



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN KENYA

COUNTRY	KENYA
RESIDENT/HUMANITARIAN COORDINATOR	AENEAS C. CHUMA

I. Summary of Funding in 2011 – US\$

Funding	1. Total amount required for the humanitarian response		741,000,000	
	2. Breakdown of total response funding received by source *	2.1 CERF		22,683,472
		2.2 EMERGENCY RESPONSE FUND (<i>if applicable</i>)		3,751,097
		2.3 OTHER (Bilateral/Multilateral) 2011 and Emergency Humanitarian Response Plan/CAP		524,000,000
		2.4 TOTAL		550,434,569
	3. Breakdown of funds received by window	<input checked="" type="checkbox"/> Underfunded		6,000,104
		<i>1. First Round</i>		5,993,848
		<input checked="" type="checkbox"/> Rapid Response		16,692,076.13
	4. Please provide the breakdown of CERF funds by type of partner (<i>These amounts should follow the instructions in Annex 2</i>)	4.1 Direct UN agencies/IOM implementation		1,092,976
		4.2 Funds forwarded to NGOs for implementation		3,011,362.86
		4.3 Funds forwarded to government partners		815,884.45
		4.4 TOTAL		4,920,223.31

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

Total number of individuals affected by the crisis	Individuals	9,175,417
Total number of individuals reached with CERF funding	Female	3,831,102
	Male	3,095,659
	Total individuals (Female and male)	6,926,761 ¹
	Of total, children <u>under</u> 5	2,717,609

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

- Underfunded emergency grant – Northwest and Northeast province; eastern province; central and eastern province; south and east Turkana; east Pokot.
- Rapid response emergency grant - eastern province pastoralist areas and south eastern coastal areas; north and north eastern Kenya.

IV. PROCESS AND CONSULTATION SUMMARY

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
 YES NO

Remarks: The CERF Reporting requirements including guidelines and templates were shared with sector coordinators and the heads of recipient agencies through the HCT.

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
 YES NO

The draft CERF consolidated report was shared with all stakeholders and feedback was received on the same, which was incorporated in the final report.

¹ Complete disaggregated data not available

V. ANALYSIS – RESPONSE TO THE DROUGHT- RAPID RESPONSE

1. The humanitarian context

Poor rains from March to June represented the third consecutive failed season in the south eastern and coastal cropping areas and the second failed season in pastoral areas in the north and east of the country. On 30 May 2011, the Government of Kenya declared the drought a national disaster. The failure of the long rains affected livelihood productivity in many households. The impact of the rains on food security was further-worsened by the persistent high food and fuel prices, thereby increasing the vulnerability of many households.

An estimated 3.75 million people were assessed as being food insecure in the August 2011 long rains assessment, requiring urgent food and non-food assistance for at least six months (September 2011 to February 2012) to mitigate a further decline. In the marginal agricultural areas, a yield of less than 20 per cent of normal crop output was expected. In these areas, most crops did not reach maturity with parts of Kitui, Mwingi, Makueni and Tharaka districts in southern and eastern Kenya experiencing a near-total crop failure.

The continuing effects of drought further-increased the mobility and vulnerability of communities with food, water, sanitation and health insecurities and deteriorating access. As a result, outbreaks of communicable diseases, such as cholera remained present, which caused an additional burdened an already overstretched health system. Malaria, cholera and dengue fever outbreaks were reported. A measles outbreak was reported in some drought -affected areas with 462 laboratory confirmed cases and 11 deaths. Furthermore, scarcity compromised basic hygiene, which contributed to a high risk of disease outbreak. In the most-affected areas, water sources dried up reducing access to water for household and livestock consumption, further diminishing levels of acceptable sanitation and hygiene. The synergistic relationship between diarrheal infection and malnutrition was further-exacerbated by this situation.

The nutrition surveys conducted between March and May 2011 confirmed a major increase in global acute malnutrition (GAM) rates in northeast Turkana (37.4 percent). Levels of acute malnutrition also increased significantly in Wajir, Marsabit, Garbatulla (northern Kenya) and Mwingi (Southeast Kenya). In total, the emergency threshold of 15 per cent was exceeded in 11 districts in Kenya



A severely malnourished baby lies in the paediatric unit at the District Hospital in Lodwar, capital of Turkana District, in Rift Valley Province. Credit: UNICEF Kenya/2011/Holt

Compared with 2010, admissions in therapeutic feeding programmes showed a sharp increase in early 2011, which also indicated a clear deterioration in the nutrition situation. The nutrition sector estimated that about 385,000 children below five years old and 90,000 pregnant and lactating women were affected by acute malnutrition.

Excess livestock mortality of 15-30 per cent was reported across the region, with mortality levels as high as 40-60 per cent in localized areas such as North Eastern Kenya, especially among cattle and sheep. Given the loss of crops and livestock, reduced purchasing power and shortfalls in emergency response – as well as resource-based and cross-border conflicts, interrupted trade flows, and limited humanitarian access in northern and eastern Kenya – poor households across all livelihood zones in the sub-region have been unable to meet livelihood protection needs.

2011 also experienced an unprecedented influx of refugees from Somalia due to the famine triggered by the severe drought in the Horn of Africa. Despite the official closure of the Kenyan border, in the course of the year, close to 170,000 people were registered as new arrivals. At the peak of the influx, some 30,000 refugees arrived in Dadaab in the space of one month, posing an immense challenge for partners providing basic humanitarian assistance. The health and nutrition state of new arrivals in 2011 consistently proved far worse than the old Dadaab caseload and gradually over-stretched existing healthcare facilities in the camps. The prevalence of GAM in the three main camps of Dadaab increased significantly in 2011 compared with 2010. In Hagadera, the prevalence of GAM significantly increased from 5.6 per cent in 2010 to 17.2 per cent in 2011; in Ifo, GAM increased from 7.6 per cent to 22.4 per cent; and in Dagahaley, from 10.7 per cent to 23.2 per cent.

This rise in the number of refugees led to more pressure on resources, heightening tensions between host communities and refugees. In response to the influx, UNHCR established two new camps – IFO extension and Kambioos, in order to decongest three old camps and to accommodate new arrivals that had to be relocated from the outskirts of the old camps where they were settled temporarily. Between July and October, some 18,500 tents were distributed and pitched in these new camps. In total, nearly 110,000 refugees were provided with shelter assistance (both emergency and long-term), ensuring that all newly-arrived refugees were housed in temporary accommodation.

Limited resources for a large refugee population have further-infringed on the refugee host communities who are predominantly pastoralists, and whose main source of livelihood is livestock. The pastoralist host communities have been sharing their already limited resources with incoming refugees, thereby creating tensions between the two communities.

Insecurity remained a concern in and around refugee camps. Whereas the number of those registered was reduced to a trickle from September 2011 onwards, more insecurity in Dadaab made response very difficult. Area Security Management restricted staff movements and only essential lifesaving activities were allowed. At the peak of insecurity in December 2011, WFP made special arrangements with locally-recruited staff, refugee leaders and Dadaab-based private transporters to move and distribute food.

The current situation in the Dadaab camps is stable, with continued delivery of services in five camps within the Dadaab complex, targeting a total of mainly 463,000 mainly Somali refugees (the registration of new arrivals was suspended by the Government of Kenya in October 2011). It is unlikely that the new arrivals from Somalia who reached Kenya in 2011 will return on a considerable scale due to continued conflict in the country and a very slow recovery after the drought in 2011. Thus, in 2012, UNHCR and its partners will, first and foremost focus on consolidating the operation, within the limited means available aim to reduce gaps in key sectors that were caused by the influx in 2011. At the same time, the new modus operandi caused by the new security situation will be further developed and solidified. It is anticipated that there will be no new arrivals in Dadaab. However, the Kakuma refugee operation will continue to receive new arrivals and also a small caseload of protracted refugees (mainly resettlement cases) relocated from Dadaab.

Therefore, the strategy will pursue the process of decongesting the old sites, which was started in 2011 while at the same time consolidating the old sites, using, wherever possible, new technology in all key sectors. The decongestion exercise resumed in February 2012 with the relocation of refugees from Dagahaley to IFO 2 with the ultimate aim of restructuring the camps, distributing the population more evenly amongst all five camps, and consequently improving the living conditions and services for refugees. In this regard, an important aspect

would be the verification of refugee caseload, which will be undertaken in 2012, despite the complex security context.

The overall approach to how CERF funds were used to address key priority sector activities including agriculture, livestock; food and nutrition; water and sanitation; health and multi sector assistance to refugees.

2. Provide brief overview of CERF's role in the country

As a result of the worsening drought situation and the need to scale up response in a number of key areas, humanitarian partners, under the leadership of the Humanitarian Coordinator, agreed to develop a request to the CERF rapid response window. Initial consultations among the sectors were held on 22 June 2011 and focussed on the identification of priorities for the submission and the key components for a CERF submission. During these consultations it was agreed that the food, nutrition, health, livestock, agriculture, and WASH sectors were a key priority for the submission. In addition, it was agreed that response to the refugee crisis was also a priority but that a separate RR submission would be made for multi-sector assistance for refugees. However, given the impact of the refugee influx on host communities and the inter-relationship of the drought situation in those areas, elements of assistance for host communities and some assistance for refugees was included in the submission where they were an integrated part of the drought response.

On the basis of these consultations, the Kenya Humanitarian Partnership Team (KHPT) met to discuss and agree on these priority areas in advance of the development of the submission. Sector leads consulted with their partners to agree on the specific priority interventions to be included under the CERF submission. The request was based on the identification of the most urgent priorities under the revised Emergency Humanitarian Response Plan. The total amount requested for humanitarian activities in Kenya was increased from \$525.8 million to \$604.8 million. At the time of submission the EHRP had received a total of 48 per cent funding with significant gaps in some sectors including in the agriculture and livestock, WASH, food², health and nutrition.

At the time of developing the submission, the Kenya Emergency Response Fund (ERF) received an additional commitment of \$ 778,000 which brought the total available amount in the Fund to \$2.4 million. The funds were used to complement CERF funded activities and focusing on other drought affected areas not covered by the CERF such as urban slums and other marginal agricultural areas. Implementation was undertaken by NGOs.

