimal delay and with the maximum desired affect.

Air assets were relocated on several occasions to better tackle the changing priorities of the emergency operation. Helicopters from Somalia were redeployed to Kenya after a change in the level of security within Somalia, and additional operational bases were rapidly set up in Malindi/Garsen and Wajir. The ability to redeploy the assets at short notice, with almost no interruption to scheduled flights, ensured that more relief supplies were able to reach a greater number of stranded communities over a larger geographical area. A substantial portion of the associated cost of contracting aircraft is the positioning / repositioning. This cost was able to be shared across the Somalia Operations and as such, WFP avoided having to pay out a substantial amount when the Somali helicopters were no longer able to fly within Somalia. The ability to redeploy the craft under the joint Somalia Operations provided the window for asset sharing.

The logistics cluster was a catalyst for open discussions between CARE and WFP on overland transport rates from Kenya to Somalia and vessel movements between Mombasa and Somalia. Historically, when the two organizations were not collaborating with respect to overland transport, there was a tendency for transport rates to increase significantly and artificially during busy periods. This was a result of competition for the limited transport capacity as the two major players in the market were under pressure to move the much needed relief consignments. Through collaboration on rates it was possible to have a common position and save costs. By sharing the same vessels they not only saved on ocean transport costs for both organizations but the discharge and off-take operations became more efficient.

### **III.b) Health Sector - WHO, UNFPA & UNICEF**

WHO provided essential drugs to health centers for primary health care to drought and flood affected population. The provision of a cold chain enabled a strengthened immunization coverage and prevented the outbreak of disease.

Emergency health kits and essential assorted drugs procured by UNICEF with allocated funds were distributed to health centres in the flood affected areas. The largest concern was an outbreak of cholera and a high risk of malaria once the floods began to recede. 272,232 people were reached with additional stocks of 571,374 packets of paediatric anti malarial drugs and assorted health supplies like oral rehydration salts, ringers lactate, metronidazole tablets and syrup, among others.



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**WHO handing over Essential drugs to MoH**



**WHO handing over vaccine refrigerator**

The measles and Vitamin A supplementation coverage was as follows:

District	% Coverage*
Mandera	106
Wajir	97
Ijara	110
Moyale	105
Garissa	130
Average for North Eastern province	111

(\*) Over 100% coverage is explained by immunization of more people than the target population due to population movement

One of the major successes was the rapid and timely response to disease outbreaks in the crisis affected region. For example WHO was able to provide protective equipment on 23 December 2006 after confirmation on 22<sup>nd</sup> December. Also during the visceral leishmaniasis (Kala-Azar) outbreak in Wajir district, the EHA Team supported the Wajir hospital and District Health Management Team to establish diagnosis and replenish their depleted stocks with the drug within 48 hours. This could not have been achieved without the CERF funds.

UNFPA supported the Division of Reproductive Health in the Ministry of Health to increase the capacity of the eight most drought-affected districts (Moyale, Garissa, Isiolo, Marsabit, Wajir, Tana River, Samburu, and Kajiado Districts) to respond to the reproductive health needs of those affected. In addition, training was provided on Gender based violence response measures during drought as well as HIV/AIDS prevention. The nine most drought affected districts were.

The activities implemented include training of TOTs on community reproductive Health and on RH needs during emergency/crisis situation and the need for emergency preparedness (measures) to address the needs and the concept of Minimal Initial Service package was emphasised. Following the trainings, other activities included (as per the trainees (TOTs)

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action plans) training of other service providers and or community resource persons to respond to reproductive health needs during emergencies and community mobilization for action in meeting these needs during the emergency.

**Garissa, 20<sup>th</sup> December, 2006** - Fatuma Abdi is deep in thought as she wades through flood water to get to her new makeshift home with her ten year old daughter. Fatuma and her family comprise thousands of people who were displaced by the heavy rains that were recently experienced in various parts of Kenya and had to be moved to internally displaced Persons (IDPs) camps that were set up at Madogo primary school in the district. Many families like Fatuma's remained the most vulnerable victims to the floods. "We have to go out for long hours during the day looking for clean water and food to feed our children," Fatuma commented sadly, "My eight children have not been able to go to school because they have to look after the younger children when I am away looking for food and clean water because I can't move around with all of them." She added.