The WASH sector details an example of a sector specific consultation on CERF allocations to partners, The CERF Rapid response funding was discussed at the National WESCOORD (WASH Cluster) meeting and WESCOORD members were invited to forward a concept note for review – which was expected to be in line with the WESCOORD Response Plan strategies. The concept notes were peer reviewed by the WESCOORD Strategic Action Group (SAG) and those that fulfilled the WASH Cluster criteria were recommended for proposal development and funding. As a result 14 concept notes were developed, out of these 8 were forwarded to UNICEF for funding through CERF. Resulting from the concept notes 6 proposals were developed and funded by the CERF grant. The 8 partners included: Save The Children, Concern Universal, ACTED, COOPI, Kenya Red Cross Society, Goal, Action Against Hunger, Catholic Relief Services.

3. What was accomplished with CERF funding

AGRICULTURE AND LIVESTOCK

As the drought conditions progressed, livestock off- take exercises for sheep and goats and breed improvement through restocking was necessary. IOM carried out destocking exercises in conjunction with the Ministry of Livestock, reaching 251 households with 995 goats and sheep and facilitated training of 165 members of disease control committees. In addition, water kiosks were rehabilitated, water pump for a borehole purchased and eight elevated water tanks distributed.

² Whilst the FTS reported that food was fully covered, requirements were currently being revised and WFP reported that it faced a shortfall of \$69 million for the next six months.

FOOD

For the drought response in Kenya, WFP received US\$ 6.64 million, which was immediately used in rapid procurement of 10,763 mt of cereals, which was in short supply at the beginning of the crisis. This, together with contributions from other donors, enabled WFP meet the most immediate food gaps, thereby contributing to saving lives and livelihoods.

The October to December short rains in 2011 was normal to above normal resulting in an improvement of the food security situation. Early warning information indicates a much improved situation, with water and food becoming more available, and food prices, especially maize, dropping. In marginal agricultural areas, the crops harvest in February/March 2012 is expected to be normal in most areas, with the exception of areas where the rains ceased early (coastal areas) or crops were lost due to frost and crop disease. Similarly, there has been a general improvement in malnutrition rates in most places except in Mandera, Isiolo and Wajir. These improvements are attributed in part due to good weather conditions (rainfall) and the efforts by the government and humanitarian agencies to respond to the crisis.

In January 2012, about 2.4 million beneficiaries were reached through food/cash transfers i.e. general food distributions, food/cash-for-assets and unconditional cash transfers, with about 25,000 mt of food and US\$3.6 million in cash. Much more food and cash were distributed over the emergency period (since September 2011).

HEALTH

Capacity for disease surveillance, alert verification, outbreak investigation, reporting and response was enhanced in the two refugee camps in Dadaab and eleven other most drought affected districts in the north-eastern province. In addition, health coordination structures at national and sub-national were established and enhanced. Procurement and repositioning of an agreed list of essential drugs and basic laboratory reagents from the MOPHS to eight locations in the most affected districts and refugee camps was undertaken. These were readily available for interventions during the diseases outbreaks thus averting a bigger national dimension. Of note as well is an emergency vaccination campaign for 172,000 children less than five years against measles, poliomyelitis, vitamin A supplementation and deworming that was carried out in the Dadaab refugee camps and five districts hosting refugees in the North East province during the peak of the influx of new refugees into Kenya. Dengue fever emerged for the first time in Kenya and affected over 30,000 people with attack rate of 33 per cent but with effective containment case fatality was low. Only five deaths were recorded.

MULTI-SECTOR ASSISTANCE TO REFUGEES

As a result of medical interventions, the overall under-five mortality rate for Dadaab was 1.0 per 1000 per month; except for some specific camp situations. In addition, the prevalence of global acute malnutrition (GAM) in the three main camps of Dadaab increased significantly in 2011 as compared to 2010 rates of around 20 per cent (WHO emergency threshold = 15 per cent). Close to 110,000 refugees were provided with shelter assistance (both emergency and long term), ensuring that all newly arrived refugees were housed in temporary accommodation.

In January 2012, General Food Distributions continued uninterrupted in both refugee camps. Restrictions on staff movements imposed in Dadaab due to insecurity were not fully lifted. However, provision of essential goods and services such as food continued through special arrangements with refugee leaders who ensured that food reached the intended beneficiaries; minimal losses have been reported. WFP is taking advantage of the dry weather conditions to build two to three months buffer stocks in the camps ahead of the rains.

NUTRITION

CERF funding contributed to the scale up of nutrition interventions. The second round of SMART nutrition surveys held in December 2011 and conducted in Turkana revealed a significant reduction in malnutrition rates, with Turkana North East reporting three times reduction in both Global Acute Malnutrition (37.4 per cent to 13.7 per cent) and Severe Acute Malnutrition (9.4 per cent to 3.2 per cent). The improvement in the situation was

attributed to outreaches, blanket supplementary feeding programmes and continued scale-up of High Impact Nutrition Interventions. The table below shows more details:

DISTRICT	SURVEY DATES	COMMENT
Samburu (North and East)	November 2011	GAM 21.6 per cent (17.8 per cent-26.0 per cent) and SAM 2.9 per cent (1.8 per cent- 4.5 per cent). No significant increase of GAM from 15.7 per cent(13.9 per cent-18.9 per cent) and no significant reduction of SAM 3.3 per cent(2.3 per cent-4.6 per cent) as reported in September 2010. The previous survey covered Samburu Central, North and East districts. Samburu central is considered better off than North and East.
Turkana 4 districts (North East, North West, South and Central)	December 2011	Significant reduction in both GAM and SAM. Turkana North East: GAM 13.7 per cent (10.3 per cent-18.0 per cent) from 37.4 per cent (33.0 per cent-42.0 per cent) and SAM 3.2 per cent (2.0 per cent-5.2 per cent) from 9.4 per cent (7.2 per cent-12.3 per cent) in May 2011. Turkana South: GAM 15.5 per cent (12.6 per cent-19.0 per cent) from 33.5 per cent (29.3-37.9) and SAM 2.2 per cent (1.5 per cent- 3.1 per cent) from 6.8 per cent (5.1 per cent-8.9 per cent) in May 2011. Turkana Central: GAM 16.9 per cent (14.2 per cent-19.9 per cent) from 24.4 per cent (20.3-29.1 per cent) and SAM 3.1 per cent (1.8 per cent- 5.2 per cent) from 4.5 per cent (3.1 per cent-6.7 per cent) in May 2011. Turkana North West: 9.7 per cent (7.4 per cent-12.5 per cent) from 27.8 per cent (23.4 per cent-32.7 per cent) and SAM 2.6 per cent (1.5 per cent- 4.5 per cent) from 6.0 per cent (4.4 per cent-8.2 per cent) in May 2011.

WASH

An estimated 803,000 people benefited from the provision of safe water, which was achieved through the following interventions: Hygiene promotion activities were conducted through MoHPS District Public Health Officers and NGOs in the priority districts. In total, an estimated 1,000,000 people benefited from hygiene promotion activities. The activities included hygiene promotion activities in 183 schools benefitting 24,500 school children (12,500 girls and 12,000 boys) and 260 health facilities.



Children are taught by IOM staff on how to wash their faces and hands, In order to improve their basic hygiene and prevent water-related diseases. © IOM 2011 (Photo: Esmeralda Da Conceicao)

Further, 185 hand washing stations were constructed in 130 health facilities, new latrines were constructed in 5 schools and 6 health centres. Emergency WASH supplies were procured and distributed through Government partners. Increased capacity for technical assistance was supported by CERF funds. A dedicated WASH Cluster Coordinator was recruited to support the Kenyan Emergency WASH Coordinating body, WESCOORD, which is chaired by the Ministry of Water and Irrigation (MoWI) in coordinating the emergency response and to fulfil WASH cluster functions. Two additional Emergency WASH Project Officers were recruited under this funding to provide support to project activities in the field. The CERF funds were able to mobilise the Rapid Response Teams from the Northern and Rift Valley Water Service Boards who were able to move quickly to ensure

priority boreholes were operational. These RRTs were mobilised quickly once funding was received. The CERF funds were also used to procure new WASH supplies but whilst these were in the procurement process funds were used to mobilise the DPHOs in key locations to distribute pre-positioned.



A girl fills a jerry can with water at an outdoor tap in Naros Village, near the town of Lodwar, capital of Turkana District, in Rift Valley Province. The water point has been installed by UNICEF as part of a village WASH (water, sanitation and hygiene) programme. © UNICEF Kenya/2011/Holt

4. An analysis of the added value of CERF to the humanitarian response

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?

YES NO

The CERF funds were released at a time when most agencies/partners did not have resources to respond to the drought. With the release of the funds, the planning for the priority interventions was already finalized and implementation was initiated immediately. CERF funds contributed to rapid delivery of assistance to beneficiaries. It was the first contribution to WFP³ following the time when the crisis was announced. Since the nutrition sector had already done a gap analysis and further engaged the partners in discussions for scale up, there was immediate response and disbursement of funds to the partners and for procurement of supplies. The CERF funds allowed pre-positioned emergency WASH supplies to be distributed in priority areas. These supplies were stored with DPHOs or DWOs. The DPHOs were then able to respond quickly with the distribution of supplies, hygiene promotion and WASH assessments once the funds were received and whilst newly procured supplies were in the pipeline.

b) Did CERF funds help respond to time critical needs?

YES NO

CERF allowed for early procurement of commodities. In addition, for WFP, CERF allowed the use of funds that was not earmarked for particular activities and therefore allowed the procurement of cereals, which was lacking at the time. The processing and disbursement of funds was quick, which enabled providing timely assistance to the communities. Nutrition sector strategy encompasses scale up of high impact nutrition interventions which includes life saving interventions (management of acute malnutrition). CERF funds were used to scale up services in districts including West Pokot and Garissa that had capacity and funding gaps.

The CERF contribution was one of the contributions that UNHCR received at the peak of the emergency influx of Somali refugees in response to the Somalia Situation/Horn of Africa appeal launched for the entire

³CERF funds were confirmed to WFP on 15 July 2011

region. The contribution represented part of the resources made available in the early stages and was therefore crucial for mounting the response.

c) Did CERF funds result in other funds being mobilized?

YES NO

- For some agencies, due to the project outcomes realized through implementation and feedback from the communities, the suggestions were used to form basis for additional resource mobilization.
- The overall UNHCR operational budget for Dadaab in 2011 reached close to \$100 million, most of which was utilised between July and December 2011. The CERF contribution provided timely support for the three key sectors that provided lifesaving support to the new arrivals from Somalia.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

CERF's positive influence on humanitarian coordination was demonstrated through the WASH sector. The recruitment of a dedicated WASH Cluster Coordinator together with the strengthening of the WESCOORD Secretariat with two Information Managers on Stand By Partners agreements greatly improved the capacity of the WESCOORD. The number of NGOs reporting on the 4Ws update rose from around 30 at the beginning of the emergency to over 80 within 2 months. The Health Sector also deployed two Technical officers to Lodwar and Marsabit to provide direct technical support and coordination expertise to the District health teams and District Disaster Steering groups in the most affected regions. These also facilitated logistics for partners for field operations.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
Insecurity and tribal clashes in some areas made project implementation difficult.	Conflict resolution mechanisms can be embedded into interventions that occur in conflict prone areas to maximize impact.	FAO/OCHA
Sudden change in weather patterns necessitating change of strategy initially employed.	In previous CERFs there has been the flexibility of adjustment of activities to meet time demands and this should be well specified to sector heads for transmission to implementing partners	FAO/OCHA
Some turf of wars on implementation between government departments	Need for roundtable information planning and coordination meetings for sharing out on responsibilities. Perhaps departmental heads at a Nairobi level can be invited in the CERF meetings	FAO/OCHA/GOVT departments
Inadequate supplies of vaccines	Integrate voucher or cash for work activities in most of projects in ASAL	FAO, NGOs, GOK
Seed distribution through Seed Fairs and Vouchers approach is easy to conduct and participatory, give the vulnerable households opportunity to choose the type of crop or crop variety and the amounts of seed they require.	Build capacities of extension staff on seeds fairs and vouchers	FAO, GOK, NGOS
Building community capacity on drought tolerant open pollinated crop seed production assist in improving seed resilience	Train extension staff as well as selected community members on community based seed production and link them to research and private seed companies.	FAO, GOK, NGOs
By rehabilitating destroyed small scale irrigation scheme infrastructure, more area is brought under irrigated agriculture resulting in increased crop production in ASAL areas	Encourage rehabilitation of destroyed small scale irrigation schemes	FAO, GOK, NGOs
Irregular climatic patterns and consequential flooding has proven to be a challenge when reaching the target population.	IOM will continue to coordinate all of its movements with the IOM Security Focal Point as well as advising partners (MOH) on the feasibility of reaching certain populations due to irregular climatic patterns	IOM
Large scale disease outbreaks were prevented due to availability of functioning early warning systems and targeted surge capacities	EWARNs, Disease surveillance and strategically located surge capacity should be enhanced in similar disasters in order to prevent large-scale loss of lives at manageable costs	WHO / MOH
IOM has been requested on several occasions to assist MOH in investigations of outbreaks and provision of response which resulted in IOM addressing a higher number of cases of	IOM will continue to closely work with the MOH on emergency response to outbreaks of diarrhoeal diseases and keep a provision of medical supplies needed for response	IOM, MOH

diarrhoeal disease than initially planned in programme targets.		
IOM has been requested by the MOH to ensure provision of primary health care for the isolated rural areas where health posts exist but there is no MOH staff present	While IOM had planned to provide logistical support to MOH in the provision of primary health care, due to lack of MOH resources, IOM adjusted work plans and ensured provision of primary health care via IOM health resources in the targeted locations once a week with the medical supplies provided by MOH. IOM will continue to remain flexible but will also factor the additional needs of MoH into its future plans.	IOM, MOH
IOM has experienced delays in the production of IEC materials due to holidays and changes of suppliers.	The delay IOM experienced at Christmas was rectified in early January 2012 and will be visible in the final report. For future reference IOM will work closely with the selected suppliers to avoid large orders close to any major holidays.	IOM, suppliers
The beneficiaries targeting process during a massive scale up in huge emergency is time consuming and may cause delays in early response.	There is need to explore ways in which retargeting can be speeded up to allow faster response.	WFP
Inability of the transport sector to meet the unusually high demand for transportation of humanitarian goods during the early stages of the drought emergency constrained and hampered timely response by WFP and partners in food sector.	Eventually, WFPs contracting of all-terrain trucks from neighbouring countries assisted in reaching hardest to reach areas after the rainy season. This practise, while costly, will be replicated in the near future especially during the anticipated rainy season (March-May 2012)	WFP
Insecurity In the second month of the project, October 2011, the implementation process was hindered by the colossal insecurity challenges witnessed in the Daadab area, which saw most agencies suspend many of their activities and limit them to life- saving activities in the refugee camps. The security situation continued to deteriorate in the subsequent months, which resulted in agencies limiting the number of staff present and operational in Daadab, and further dawdling in the roll out of activities. This then resulted in over reliance on local leaders and the provincial administration in the selection of trainees.	Due to the hostile nature of these areas, the CERF Secretariat should continue to ensure that there is a certain amount of flexibility in the implementation of projects due to the constant and uncertain duration of the unforeseen circumstances. This includes considering requests for no-cost extensions to complete project activities.	CERF Secretariat
Accessibility Accessibility was a challenge due to poor road networks as well as insecurity, which hindered	IOM will continue to engage CBOs as implementing partners who can easily access the community and can also address the issues facing the community at the grassroots level.	IOM, CBOs

<p>movement to some areas.</p> <p>Poor network coverage in some of the areas due to the limited ICT infrastructure in remote regions.</p>		
<p>Political interference</p> <p>Interference on the part of the local administration was especially witnessed during selection of beneficiaries.</p>	<p>Much as it is advised to engage the local administration in projects for community ownership and sustainability, organizations should work to ensure that the information provided to them is limited so as to avoid interference with project implementation. In addition, project staff should be balanced between the local community and non- locals to avoid excessive spillage of organization's information into the community.</p>	Organizations
<p>Trainings</p> <p>Reluctance on behalf of the local community to undertake the trainings offered. This likely had to do with the fact that the concept was new to most people.</p>	<p>IOM will continue to raise awareness among locals of the added value of trainings, which only serve to increase the coping mechanisms of the community and resilience to similar future emergencies.</p>	IOM, local communities
<p>The ownership by the national level health team through involvement and active participation in the planning and response to health emergencies is a catalyst to the successful implementation of the emergency response priorities</p>	<p>There is urgent need to advocate national level leadership to effectively coordinate the planning and response to health emergency, and integrate health systems strengthening interventions as part of the disaster risk reduction priorities to sustain the achievement of the response phase of emergency.</p>	Government of Kenya/WHO/ UNICEF
<p>Scale up of community health strategy in Dadaab through the training of community health workers in community based management of diarrhoea can rapidly reduce the cholera case fatality rate and sustain</p>	<p>There is need to harmonize the community health worker envelope (Hygiene promoters, Community based distributors, Nutrition promoters etc.) and use them to deliver an integrated package of life saving community based interventions, through the business continuity plan</p>	UNICEF/UNHCR/Implementing partners/Government of Kenya
<p>The development and review of project proposals through WESCOORD ensures a transparent and coordinated response.</p>	<p>The process of developing the NGO proposals through WESCOORD review and agreement ensures that the CERF funds are disbursed in a transparent manner and that they target the sector priorities and needs in an efficient and coordinated manner.</p>	WESCOORD and UNICEF
<p>UNICEF: Close links with other sectors improves project efficiency – especially in assessment and monitoring</p>	<p>Close coordination with the Nutrition Sector proved invaluable in efficient use of resources. The Nutrition partners active in the health centres offering IMAM services were able to provide assessment and monitoring data. This greatly improved efficiency to avoid duplication of efforts across a large geographical area. The same can be said for the education and food sectors for projects in the schools providing supplementary feeding programmes. Linkages with the Health Sector assisted greatly with evaluation of project impacts.</p>	All Sectors
<p>Investment in infrastructure to ensure WASH services in Health</p>	<p>Mainstream DRR activities closer integration with regular programming and sector planning.</p>	Government, WESCOORD, UNICEF and other Partners

services would reduce the need for unsustainable emergency interventions		
Investment in development of systems and capacities increases readiness to respond to crises.	Continuous support for capacity development through on job training and mentorship	MoH/UNICEF
Sustained nutrition advocacy yielded results with increased recognition of nutrition by government and a number of key development partners allocating resources to nutrition and integrating nutrition in their programmes.	Continuous nutrition advocacy at national and sub- national levels	MOH/ UNICEF
Availability of nutrition information supported early warning and early response to the crisis	Continued strengthening of the government nutrition information system for effective early warning system	MOH/UNICEF
Embedding and integrating every element of nutrition service delivery in planning, financing, supplies, job-descriptions, and information systems involves substantial investment but will lead to sustainability of results.	Heightened inter sectoral collaboration within the ministry of health and other department to enhance integration Continued advocacy in ensuring nutrition is entrenched as an outcome indicator in key sectors Continued advocacy to systematize /integrate nutrition interventions and reporting.	MoH/UNICEF
Short-term humanitarian funding can be used to develop longer term sustainable systems.	Continued advocacy on long term funding to enable systems support	MoH/UNICEF

ANNEX I. RESPONSE TO THE DROUGHT – RAPID RESPONSE

FAO-AGRICULTURE							
CERF PROJECT NUMBER	11-FAO-027	Total Project Budget	\$2,742,000	Beneficiaries	Targeted	Reached	Gender Equity
PROJECT TITLE	Support to pastoral and agro-pastoral communities affected by the effect of drought	Total Funding Received for Project	\$2,082,452	Individuals	500,000	500,000	
				Female	113,469	113,469	
				Male	62,131	62,131	
				Total individuals (Female and male)	175,600	175,600	
				Of total, children under 5	35,120	35,120	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$2,082,452	TOTAL	886,320	886,320	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Specific Objective 1: Livelihood assets of pastoral men and women affected by the drought preserved, protected and rebuilt</p> <p>Activity 1.1: Rapid needs assessment. This activity will basically set the baseline data upon which evaluation will be carried out.</p> <p>Activity 1.2: Facilitate livestock off-take and slaughter de-stocking where the livestock are in poor condition.</p> <p>Activity 1.3: Protection of the community assets</p>		<ul style="list-style-type: none"> ■ Baseline assessment conducted by the implementing partners based on LEGS and reports are available. ■ 2,400 small ruminants destocked for slaughter in Isiolo by VSF-Suisse and benefitted 600 households. Comprising of 101 men and 499 women ■ 1,500 poultry beneficiaries recruited and trained in poultry husbandry in Makueni and Kitui by Vetworks EA of which 300 were men and 1200 women ■ 1,750 poultry distributed in Nzambani area of Kitui by Vetworks EA benefitting 350 HH (70 men and 280 women) ■ 333 HH benefited from the restocking of livestock in Marsabit and Turkana. Out of these 200 were females and 133 males. ■ 1,793 livestock were purchased and distributed for restocking purposes. ■ 7,200 kgs of meat distributed to 600 households of 101 men and 499 women by VSF-Suisse in Isiolo ■ 1,190,000 doses of PPR distributed by the DVS to Garisa, Marsabit, Tana River Moyale and Makueni ■ 1,189,886 livestock received treatments, vaccinations and were de-wormed as follows, this exercise benefited 44,730 individuals 					