*UNICEF/Kenya 2006/Mwabe*

Fatuma and her daughter are forced to walk through flood water in search of food and clean water for her eight children. Food rations at the IDP camp are not adequate, and there is lack of clean water.



CERF funding was also used to strengthen district level coordination and monitoring as well as to support mobile health outreach with reproductive health kits. In addition, supervision was carried out to support districts during the implementation period and each district was supplied with KITS namely Post Exposure prophylaxis for HIV Sub Kit 3B, Basic Rape treatment Sub kit 3A, Management of complications Sub-kit 8, clean delivery kit 2A .

Improved Humanitarian response capacity was strengthened through the trainings and interventions. District health reports show that more pregnant women were advised to attend antenatal clinics and all pregnant women were identified in the districts. Additionally, reproductive health committees were formed and regular meetings are held being held in order to monitor the situation. The support of the CERF ensured that reproductive health activities were carried out during the emergency. In most of the districts the reproductive health indicators are poor. During the drought, the UNFPA assessment revealed that there was high levels of anemia which lead to



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increased complicated deliveries and miscarriages. The CERF funds not only supported life saving capacity building for RH but also contributed to the sustainability of providing RH services in the nine districts.

#### III.c) Nutrition Sector – WFP & UNICEF

In the early period of the drought in March 2006, WFP made an emergency request to the CERF for 3.6 million USD to finance the emergency purchase of food for nutritional feeding centres in the drought affected areas. This disbursement of \$3,600,000 provided a supplement to a shortfall in the pipeline for life-saving corn-soya blend (CSB) during the critical drought period.

During the first week of December 2006, there were heavy rains in Garissa, Mandera and Wajir districts. The main access roads north of Garissa to Mandera and Wajir became impassable. Seven divisions of Garissa district were cut off - Daadab, Danyere, Ijara, Liboi, Mogashe, Shant-Abaq and Banana North. Wajir, Mandera and large parts of Tana River were not accessible from Garissa.

It was estimated that about 150,000 people were displaced in the regions affected by the floods and 3 million people at risk of contracting communicable diseases and suffering from malnutrition. Out of 167,000 refugees in Daadab camp, more than 60,000 were affected by the floods. Efforts to identify alternate overland routes into the Daadab refugee camp did not yield success in the first couple of weeks in December. People in cut-off communities were getting desperate as most shops ran out of essential supplies.

The main challenge in responding to the flood emergency was the ability to provide adequate supplies of safe water and sanitation facilities to prevent outbreaks of diarrhoeal and other water-related illnesses such as malaria. There were almost 3000 cases of malaria that were reported in Garissa district.

Inaccessible roads led to dwindling of existing food supplies in commercial outlets and worsened access to food for the communities, especially the vulnerable groups. In Isiolo district, the floods cut off most of the area from the neighbouring Meru district where they normally depend for food supply, thus worsening the food security issue.

UNICEF supported the management of both moderately malnourished and severely malnourished children in the flood affected districts. Full nutritional screening of children was undertaken in the three IDP camps in Garissa. This resulted in supplementation with fortified blended food (UNIMIX) for 175 moderately malnourished children and referrals of severely malnourished children. Over 1000 kilograms of UNIMIX was delivered to children with moderate malnutrition in the IDP camps in Garissa district. CERF funds were used to procure high energy biscuits which were needed urgently at the IDP camps.