<p>(mainly livestock) through mass treatments (primarily de-worming) and relevant vaccinations at the onset of the short rains. As far as possible, the private sector will be involved with a view to avoiding distortion of the veterinary pharmaceuticals market in the affected areas.</p> <p>Activity 1.4: Rebuilding of community assets through livestock fairs and re-stocking affected households appropriately. This activity will depend on the progression of the drought and the success of the mitigation measures put in place thus stemming the livestock losses.</p> <p>Activity 1.5: Feed Provision for animals left behind for the purpose of providing milk to the old and children unable to migrate with the others. This will primarily focus on the provision of concentrate and will only provide hay where this is locally available.</p> <p>Specific Objective 2 : Increase the resilience of the vulnerable men, women, girls and boys affected by drought and soaring prices in selected marginal agricultural areas</p> <p>Activities 2.1: Facilitate vulnerable men and women in targeted areas to construct soil and water conservation structures and water harvesting structures through voucher or cash for work intervention. The cash/voucher for work will assist in meeting the immediate households needs and ensure that the local markets are vibrant. The structures constructed will ensure improved production and future resilience.</p> <p>Activity 2.2: Distribute seeds of improved drought tolerant crop varieties (sorghum, millet, cowpea,</p>	<ul style="list-style-type: none"> • 418,951 small stock dewormed; • 90,319 large stock dewormed; • 378,285 small stock vaccinated against PPR; • 89,014 Livestock treated; • 91,605 livestock treated for ectoparasites using pour ons; • 217 dogs treated for rabies and • 121,712 goats vaccinated against CCPP. <ul style="list-style-type: none"> • FH gave Support to communal and inter-communal grazing planning and management through • 12 community sensitization campaigns conducted in Garbatulla district where 750 pastoralists sensitized on grazing management campaigns, where 12 Grazing management committees were formed and • 6 Communal grazing planning meetings conducted. <ul style="list-style-type: none"> • Water trucking for 100 breeding cattle was accomplished in Marsabit by PACIDA and 50 HH benefitted. • 400 vulnerable households benefitted from Cash for work (CFW) activities of which 238 were men and 162 women. • 12 water harvesting structures (benefitting 400 HH) de-silted/rehabilitated i.e. • 10 shallow wells (Barambate) • 1 water pan (Belgesh) and • 1 natural spring (Kinna this was accomplished by FH. <ul style="list-style-type: none"> • 1,804 households comprising of a total 9,020 people (6,870 women and 2,150 men) participated in Voucher for work activities in Meru, Kitui and Mandera. The vouchers were exchanged with Food and non-food items at the times when the vulnerable households needed them most • Through the voucher for work activities, 1,000 acres of land was conserved by terracing and 5 sand dams constructed benefiting the 1,804 households above. • In Mandera North, the beneficiaries used Voucher for Work for canal lining to improve water use efficiency. • 2,000 households (10,000 people of which 6,350 were men and 3,650 men) in Turkana (Kangalita and Morulem Irrigation schemes benefitted from voucher for work activities in which they rehabilitated the irrigation infrastructures enabling a total of 100 acres to be put under cropping. <ul style="list-style-type: none"> • 4,000 households (2600 women and 1400 men) benefitted from 10 kgs of suitable drought tolerant crops (sorghum, green grams, cowpeas, pigeon peas, millets etc.) through Seed Fairs and Voucher approach for planting in the Short Rain of October 2011 in 	
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<p>beans, green grams and pigeon pea) to vulnerable households through seed vouchers and fairs. In this approach, the vulnerable households will be issued with vouchers to access seeds of crops of their choice in organized seed fairs for planting during the short rains of October- November 2011.</p>	<p>Mwingi, Meru and Kitui Districts.</p> <ul style="list-style-type: none"> ▪ Over 10,000 households (50, 000 people comprising of 35,000 women and 15,000 men) benefitted from direct seed distribution in Eastern Kenya. ▪ 400 groups of 50,000 farmers comprising of 15,000 men and 35,000 women trained on post harvest grain handling to ensure limited damage by insect pests and aflatoxin. 	
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IOM - AGRICULTURE

CERF PROJECT NUMBER	11-IOM-028	Total Project Budget	\$ 2,380,000	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals	Female	Male	Total individuals (Female and male)	
PROJECT TITLE	Immediate emergency livestock support to refugee hosting communities affected by the looming 2011 drought and spill over effects from the massive refugee influx in North Eastern Kenya	Total Funding Received for Project	\$ 750,000	40,000	24,000	16,000	43,230	In some interventions, men seemed to benefit more than women; for instance there were more male participants at the trainings as opposed to women. Due to the cultural nature of the Somalis, the women could not attend trainings during the day as they were busy herding their animals. The women benefited more from the destocking, breed improvements and water interventions.
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 399,998	40,000			43,230	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL				ACTUAL OUTCOMES				
<p>Livestock off- take (de - stocking) to manage viable herd on harsh areas</p> <p>Rehabilitation of water facilities- sand dams/ sub-surface dams, shallow wells along lagers.</p> <p>Provision of livestock health kits (dewormers, adamicin injectables/ syringes, sprayers, etc.), for migrating animals/ herders along migratory routes.</p>				<p>Commercial Livestock off- take of 400 cows and 800 shoats conducted approaching 400 households.</p> <ul style="list-style-type: none"> The Ministry of Livestock advised that by September 2011, the animal health condition for cows were severely emaciated by the drought, as opposed to two months before when the assessments had been conducted, and hence it would not be feasible to conduct off- take for cows. They thus requested that IOM focus more on livestock off- take for shoats (sheep and goats), and prepare for more breed improvement through restocking. These requests were actualized by increasing the no. of commercial off- take for shoats, increasing the restocking through breed improvement, and training animal disease control committees as follows. Carried out destocking exercise in conjunction with the Ministry of Livestock, reaching 251 households with 995 shoats (goats and sheep). Facilitated training of 165 members of disease control committees from various centres in both Dadaab and Fafi districts., in close collaboration with the Ministry of Livestock's animal production department and veterinary departments. <p>Four sand dams and four shallow wells constructed along livestock migratory routes.</p> <ul style="list-style-type: none"> As mentioned in the table above, the implementation process was hindered by the insecurity challenges witnessed in the Daadab area. The construction of the above structures would have been ideal before the rainy season which was to commence in October, but this was the same month that the security situation in Daadab began to deteriorate. Hence it was not feasible to achieve these activities. Thus, as per consultation with the communities and the WASH cluster in Daadab, the following was achieved: Distributed 8 water tanks to 8 communities in the greater Daadab and Fafi districts. Rehabilitated a water kiosk in Alijugur. The water kiosk is expected to serve more than 500 Households. Purchased a new water pump for the community in Labasigale, which served to replace the previous one that was malfunctional and thus hindered the affected community's access to water, which will aim to serve up to 600 households. Training exercise conducted for 30 representatives of water management committees from both districts. This was done in collaboration with the Ministry of Water, DRC wash department and Ministry of Public Health representatives. <p>100 households provided with livestock health kits along migratory routes.</p> <ul style="list-style-type: none"> Distributed health kits to 165 community members drawn from both Fafi and Dadaab districts, who had been trained on disease control. 				<p>Camel Associations were formed to assist in marketing and act as a feedback/information forum.</p> <p>Line ministries were constantly engaged in the project to provide technical expertise and continuous monitoring of project activities in the community after project duration.</p> <p>Engagement of Community Resource Persons who provided daily and continuous monitoring at community level.</p> <p>Consultative forums with the community leaders and reporting (weekly and monthly field reports)</p> <p>Field visits to the project sites by field staff</p> <p>Feedback from the communities through focus group discussions</p> <p>Issuance of certificates or letters of attendance to trained beneficiaries; used Community Resource Persons to monitor</p>

<p>Breed improvement- re- stocking affected households with more resilient camel breeds.</p> <p>Community training to livestock herders on pasture storage, conservation and utilization.</p> <p>Distribution of livestock feed supplement/ concentrates to very weak animals.</p>	<p>120 households benefited from breed improvement with 240 hybrid camels.</p> <ul style="list-style-type: none"> ▪ 330 camels issued to 165 households in Kulan, Alijugur and Welmerer. <p>100 livestock herders trained on pasture storage, conservation and utilization.</p> <ul style="list-style-type: none"> ▪ 186 community members and relief committees representatives trained on animal feeds supplementation in both dry and wet seasons, in collaboration with the Ministry of Livestock, and animal production representatives from Lagdera and Daadab districts. <p>250 pastoralists' households provided with livestock feed supplements/ concentrates (Umb blocks, assorted concentrates, range cubes, survival mash).</p> <ul style="list-style-type: none"> ▪ Distributed 900 bales, 496 UMMB blocks, 120 sacks survival mash, and 120 sacks range cubes to 800 beneficiary households from both Dadaab and Fafi districts. 	<p>them as they put the skills they learnt into practice.</p> <p>One on one interviews with the beneficiaries.</p> <p>Observation i.e. observed that planting, harvesting had been done.</p>
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WFP – FOOD SECTOR

CERF PROJECT NUMBER	11-WFP-046	Total Project Budget	\$ 69,859,562	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Protecting and Rebuilding Livelihoods in the Arid and Semi Arid Lands of Kenya	Total Funding Received for Project	\$496,065,149	Individuals	3,750,000	2,391,886	WFP and partners generally strive to involve at least 50 per cent women in the composition of the relief committees. (responsible for the targeting process as well as ensure equitable distributions). WFP and partners also try to place food in the hands of women to ensure food is consumed and to also allow for the equitable and fair intra household distribution of food. In FFA as most assets focus on water harvesting, the output achieved benefits women in the sense that fetching/looking for water is traditionally a woman's job-reducing the time it takes for them to look for water. This frees up women's time for other household chores.
				Female	2,025,850	1,291,618	
Male	1,725,750	1,100,268					
Total individuals (Female and male)	3,750,000	2,391,886					
Of total, children under 5	1,024,870	653,420					
TOTAL	3,750,000	2,391,886					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 6,644,727	*Figures from Jan 2012			