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### III.d) Water and Environmental Sanitation (WES) – UNICEF

In the early part of 2006 in the drought-affected areas, water pans and dams dried up and the distance between permanent water points grew further apart. One breakdown in the chain of

#### WES Response in drought-affected districts

- Hygiene and Health Education was implemented.
- 500,000 people maintained access to boreholes through provision of 106,000 litres of fuel used for running pump generators at boreholes.
- 450,000 people were supplied with hand pumps and submersible pumps.
- 14 generators for running water pumps were replaced, 16 others were fitted with voltage regulators, and 70 generators were serviced using new parts, control panels, and drop pipes, thus enabling the rehabilitation of 100 water supplies in the 14 districts.
- 275 water tanks (5000 litres each) were distributed and installed in 275 nomadic communities to support schools and health facilities to remain open, thus ensuring children remained in school.
- 3000 households maintained access to safe water through provision of 20 litre jerry cans for collection, transportation and storage of water.
- 37,800 people accessed safe drinking water daily for 1 month, through the provision of 340,000 Aqua tabs supplied in cholera affected districts, treating 3.4million litres of water.
- 120 drums (45kg each) of chlorine were used to treat 100 wells in the cholera-affected areas, thus giving 3,000 people access to clean water.
- 320 drums of chlorine and 4.8 million litres were treated at household level, with countrywide coverage.
- 10 water surveillance systems were put in place in 10 districts through training of Public Health and District Water Officers in water quality testing and distribution of equipment.
- 227,000 people were enabled to safely collect, transport and store drinking water, through the provision of 15,840 jerry cans (20 litres each), and 22,000 buckets (10 litres each).
- 5000 children in 25 schools can now access clean sanitation facilities through the distribution of 100 newly installed mobile toilets.
- 1,200 affected people gained access to 10 litres/day of filtered water for 1 month through the provision of 36,000 water purifying tablets and filters.
- Access to water for 70,000 people was provided by distribution of 12 submersible pumps for drought intervention at the borehole level, and replacement of 2 generators.
- 1.5 million People accessed safe water through 231,000 litres of fuel subsidies to community water supplies, mainly for communities that had lost their livelihood.
- 7,500 school children in 25 schools accessed clean water through installation of water tanks, 40 steel towers for elevation of these tanks, and piping to enable connection with water sources

water supply put lives at risk as people were forced to travel up to 40 kilometers from one borehole to the next. CERF funds were used in the replacement of water pumping equipment in the drought-affected areas.

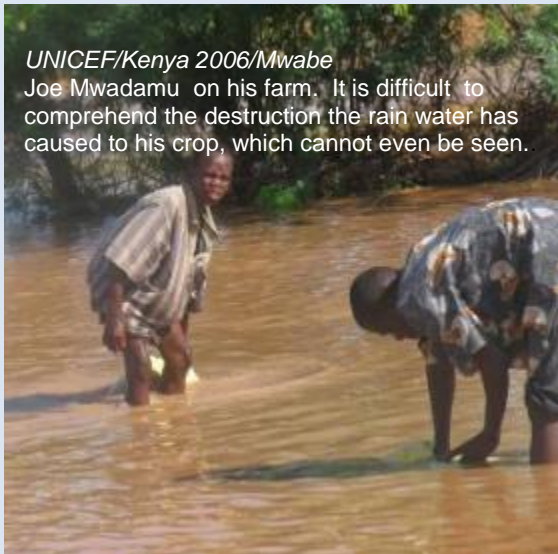
The extremely high amount of rainfall later in the year during the short rains in November-December led to excess amounts of water at Kenya's hydro- electric dams. The result was a



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**Blessing or Curse: Joe Mwadamu's Story**

For communities living in the district, the long awaited rains brought with it results that were far from their expectations. As Joe Mwadamu stands at his flooded farm where he had spent weeks of hard labour ploughing, worry is written all over his face as he ponders his next course of action. "We waited and waited for the rains....but when they came, they were more than enough. My farm has been completely destroyed and I hoped to make money from my crop this season" he explains sadly.



*UNICEF/Kenya 2006/Mwabe*  
Joe Mwadamu on his farm. It is difficult to comprehend the destruction the rain water has caused to his crop, which cannot even be seen.

spill-over of the dam that flooded the entire Tana River flood plain triggering the displacement of hundreds of communities on both sides of the river and exacerbating an already precarious situation. Garsen division of Tana River district was under water and reportedly up to 30 villages were submerged. The completely flooded areas in the Tana River area meant that the health of the people remained precarious as they were unable to access services.