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	Monitoring and Evaluation - Mechanisms
<p>Objective: Save lives in emergencies (Strategic Objective 1);</p> <p><i>Output: Food and non-food items distributed in sufficient quantity and quality</i></p> <p><i>Outcome: Improved food security of targeted Populations</i></p>	<p>Actual Outputs:</p> <ul style="list-style-type: none"> In January 2012, about 2.4 million beneficiaries were reached through food/cash transfers i.e. general food distributions, food/cash-for-assets and unconditional cash transfers, with 25,582 mt of food and US\$3.6 million in cash. Much more food and cash were distributed over the emergency period (since September 2011). By end of LRA period, 2.74 million beneficiaries were reached (against planned of 3.75). Main reason for not meeting the targeted number is as follows: i) insufficient contributions received for cash pipeline for unconditional cash transfers (UCT) – 230,000 beneficiaries were supposed to have been targeted. ii) also for UCT; once targeting was completed enrolment process and bank card issuance took more time than envisaged iii) operational constraints, in particular transport challenges hindered food dispatches from Mombasa to the various districts. <p>Actual Outcome:</p> <ul style="list-style-type: none"> Improved food security of targeted populations: Indicator 1 (target): coping strategies index < .2 actual: .2 Indicator 2 (target) food consumption score >35 actual: 38 	<p>PRRO activities are measured in various ways and include the following:</p> <p>Distribution Monitoring:</p> <p>Conducted at food delivery points and monitors the food (or cash) distribution process</p> <p>Monthly</p> <p>Monitors amount of ration collected versus entitlement</p> <p>Protection issues on site including security issues, waiting time, priority in lines for pregnant women, disabled, elderly etc.</p> <p>Opportunity costs of food collection</p> <p>CP progress reports: measures outputs such as number of beneficiaries, amount of food (or cash) distributed against target by location etc. This is conducted</p>

		<p>monthly.</p> <p>Post Distribution Monitoring. Also conducted monthly, measures outcomes and indicators such as coping strategy index, food consumption score and households expenditures.</p> <p>Site Monitoring; Specifically for FFA and monitors the progress of the community asset that is being constructed.</p>
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UNICEF - HEALTH

CERF PROJECT NUMBER	11-CEF-039 A	Total Project Budget	\$8,180,845	UNICEF - HEALTH			Gender Equity
				Beneficiaries	Targeted	Reached	
PROJECT TITLE	Rapid health response to children and women affected by the drought emergency in the arid and semi-arid northern Kenya and Dadaab refugee camp.	Total Funding Received for Project	\$ 546,682	Individuals	725,915		<p>Both boys and girls who have equal opportunity to vaccination benefitted from the integrated measles, polio, Vitamin A and deworming campaigns, and during the integrated outreach programmes.</p> <p>The use of men to influence their families on the desired care seeking behaviour resulted in pregnant/lactating women accessing the integrated outreach and surveillance interventions through the Antenatal screening and management of minor illnesses.</p> <p>Both women and men (124 community health workers) benefitted in the training of community health workers in the community based management of diarrhoea and pneumonia in Dadaab refugee camps. Additionally, all children under-five (boys and girls), women and men benefitted from the management of cholera. In addition, pregnant/lactating women benefited from the supported interventions.</p>
				Female (pregnant women)	105,183	63,112	
				Male			
				Total individuals (female and male)			
				Of total, children under 5	420,372	1,0145,78	
				TOTAL	1,251,470	1,077,690	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 546,682	<p>To Note: A total of 336,586 children under-five have been reached, of which 176,292 children were reached in campaigns in Wajir, Gariisa and Dadaab and the remaining 160,294 children were reached during integrated outreach services.</p>			

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>Rapidly reduce the morbidity , mortality and disability among boys and girls aged less than 5 years and pregnant/lactating women through delivery of high impact interventions including emergency campaign and strengthening the health structures and capacity and improving local community resilience to risk factors at the most risky areas in Kenya by June 2012</p>	<p>A total 176,292 (107 per cent), of which 103,797 (99 per cent) out of 104,109 were vaccinated in North Eastern Province, while 72,495 (120 per cent), out of 60,193 children 6-59 months were reached in Dadaab with potent measles vaccines. The impressive results consequently reduced the frequency of outbreaks, mortality and morbidity.</p> <ul style="list-style-type: none"> ▪ Procurement of measles vaccines and related devices, and cold chain equipment for Dadaab refugee camp; ▪ Procurement of measles vaccines for newly arriving refugees aged 6 months to 29 years, oral polio vaccines, an integrated measles, polio, Vitamin A and deworming activities as implemented; ▪ The support led to drastic reduction in measles outbreaks by end of 2011, as reflected by a cumulative case load of 1,483 which peaked to 625 cases in September, with only 59 cases being reported in December 2011, and 12 cases being reported in January 2012 (Dadaab Health and Nutrition reports); and ▪ Support to interpersonal communication to increase uptake of the campaign interventions. <p>Increase in access to essential health services including immunization, antenatal care and case fatality rate of cholera in Dadaab at 0.24 per cent as a result through:</p> <ul style="list-style-type: none"> ▪ Support to recruitment of Public Health Consultants in Turkana and Dadaab; ▪ Procurement of health emergency supplies; financial support to the Turkana County, North Eastern Province and Upper Eastern; Provinces to strengthen integrated outreach and surveillance sessions; and ▪ Training of community health workers on community based management of diarrhoea and pneumonia for prompt detection and management of the cases. Training was carried out by UNICEF and partners. 	<p>Desk reviews were undertaken on weekly basis of the data generated by the response teams. Active monitoring through supportive supervision was undertaken every fortnight by the district health teams and local partners, while UNICEF and Ministry of Health made monthly monitoring sessions.</p> <p>Routine data capturing was done on monthly basis through the District health Information System (DHIS). The data was collected by the health facility teams using tools that are designed by the government and partners. The district health teams consolidated the health facility data and uploaded it to the DHIS, which could be accessed by all partners. For campaigns, the implementation period was for five days, and there is quality monitoring of the implementation process, which included end-day reviews of the implementation and the recommendations for subsequent days.</p> <p>Data is generated using tools that are designed by the government and partners. Independent monitoring is carried out for two days into the campaign and two days after completion of the campaign to validate the administrative data. Independent monitoring data is used as the end result.</p>

WFP – MULTI-SECTOR EMERGENCY

CERF PROJECT NUMBER	11-WFP-045	Total Project Budget	\$408,752,410 ⁴	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Food Assistance to Somali and Sudanese refugees	Total Funding Received for Project	\$ 127,941,207	Individuals	430,000	462,773	All refugees benefited from this intervention. Women are equally represented in the Food Advisory Committee. Furthermore, women are encouraged to collect rations on behalf of their households
				Female	172,000	251,907	
				Male	190,920	210,866	
				Total individuals (Female and male)	430,000	462,773	
				Of total, children under 5	172,000	82,963	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 997,205	TOTAL	430,000	462,773	

⁴ This is the budget for PRRO 200174; the total funding received under this project is \$ 997,205-, the other \$ 4,000,054-, is received under PRRO 102583.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES ⁵	MONITORING AND EVALUATION MECHANISMS																																			
<p>Reduce levels of malnutrition among refugee children under 5, pregnant and lactating women and people with HIV/AIDS and TB through selective feeding programmes</p> <p>To meet the minimum nutritional requirements of refugees through General Food Distributions (GFD)</p>	<p>Outcome 1.1: Reduced and/or stabilised acute malnutrition in children under 5 Indicator: 1.1.1 Prevalence of acute malnutrition among children under 5 (weight-for-height as per cent)(<15 per cent)</p> <table border="1" data-bbox="554 345 1493 451"> <tr> <td>(GAM)</td> <td>17.2 (13.2-22.1)</td> <td>22.4 (17.4-28.3)</td> <td>23.2 (18.4-28.9)</td> <td>38.3 (32.1-44.8)</td> </tr> <tr> <td>(MAM)</td> <td>12.6 (9.8-16.2)</td> <td>15.5 (11.6-20.5)</td> <td>15.0 (11.8-18.9)</td> <td>19.5 (16.2-23.2)</td> </tr> <tr> <td>(SAM)</td> <td>4.6 (2.7-7.6)</td> <td>6.8 (4.2-11.0)</td> <td>8.2 (5.4-12.2)</td> <td>18.8 (14.7-23.6)</td> </tr> </table> <p>Outcome 1.2: Reduced or stabilized mortality in children under 5 and adults in targeted populations affected by the emergency: Indicator: 1.2.1 Crude mortality rate (CMR) (<1/10,000 per day) 1.2.2 Age-specific mortality rate for children under 5 (ASMR-U5) (<2/10,000 per day)</p> <table border="1" data-bbox="554 646 1612 735"> <tr> <td>Crude Death Rate (CDR)</td> <td>0.14 (0.04-0.46)</td> <td>0.41 (0.21-0.80)</td> <td>0.14 (0.05-0.36)</td> <td>1.23 (0.73-2.06)</td> </tr> <tr> <td>Under 5 Death Rate (U5DR)</td> <td>0.33 (0.08-1.36)</td> <td>0.94 (0.45-1.98)</td> <td>0.28 (0.07-1.17)</td> <td>3.02 (1.72-5.24)</td> </tr> </table> <p>Outcome 1.3: Improved food consumption over assistance period for refugee households Indicator: 1.3.1 Household food consumption score (> 211); 1.3.2 Coping strategies index</p> <p><u>Household food consumption score: > 21</u></p> <ul style="list-style-type: none"> On average, 82 per cent of households recorded a score of > 21. The actual average score was 50.6 <p><u>Coping Strategies index</u></p> <ul style="list-style-type: none"> The average coping strategy index was 11.4 <p>Outcome 3.2: Improved nutritional status of targeted women, girls and boys</p> <ul style="list-style-type: none"> Indicator: 4.2.1 Prevalence of stunting among targeted children under 2 (height-for-age as per cent) (10 per cent reduction in underweight prevalence/year); 4.2.2 Prevalence of iron deficiency anaemia (IDA) in pregnant and lactating women and children (IDA reductions of 10 per cent in Dadaab and 20 per cent in Kakuma) <table border="1" data-bbox="554 1149 1587 1222"> <tr> <td>Total stunting</td> <td>21.8 (18.0-26.0)</td> <td>23.2 (18.4-28.8)</td> <td>20.7 (15.3-27.3)</td> <td>27.7 (21.9-34.3)</td> </tr> <tr> <td>Severe stunting</td> <td>6.3 (4.7-8.3)</td> <td>8.1 (5.8-11.2)</td> <td>5.4 (3.1-9.2)</td> <td>11.1 (7.7-15.8)</td> </tr> </table>	(GAM)	17.2 (13.2-22.1)	22.4 (17.4-28.3)	23.2 (18.4-28.9)	38.3 (32.1-44.8)	(MAM)	12.6 (9.8-16.2)	15.5 (11.6-20.5)	15.0 (11.8-18.9)	19.5 (16.2-23.2)	(SAM)	4.6 (2.7-7.6)	6.8 (4.2-11.0)	8.2 (5.4-12.2)	18.8 (14.7-23.6)	Crude Death Rate (CDR)	0.14 (0.04-0.46)	0.41 (0.21-0.80)	0.14 (0.05-0.36)	1.23 (0.73-2.06)	Under 5 Death Rate (U5DR)	0.33 (0.08-1.36)	0.94 (0.45-1.98)	0.28 (0.07-1.17)	3.02 (1.72-5.24)	Total stunting	21.8 (18.0-26.0)	23.2 (18.4-28.8)	20.7 (15.3-27.3)	27.7 (21.9-34.3)	Severe stunting	6.3 (4.7-8.3)	8.1 (5.8-11.2)	5.4 (3.1-9.2)	11.1 (7.7-15.8)	<p>Performance is monitored during food distribution that takes place twice a month using a standard distribution monitoring tool, and two weeks after through an assessment of food use and coping strategies of randomly selected households using a standard post distribution monitoring tool. A sample of schools, FFA sites, training centres and SFP sites are sampled and monitored every month by WFP and Cooperating partners. Field level agreements are evaluated before renewal. WFP participates in quarterly and annual surveys Lead by UNICEF. Baseline information for outcome is derived from all of these sources. Programmes are evaluated through bi annual JAMS</p>
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⁵ The following outcomes are extracted from the nutrition survey carried out between august / September 2011 Hagadera, ifo, and Dagahaley camps and Dagahaley outskirts.

IOM - HEALTH

CERF PROJECT NUMBER	11-IOM-029	Total Project Budget	\$ 1, 343, 103	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Provision of emergency assistance to strengthen preparedness and response to diarrhoeal diseases outbreaks in drought affected areas of Turkana	Total Funding Received for Project	\$ 115 373	Individuals	55 000	67 590	Since women are traditionally in charge of cookery and hygiene, IOM focused its outreach more on the female population than the male.
				Female	28 000	33 119	
				Male	7 000	14 194	
				Total individuals (Female and male)	35 000	47 313	
				Of total, children under 5	20 000	20 277	
				TOTAL	55000	67 590	
STATUS OF CERF GRANT	COMPLETED -15 Feb 2012	Amount disbursed from CERF	\$ 115,373				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Provide essential diarrhoeal diseases commodities to districts and cholera treatment centres for case management and laboratory support in early detection and surveillance;</p> <p>In collaboration with community leaders, provide health education to communities for fostering improved hygiene and treatment seeking behaviour; and provide chlorine for water treatment and ORS to heads of households; assist in treatment of suspected cases, as applicable;</p> <p>Reproduce and disseminate IEC materials providing basic information on hygiene practices in appropriate language/pictures.</p> <p>Logistically support the Ministry of Public Health and Sanitation in provision of primary health care, especially targeting Maternal and Child Health in remote rural areas</p>		<ul style="list-style-type: none"> 4 health facilities in North Turkana have been stocked with essential drugs in the period from September 2011 to January 2012. In the period of September 2011 to February 2012, 185 outreach sessions have taken place; 67 590 individuals were reached for hygiene and diarrhoeal diseases awareness; 280 294 chlorine tablets and 72 278 ORS have been distributed to targeted populations. IOM, upon request of MOH, has responded to the outbreaks of diarrhoeal diseases in Lokipoto, Nawountos, Kalopetase, Loreng and Tulabany communities, treating 4,260 cases of diarrhoeal disease. In the same period, 17,000 cholera flyers and 3000 posters have been disseminated to potentially affected populations; Upon request and in close coordination with the MOH, IOM has provided primary health care to vulnerable population of Lokipoto, Nawountos, Kalopetase, Loreng and Tulabany Communities in Turkana County. The provision of primary health care was done once a week, which gave IOM access to hard to reach communities and consequently higher coverage of the population that resulted in reaching higher numbers of beneficiaries than originally targeted. 				Regular weekly/monthly reporting and field visits. 6 times every month for monitoring and every week for reporting.	

WHO - HEALTH

CERF PROJECT NUMBER	11-WHO-044	Total Project Budget	\$ 570,356	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Rapid health response to the drought affected vulnerable populations in the arid and semi-arid regions of Kenya (11-WHO-044)	Total Funding Received for Project	\$ 567,914	Individuals			More women and children were the greater beneficiaries from the program
				Female	1,200,000	1,261,000	
				Male	800,000	826,000	
				Total individuals (Female and male)	2,000,000	2,087,000	
				Of total, children under 5	450,000	483,612	
				TOTAL	2,450,000	2,570,612	
STATUS OF CERF GRANT	COMPLETED	Amount disbursed from CERF	\$ 570,356				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Objective To contribute to reduction of excess morbidity, mortality and disability among the vulnerable groups in the drought affected areas.</p> <p>Sub-objectives Facilitate multi sector and stakeholder planning, monitoring and reporting at all levels</p> <p>Scale up a primary health care (health promotion and prevention) activities in the affected communities and refugee camps targeting children, women and community leaders</p> <p>Ensure continuity of secondary health care services and especially for special vulnerable groups severe and complicated malnutrition, patients special drugs, and for infectious diseases</p> <p>Improve the emergency early warning systems outbreak investigation and control for the affected districts health management teams</p>		<ul style="list-style-type: none"> ■ National level Health and Nutrition Coordination Sector established to contribute into other similar national level structures. At sun-national level, there was established H and N sector forums in the Dadaab refugee camp and eight (8) other locations in the drought affected areas ■ More than 90 per cent of the targeted vulnerable population reached through vaccination, health promotion and accessibility to essential basic health services in at least 33 districts in the arid and semi-arid regions of the country. ■ Technical experts deployed to Marsabit, Garissa, Nakuru, Embu and Turkana areas to support coordination and provide technical support. ■ Essential drugs, provision of technical guidelines and re-orientation for health staff on the management of diseases of epidemic potential especially associated with severe malnutrition for secondary care services was available in all 33 district facilities and the refugee camps throughout the period for the management of severe malnutrition with medical conditions and communicable diseases. ■ Disease surveillance activities were heightened throughout the period through availability of technical guidelines, re-orientation of District Health teams and health facility workers including the two large refugee camps, provision of basic laboratory kits and reagents for diagnosis of common diseases of epidemic potential at district level. The Kakuma refugee camp hospital laboratory facility specifically was supplied with laboratory reagents was also upgraded for this to take care of the refugees and the nearby five districts. ■ Diseases outbreaks such as the newly emerged dengue fever in Mandera, Kwale, Nairobi and Marsabit, cholera and measles outbreaks in Dadaab and Northeastern province; and malaria outbreaks in Kakuma refugee camp, Turkana and Pokot districts during the period were promptly detected and controlled and bigger outbreaks averted. Archived through rapid technical mobilization and availability of prepositioned drugs. ■ More than 172,000 children less than five years protected under emergency response vaccination for measles, polio, Vitamin A and dewormed. 				<p>Weekly epidemiological bulletin</p> <p>Health Sector situation reports and assessment reports</p> <p>Health and Nutrition Sector meeting reports and minutes</p> <p>Drought response review meeting report</p>	

UNHCR – MULTI-SECTOR

CERF PROJECT NUMBER	11-HCR-035	Total Project Budget	\$ 81,492,495	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Humanitarian assistance and service delivery to refugees in Dadaab	Total Funding Received for Project	\$81,492,495	Individuals	100,000	261,453	Special attention was paid to women and children; most of the nutrition interventions specifically target women and children; similarly health interventions focus on maternal health; shelter distribution primarily targets female headed households and vulnerable individuals.
				Female	49,954	131,524	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 2,137,661	Male	50,046	129,929	
				Total individuals (Female and male)	100,000	261,453	
				Of total, children under 5	18,278	38,278	
				TOTAL	100,000	261,453	

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	Monitoring and Evaluation Mechanisms
Health of population improved and remained stable.	<p>Health services to refugees in the Dadaab camps</p> <ul style="list-style-type: none"> Generally, the influx meant that the camp health services were much overstretched with inadequate infrastructure, staff and equipment. The situation began to stabilize towards the end of the year with additional staff, strengthened community case finding and community based management of measles and watery diarrhoea, improved quality of care in the facilities and stabilization of the measles outbreak. As a result of medical interventions, the overall under five mortality rate for Dadaab was 1.0 per 1000 per month; but specific camp situations were: <ul style="list-style-type: none"> Hagadera reporting 1 per 1000 per month; Dagahely (where new arrivals resided) was 3.02/10,000 per day (very serious if over 2/10,000 per day) which compares with 0.28/10,000 per day in the longer term Dagahaley caseload. 	<p>The following monitoring modalities were applied</p> <p><i>In situ</i> monitoring of the implementation of the program</p> <p>Project Monitoring Reports (PMRs) and Sub-Project Monitoring Reports (SPMRs) - including both narrative and financial components - are the official reports for partners.</p>
Nutritional well-being improved	<p>The Nutritional Status of the refugees in the Dadaab camps of Hagadera and IFO</p> <ul style="list-style-type: none"> The prevalence of global acute malnutrition (GAM) in the three main camps of Dadaab increased significantly in 2011 as compared to 2010 and was around 20 per cent (WHO defines an emergency situation of 15 per cent) : <ul style="list-style-type: none"> In Hagadera, the prevalence of GAM significantly increased from 5.6 per cent in 2010 to 17.2 per cent in 2011 In Ifo, GAM increased from 7.6 per cent to 22.4 per cent; In Dagahaley, GAM increased from 10.7 per cent to 23.2 per cent Procurement of 7,500 cartons of plumpy nuts was achieved: a number of new strategies were developed including the use of new products- change from Corn Soy Blend to Supplemental Plumpy for the < years with moderate malnutrition , screening of new arrivals, management of SAM in children aged 5 to 10 years, change from lipid-based (nutri-butter) to cereal-based supplements and blanket supplementary feeding programme for children under five years. 	<p>Health Information System for the monitoring of health and nutrition data on a monthly basis</p> <p>Health, nutrition and WASH coordination meetings at both camp and Nairobi level</p> <p>Information management dashboard for the emergency operation</p>
Shelter and infrastructure improved.	<p>Shelter situation of refugees in the Dadaab complex was addressed as follows:</p> <ul style="list-style-type: none"> 18,500 tents were distributed and pitched in Ifo extension and Kambioos camp. Close to 110,000 refugees were provided with shelter assistance (both emergency and long term), ensuring that all newly arrived refugees were housed in temporary accommodation. 76,000 persons received emergency shelter; 34,000 persons received long term shelters Overall, at the beginning of the year 25 per cent of households (23,266 households representing 75,765 individuals) of refugees were living in adequate dwellings. With 3,751 temporary shelters constructed in 2011 in the three camps of Hagadera, Ifo and Dagahaley, there was an increased to 45 per cent the number of households living in adequate shelter at the end of the year; this is 55 per cent (or 65,929 families). 	