Approximately 120,000 families were affected by the floods. Some regions were yet to recover from the severe drought of 2005/2006 season which had left nearly 3.5 million people in need of emergency assistance; 700,000 of who were children under five years of age. The effects of the droughts and the floods overlapped, leaving the inhabitants with little time to recover their lost livelihoods.

A report on the assessment of water supplies along the Tana River in Garissa district indicated that two water supplies - Bura and Kamuthe - were submerged. All facilities - pump house, rising main and pumping equipment in Balich water supply had been swept by the floods while the engine was salvaged. Eleven other water supplies had the sanction lines swept and remained inoperational. The whole population using these water supplies had to depend on flood water for their drinking water risking serious health issues as majority of the people drunk untreated water.

Most IDP camps in Tana River district had no sanitation facilities and the risks of diarrhoeal disease outbreak became real. Many water supplies in Garsen and Ngao in the district did not function at capacity. The water systems bypassed the treatment systems, while filters were blocked due to poor maintenance. This complicated the situation in the district as more people who would otherwise have treated water consumed unsafe water.



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Prior to the refugee influx and floods, UNICEF involvement in the refugee camps was minimal, where the major role for UNICEF was provision of nutrition technical support to UNHCR and health agencies implementing nutrition activities in both Kakuma and Dadaab Refugee camps. With the onset of the influx and later floods, UNICEF's role increased beyond the provision of technical support. Food supplies in form of high energy biscuits, 650 cartons of therapeutic foods, 85 metric tones of blended food, 11.06 metric tones of oil were distributed to the refugees in Dadaab camp. In addition, in order to support GTZ (implementing agency) to cope with the high number (over 200) of severely malnourished children admitted to the already overstretched capacity, UNICEF supported six nutritionists through the MOH to enhance the capacity of GTZ.

The CERF was used to support emergency rehabilitation of destroyed water systems (supplies labour), emergency latrine construction, water purification, simple water storage and distribution for displaced populations and hygiene supplies in flood affected areas. About 200,000 people benefited from the provision of 2 million chorine tablets, 3,000 cartons of bar soap and 1,000 toilet slabs. 60,000 refugees benefited from the provision of safe water and adequate sanitation.

### **III.e) Livestock sector – FAO**

The livestock sector, while typically the most important one for livelihoods in pastoral areas and ASALs (Arid and Semi-Arid Lands), usually remains critically underfunded during drought emergencies. There is poor understanding of the links between livestock and livelihoods and of the impacts of drought on the pastoral way of life. CERF funding allocated to this sector played a key role in saving lives and livelihoods and preserving key elements of livestock holdings and breeding animals to mitigate the devastation of the drought.

To enhance the livestock food security status of pastoralists, FAO undertook two major interventions for livestock re-distribution to preserve a critical herd during the worst of the drought and interventions in animal health to treat and care for core breeding herds of livestock. Major Achievements that were noted were in livelihood security where 646 vulnerable households in Turkana, Mandera and Wajir received 9,706 goats, 277 donkeys and 13 camels. Livestock were purchased locally thus well adapted to the environment and reduced risk of losses. Further, a total of 1,659,777 animals representing 9.8% of the total resident livestock population (16, 872,399) were treated against disease affecting productivity and economic. The treated animals belonged to 52,819 households (319,356 people) about 7.3% of the 4.4 million people residing in the target area. The treatments were carried out on a cost recovery bases which ensured that the funds spent on treating animals would continue to circulate in the district. The amount of \$47,973 that was collected as cost recovery was



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**Name:** Lucas Loori  
**Location:** Kerio village, East Turkana  
**Age:** 27 years  
**Family status:** Married, two wives, six children

Prior to the drought and the outbreak of animal disease in his village Lucas had 140 goats and his plans for the future were to extend his family and his herd size. However, through the combined effects of disease and drought, Lucas has lost 88.5% of his herd and now only has 16 goats remaining. His animals died from the combined effects of Mange, Contagious Caprine Pleuro Pneumonia (CCPP) and drought. He describes with bitterness how Mange had been a problem in his village since 2004, weakening his animals and making them less resistant to drought and other diseases. An outbreak of CCPP in early 2006 coupled with the effects of the severe drought at the same time caused severe losses.