UNICEF - NUTRITION

CERF PROJECT NUMBER	11-CEF-039-B	Total Project Budget	\$ 21,548,988	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>288,846</td> <td>352,731</td> </tr> <tr> <td>Female</td> <td></td> <td></td> </tr> <tr> <td>Children under 5 years</td> <td>107,146</td> <td>18,243</td> </tr> <tr> <td>Pregnant and lactating women</td> <td>78,755</td> <td>14,200</td> </tr> <tr> <td>Male</td> <td>102,945</td> <td>19,265</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>288,846</td> <td>51,708</td> </tr> <tr> <td>Of total, children under 5</td> <td>42,108</td> <td>37,508</td> </tr> <tr> <td>TOTAL</td> <td>288,846</td> <td>352,731</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	288,846	352,731	Female			Children under 5 years	107,146	18,243	Pregnant and lactating women	78,755	14,200	Male	102,945	19,265	Total individuals (Female and male)	288,846	51,708	Of total, children under 5	42,108	37,508	TOTAL	288,846	352,731	Gender Equity
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PROJECT TITLE	Accelerating Nutrition Recovery and Resilience in Arid and Semi-Arid Districts in Kenya	Total Funding Received for Project	\$ 21,548,988				Nutrition interventions monitoring data capture gender disaggregated data. Since susceptibility to malnutrition is similar across all vulnerable population, the nutrition sector will ensure that all the vulnerable children have equal access to nutrition services.																											
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$1,206,343.13																															
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																												
<p>To contribute to the reduction of morbidity and mortality in children (boys and girls) through preventive and curative actions to affected populations, in drought affected districts;</p> <p>Strengthen nutrition information and surveillance systems for improved monitoring as well as decision making and timely response</p>		<ul style="list-style-type: none"> 85.56 per cent (160) of health facilities integrating, high impact nutrition interventions, as per standards 59.4 per cent (111) of health facilities are having active outreach nutrition services Performance indicators maintained above the sphere standards <table border="1"> <thead> <tr> <th>LOCATION</th> <th>RECOVERY %</th> <th>DEFAULTER PER CENT</th> <th>DEATH PER CENT</th> </tr> </thead> <tbody> <tr> <td>Turkana</td> <td>88 (3100)</td> <td>5 (210)</td> <td>0.5 (12)</td> </tr> <tr> <td>Garissa</td> <td>80 (601)</td> <td>20 (147)</td> <td>0 (1)</td> </tr> <tr> <td>West Pokot</td> <td>72 (966)</td> <td>18 (156)</td> <td>0.5 (10)</td> </tr> <tr> <td>Isiolo</td> <td>64 (298)</td> <td>21 (79)</td> <td>0 (1)</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Essential supplies adequate and in place in all the four targeted districts Range 9-100 per cent twice yearly Vitamin A coverage for children less than 5 years old Coverage for iron and folate, therapeutic zinc and deworming is still below 80 per cent as per the standards 100 per cent receiving prenatal and antenatal counselling on infant and young child feeding Above 90 per cent (168 facilities) reporting rates for nutrition surveillance information from districts and health facilities 				LOCATION	RECOVERY %	DEFAULTER PER CENT	DEATH PER CENT	Turkana	88 (3100)	5 (210)	0.5 (12)	Garissa	80 (601)	20 (147)	0 (1)	West Pokot	72 (966)	18 (156)	0.5 (10)	Isiolo	64 (298)	21 (79)	0 (1)	<p>Monitoring and evaluation of the nutrition program is undertaken by MoPHS through support of the Nutrition Support Officers, NGO partners, District Nutrition Officers and in some instances the District Health Management Team. All the data received at the district levels are channelled through the Health Information Management System (HIMS).</p> <p>Support to partners in carrying out twice a year nutrition surveys in selected ASAL districts.</p>								
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UNICEF - WATER AND SANITATION

CERF PROJECT NUMBER	11-CEF-039-C	Total Project Budget	\$14,026,680.00	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>280,000</td> <td>803,000</td> </tr> <tr> <td>Female</td> <td>112,000</td> <td>321,500</td> </tr> <tr> <td>Male</td> <td>112,000</td> <td>321,500</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>280,000</td> <td>642,000</td> </tr> <tr> <td>Of total, children under 5</td> <td>56,000</td> <td>160,000</td> </tr> <tr> <td>TOTAL</td> <td>280,000</td> <td>803,000</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	280,000	803,000	Female	112,000	321,500	Male	112,000	321,500	Total individuals (Female and male)	280,000	642,000	Of total, children under 5	56,000	160,000	TOTAL	280,000	803,000	Gender Equity	
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PROJECT TITLE	WASH Emergency Drought Response	Total Funding Received for Project	\$ 1,991,279.00	<p>Communities benefited from this project by improved access to safe water. Through NGO assessments and reporting through the sector 4Ws (Who, What, Where and When) beneficiary data was disaggregated and noted that women benefited from improved access to water which reduced time required to collect sufficient water for the family and reduced time in tending TO sick children.</p> <p>Children benefited from reduction in diarrhoeal diseases through improved water quality and hygiene practices. School children accessing supplementary feeding services in schools and children and mothers accessing health centres offering IMAM services benefitted from this project through improved water supplies, household water treatment and storage supplies and training and hygiene promotion messages and training.</p>																									
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,991,279.00																										

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>To ensure timely provision of WASH supplies to emergency affected women, girls, boys and men.</p> <p>To improve access to safe and adequate water for affected beneficiaries at community level.</p> <p>To improve sanitation and hygiene practices for affected beneficiaries</p> <p>Enhance access to safe water and improved access to gender sensitive sanitation and hygiene facilities separate for boys and girls, addressing special needs of disabled children and girls in emergency affected schools and health facilities and nutrition centres.</p> <p>Enhance government and community capacity to prepare and respond to drought cholera and flood emergencies. Strengthen capacity of National, provincial and district level WESCOORDs to enable coordinated preparedness and response.</p>	<p>Provision of emergency WASH supplies.</p> <ul style="list-style-type: none"> ■ An estimated 100,000 people (20,000 families) have access to improved water supplies through provision of WASH emergency supplies including water storage containers and water treatment chemicals. ■ Distribution of WASH supplies as “kit” to families accessing services at feeding centres. (20,000 families). ■ Water storage tanks installed in 250 feeding centres (schools and health centres). ■ Water treatment chemicals (chlorine powder) distributed to GoK officers for use in community water supply schemes. <p>Provision of safe water to a total of 803,000 drought affected people through:</p> <ul style="list-style-type: none"> ■ Water trucking to 124 feeding centres (53 health centres and 81 schools) reaching an estimated 178,500 people. ■ An estimated 125,500 people have improved access to safe water through the repair and rehabilitation of 24 community boreholes by NGO partners. ■ Support to Water Service Boards Rapid Response Teams for repair and rehabilitation of 78 community boreholes reaching an estimated 500,000 people. ■ Distribution of water treatment chemicals for both household (chlorine tablets and PUR) and distribution level water treatment (Chlorine powder). Training of GoK Health Officers on water quality testing. Training of GoK Health Officers, Community Health Workers and households on correct usage of water treatment chemicals. <p>Provision of Hygiene Promotion messages and training reaching an estimated 1,000,000 people through:</p> <ul style="list-style-type: none"> ■ Hygiene promotion training by GoK and NGO Health Officers targeting people accessing feeding centres in 183 schools and 260 health facilities. ■ Training of 2,575 Community Health Workers. ■ Installation of 185 hand washing stations in 130 health centres. ■ Provision of IEC materials - posters, pamphlets and training materials. <p>Construction of gender sensitive sanitation and hygiene facilities:</p> <ul style="list-style-type: none"> ■ Gender segregated latrines were constructed in 5 schools and 6 health centres and located in strategic places. ■ Installation of 185 hand washing stations in 130 health centres. ■ Water storage facilities installed in 250 schools and health centres. <p>Capacity building of GoK, WESCOORD and Community WASH Emergency Response</p> <ul style="list-style-type: none"> ■ Technical Assistance to National WESCOORD provided through recruitment of WASH Cluster Coordinator. ■ Building capacity at district level through District WESCOORD Coordination training programme. ■ Support to GoK officers to facilitate formation of District level WESCOORDS in 3 counties and reactivate district WESCOORDs in other emergency affected areas. ■ District level GoK Officers trained in Cholera Preparedness and Response. ■ Sector training courses for GoK and NGO partners in Information Management and GIS. ■ Training of Trainers for Community Health Workers aimed at GoK District officers. 	<p>Monitoring and Evaluation of project activities was done through:</p> <p>In addition, 5 Emergency WASH officers, the Stand-By Partner arrangement with donor governments. Two national Emergency WASH officers were stationed in the field offices of Turkana, Garissa and Dadaab and in the country office in Nairobi.</p> <p>Field Visits, monitoring and supervision trips by UNICEF WASH officers to project sites.</p> <p>GU and NGO project progress reports.</p> <p>GoK district disease monitoring reports and updates. WESCOORD IMs evaluated rapid assessment tool data producing sector maps and data for needs assessment.</p> <p>An assessment of the WASH needs in schools and health centres was conducted through a Rapid Assessment Tool (RAT) developed by UNICEF and distributed to all WASH Sector partners active in the field.</p> <p>UNICEF WASH coordinated with UNICEF Nutrition partners active in the Health Centres providing IMAM services to recruit a dedicated WASH officer to monitor ongoing activities by NGOs and GoK and to complete the RAT WASH assessment.</p>