He is now left with 16 goats which are not enough to provide food and milk for his family. To make his situation worse, his animals were so badly affected by Mange that he was unable to recoup any money from the sale of their skins. As a result of the heavy losses Lucas started growing sorghum earlier this year in an attempt to provide for his family. Prior to the treatments carried out by the CERF 2 project Lucas' future was looking very bleak as his animals were dying at an alarming rate.

Since the treatments however, Lucas has lost no more animals and there has not been a single reported case of Mange within the village. Although for Lucas the treatments came too late to mitigate the combined effects of drought and disease on his animals and his family, he still has a core herd with which to start his recovery process. He has now learnt the importance of treating animals early, even if this means selling one animal to cover the cost of keeping the others alive. His problem now is that he has so few animals that he is truly on the brink and in danger of falling out of the pastoral way of life all together. He cannot afford to sell any animals as they represent his only hope of getting his life back on track. Lucas therefore plans to use his sorghum crop to barter for drugs in the future in order to protect his remaining animals which he sees as his key assets.





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actually placed in district Livestock Drought Contingency Funds managed by District Steering Groups and in collaboration with the implementing partners. Some 3,900 small ruminants (sheep and goats) were received as payment in kind and these were slaughtered and the meat was distributed to benefit 37,232 vulnerable people including school children and the elderly.

**Name:** Abudo Ibrae  
**Location:** Kalacha location, Maikona division, Marsabit district  
**Sexe, age:** Male, 45 years  
**Family status:** Married, one wife, five children

“I was regarded as very poor and the most needy in the village; I only had three goats and two chickens in my homestead. I depended on casual work such as working on missionary fence, looking after villagers’ livestock and charcoal burning in order to feed my family. I realized these were not reliable sources of earning despite of its poor payment they are also very scarce and very competitive. The village was completely locked from many forms of development services because of long distances from major towns, poor infrastructures and absence of communication services, and no veterinary personnel.

“I was trained as CAHW by FARM Africa during their Pastoralist Development Program (PDP). At first the community was hesitant because nobody had any experience, or a lot of time as they were moving with their livestock from place to place in search of water and pastures. I volunteered, partly because I did not have lots of livestock to keep me busy and also I was looking for sources of income to run my family. After we successfully completed all the four phases’ trainings we were certified and we were equipped with drug kits and one pack camel in order to be able to provide services to the community. As a CAHW, I started earning some income and at the same time gave required services to community am serving. Fortunately the community started appreciating my service to an extent of calling me ‘camel doctor’. I earned a lot of respect in the entire community of my location and even beyond.

“I have also been involved in the just ended treatment and deworming exercise in the location. It has really boosted my morale and even as I continue with the spraying of animals belonging to the community members using the Acaricide that I was left with my community will see the benefit of this very noble intervention by FAO through FARM-Africa very soon!

“As a community we are sure of seeing the positive impact of the intervention very soon, even now as the rains are available after the long dry spell. This we are sure will increase production and raise the level of income within the area. All these were made possible through the support given to me by FARM Africa, not forgetting the DVO’s office and my God!”

The livestock treatments boosted the recovery of drought-affected livestock and reduced livestock mortality. As livestock body condition improved, pastoralists gained better prices at



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market. An estimated increase of about Kshs. 300 and 2,000 on average was recorded for small and large ruminants respectively after they had undergone the treatments. In order to preserve some of the gains and benefits of the treatments, a total of 2,135 pastoralists and 333 Community Animal Health Workers were trained in appropriate animal health & production practices.

FAO implemented CERF grants mainly through NGO partners in the field. At the same time, FAO held coordination meetings with all partners in order to harmonize intervention modalities. Decisions reached were later shared in the larger Agriculture and Food Security Working group.

**Name:** Unknown  
**Location:** Twale location, Oldonyiro division, Isiolo district  
**Sexe, age:** Female  
**Family status:** unknown



The picture shows two Samburu women, who presented their flock of sheep and goats to the treatment site in Twale location, Oldonyiro Division, Isiolo District on 18<sup>th</sup> of October 2006. Both of them live in Twale location and keep goats and sheep for their daily survival. Goats are mainly kept for milk and as a cash income. In case they need cash money, to pay for food items (maize flour, oil), clothes or for the school fees of their children the men usually take one goat to the nearby market and sell it. Sheep are more important for ceremonial purposes (circumcision) and the fat can be used for the skin on a daily basis or against minor injuries.

“It has been a long time since someone came to take care of our animals ...” one of them states. So when they were informed in September 2006 that a veterinary team would be coming to treat and de-worm their animals they were very happy and waited for the planned activity day to present their animals to the veterinary team. At the end all their sheep and goats were de-wormed and a few weaker ones received a Multivitamin Injection.

“Now that our animals are treated they will be stronger and give us more milk and a better price in the market. But it would be nice if you could come at least three times a year so that our animals stay healthy!”

**III.f) Refugee Response – UNHCR, WFP, UNICEF**

As the situation in Somalia deteriorated, the migration of asylum seekers from Somalia began to increase in the third quarter of 2006. This border area was at the epicenter of the drought and humanitarian activities were at a peak. The influx of refugees posed an additional constraint for agencies operating in the area but concerns were heightened as the refugee numbers were documented at nearly a thousand per day over a period of several days. CERF funding was requested in order to provide for an influx of 30,000 persons into the Dadaab refugee camps in Garissa. The last CERF of USD. 3,621,943 was received in



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December 2006 and was allocated to activities covered both in 2006 and 2007. This report refers to USD. 1,810,971.00 provided in 2006.

UNHCR used CERF funding to work through NGO partners to provide for the influx of new refugees. For example the NGO Practical Action provided wet and dry feeding for new arrivals at Liboi border crossing. CERF funding for UNHCR also assisted with the transportation of 6,138 families comprising of 9,815 asylum seekers/new arrivals as well as logistical support for food and NFI distributions. Water reticulation system were extended into blocks housing new arrivals; water tanks, two generators and PVC pipes were purchased and 6 Ferro-cement tanks were constructed. A total of 650 latrines were constructed. Meanwhile, planning for new arrivals was facilitated as sites were prepared and plots were demarcated. A total of 15,000 bundles of sticks were purchased for the construction of shelters and a refugee reception centre was constructed in Liboi. For refugee health needs, 3 hospital tents were purchased and installed to provide emergency health care to new arrivals. Additional health staff was hired emergency drugs & medical supplies as well as one ambulance was purchased. Fifteen classrooms were constructed for the refugees and 45 teachers were hired. Up to 1000 text books and 450 desks were also procured.

CERF funding became available to the refugee operation immediately and provided a vital resource to address the most immediate needs and thus avert a humanitarian crisis. The US\$500,000 grant from the under-funded window enabled WFP to support an essential pilot project of addressing poor infant/young child feeding practices in Kenya as well as meet the daily food needs of the refugees living in the Dadaab and Kakuma refugee camps for a 15 day period. This grant which was allocated to both WFP and UNHCR allowed the agencies to address the lack of resources going into the two camps in Kenya in 2006. This enabled a fuller package of assistance to be made available in the camps, through the provision not only of food but other essential non-food items and services. Both the refugee and emergency operations each received US\$300,000 from CERF to purchase and airlift much needed High Energy Biscuits.

Through UNICEF, the CERF funds provided life-saving food to 500,000 flood affected Kenyans. The grant was also used to provide safe water, promote hygiene and adequate sanitation in line with SPHERE standards to both the Kenyan and refugee populations affected by flood water and risk of disease outbreak. Essential health services were made possible and these included assorted critical medical supplies, ITN distribution and anti-malarial procurement and distribution. Specialized therapeutic foods were delivered to local and refugee populations and UNICEF could provide ready-to-eat foods such as nutrient dense biscuits to the affected populations as well as set up a wet-feeding operation for the refugees who did not have access to cooking utensils and/or fuel.