<p>Promote water quality surveillance and household water treatment and safe storage at community level to control and eliminate cholera in affected areas.</p>	<ul style="list-style-type: none"> ■ Estimated 2,575 Community Health Workers trained. <p>Promotion of household water treatment and safe storage:</p> <ul style="list-style-type: none"> ■ Emergency WASH supplies including storage containers and water treatment chemicals distributed to 20,000 families (100,000 people). ■ Hygiene promotion messages including safe usage of water and hand washing at critical times reaching an estimated 1,000,000 people in targeted districts. ■ Installation of 185 hand washing stations in 130 health centres. ■ Water storage facilities installed in 250 schools and health centres. ■ Training of GoK District level officers in Cholera Preparedness and Response including water quality testing and surveillance. ■ Provision of chlorine powder for disinfection of community water supplies in cholera prone areas. ■ Estimated 2,575 Community Health Workers trained. ■ Water quality testing and disinfection included in hygiene promotion programmes through DPHOs. 	
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V. ANALYSIS – UNDERFUNDED EMERGENCIES ROUND I – ASSISTANCE TO REFUGEES

1. The humanitarian context

The *La Nina* dry weather conditions of October – December 2010 affected food security conditions in the northern and eastern parts of Kenya. According to the 2010 Long Rains Assessment carried out in August 2010, 1.2 million persons were reported food insecure. Humanitarian partners in January 2011 carried out another key assessment i.e. the Short Rains Assessment, the results of which indicated an increase of food insecure population to 2.4 million as a result of persistent drought conditions particularly in the northern districts of Kenya.

The drought conditions also triggered livestock migration to neighbouring countries like Ethiopia, Uganda and Sudan in search of pasture and water. Accelerated deterioration of grazing resources resulted in exceptionally long trekking distances, untraditional migrations, and concentration of livestock- the results of which included an upsurge of livestock diseases, such as Foot and Mouth Disease (FMD), Contagious Caprine Pleural Pneumonia (CCPP), and Contagious Bovine Pleural Pneumonia (CBPP) reported in Wajir, West Pokot, Baringo, Laikipia, Garissa, and Mandera. In addition, conflicts over water were reported in Mandera, Wajir, Isiolo, Tana River, Baringo, and West Pokot. Livestock body conditions deteriorated with the increased trekking distances affecting milk productively and market prices.

On the refugee front, the refugee population in the Dadaab refugee camp stood at 296,601 refugees in February 2011. The camps continued to receive significant numbers of new arrivals, in 700 per week. The refugee hosting community which refers to the local population living within 50 km radius around the refugee camp, in the districts of Fafi, Dadaab, and South Wajir have their surrounding environment severely depleted due to the overuse of wood and other natural resources by refugees and host communities.

In addition, Kakuma camp in Turkana district in the north-western region of Kenya that was created to mainly serve Sudanese refugees had since 2009 taken on new demographic dimensions and is now dominated by Somali refugees who (in 2011) form 55 per cent of the total population thereby increasing the competition for limited resources. The refugee hosting communities also continued to be impacted by the protracted drought and limited resources to mitigate disease outbreaks. The refugee camp surrounded by six hosting districts in the Greater Turkana area had been experiencing recurrent disease outbreaks. This had partly been due to the overcrowding in the camp, poor water and sanitation conditions in the hosting districts among others. Common recurring disease outbreaks included acute watery diarrhoea, cholera, dysentery, measles, meningitis malaria and poliomyelitis. The leading causes of mortality in Kakuma at the time were (crude per cent Mort) malaria (11 per cent), lower respiratory tract infections (10 per cent) and acute watery diarrhoea (8 per cent).

At the beginning of 2011, the Global Acute Malnutrition (GAM) rate was about 9 per cent while the Severe Acute Malnutrition (SAM) rate was 1.3 per cent . This was a reflection of a poor nutrition situation as indicated by a stunting rate of 20.8 per cent which resulted from longer term deprivation or malnutrition.

At the time of application of the CERF grant, there was as well grave concern that the continued deadlock on the relocation of refugees to Ifo II camp, the continued overcrowding in camps, and the deplorable conditions in the outskirts of the camps may lead to a public health emergency. New refugee arrivals were forced to be hosted in the outskirts of the camps due to overcrowding inside the camps. The living conditions were deplorable with poor shelter and sanitation and refugees were exposed to protection violations (there were increasing reports of gender based violence).

The Provision of shelter had remained a challenge due to a steady increase in the population as a result of mainly Somali new arrivals. Natural population growth and dilapidation of already existing structures also increased the need for shelter which by far surpassed the capacity to make this provision. At the beginning of 2011, the population living in adequate shelter was 65 per cent.

The deadlock UNHCR faced to relocate the refugees to Ifo II further impacted on humanitarian operations as agencies had invested significant resources to construct infrastructure that was not in use. The situation has since greatly improved with relocation and assistance to refugees ongoing in the new camps.

2. Provide brief overview of CERF's role in the country

The humanitarian country team prioritized three critical sectors for the current humanitarian response. The sectors and areas of intervention included: Multi sector assistance to refugees that supported shelter construction in Kakuma camp and food assistance to refugees residing in both Kakuma and Dadaab refugee camps; Health sector intervention aimed at enhancing disease surveillance and early warning systems in the refugee camps; and Agriculture and Livestock sector that supported emergency livestock support to refugee hosting communities affected by effects of protracted and extreme climatic conditions in north west Kenya.

By the end of 2010, malnutrition reports had been showing increasing trends in the arid and semi-arid regions of the country. There were disease outbreaks such as acute watery diarrhoea and cholera; poliomyelitis and measles. The health sector in particular was significantly underfunded in the Emergency Humanitarian Response Plan appeal for 2010 and could not complete most of their planned activities.

Kenya was among the countries selected to receive funding from the Under Funded Window. Sector leads were invited for an in-depth analysis of the situation taking various assessment and monitoring reports into consideration as well as the joint sector reports; Prioritization of the key sectors for the response were identified collectively. References were made to the EHRP 2011, the humanitarian components of the UNDAF among others.

A specific example of sector consultation on disbursement of CERF allocations is shared by the Health sector, The sector convened the Health Sector partners forum that had developed the sector strategies within the Kenya CAP. The key partners for the Under Funded Emergency fund, WHO, IRC and CDC then developed their plans while taking into consideration each other's comparative advantage. These then contributed to the other sector proposals that finally fed into the overall sector funding request.

3. What was accomplished with CERF funding

AGRICULTURE and LIVESTOCK

Some 117,284 individuals benefitted from CERF livestock activities while 3,000 households (15,000 people) benefitted from crops activities.

Whilst the CERF funding was limited in relation to the scale of the disaster, the funds were used to kick start programmes that were up scaled later. This is particularly true for NGOs that included CARE, VSF-B and PACIDA. The number of animals supported through CERF funds would not have been reached if these funds had not been available.

FOOD – MULTI SECTOR ASSISTANCE TO REFUGEES

In 2011, WFP received two CERF grants for the refugees under both windows i.e. underfunded and rapid response, totalling close to \$5 million. The funds enabled WFP to continue providing food assistance to close to half a million refugees in Dadaab and Kakuma. The first grant in March filled critical gaps in the food supply when other donations were forthcoming, and ration cuts that were imminent. The second grant confirmed in July enabled WFP to save lives by augmenting assistance to the increasing numbers of Somali refugees because of the crisis in the Horn of Africa. In total, WFP purchased 6,510 mt of mixed food commodities (salt, wheat flour and Super cereal (CSB+)) which were distributed to refugees through general food distributions. However, given the fragile conditions that most refugees arrived in, global acute malnutrition levels amongst children remained at critical levels (above 15 per cent) in Dadaab.

Whereas the unprecedented influx of Somali refugees witnessed in mid-2011 began to tail off from September onwards, the humanitarian needs in both camps remained for the more than half a million refugees living there, with little hope of returning home soon.

NUTRITION

CERF funding of the nutrition sector (under multi-sector refugees) saw an improvement, in 2011, of the global acute malnutrition rate in Kakuma to 7.5 per cent from 9.2 per cent in 2010, while the severe acute

malnutrition rate also improved to 0.3 per cent from 1.3 per cent in 2010. This was achieved through supplementary feeding, the establishment of a nutrition monitoring system and promotion of infant and young child feeding practices. While a progressive decline in malnutrition rates has been realized over the past three years they are still above UNHCR/WHO benchmarks. Funding allocated through the UNHCR extended the anaemia strategy played a large part in facilitating the implementation of interventions to improve the general nutritional status of children and pregnant and lactating mothers including interventions to mitigate and reduce macro and micronutrient deficiencies, particularly anaemia and global acute malnutrition.

SHELTER

The CERF funds and contributions from other donors improved the shelter situation for refugees. At the end of 2011, 73 per cent of households were living in adequate shelter (made of galvanized iron sheet roofing and sun baked mud brick walls) which is reflective of an improvement over the level of 65 per cent in 2010. This, though below standards is an improvement whereby 11,820 persons benefited from new shelter.

HEALTH

Due to the support of procurement of vaccines and support to advocacy, communication and social mobilization to increase the uptake of the interventions and the subsequent conduct of the integrated measles campaign in North Eastern Province and Dadaab a total of 176,292 (107 per cent) out of 167,710 were vaccinated reducing the new cases of measles outbreaks and suffering among care givers and communities at large.

The financial support and subsequent conduct of integrated outreach and surveillance services implemented with the delivery of high impact interventions including routine measles immunization and prompt detection of the epidemic prone diseases led to improved overall coverage from 83,011 (42 per cent) at the start of August to 122,320 (62 per cent) children under one) by the end December. Huge increase in the number of children vaccinated was observed from August to December. This led to the drastic reduction in the numbers of unvaccinated children and consequent reduction in measles and cholera outbreaks in Dadaab refugee camp, host community;

4. An analysis of the added value of CERF to the humanitarian response

e) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?

YES NO

Yes, the commodities procured with CERF contributed to a timely delivery of commodities which were in shortfall. As a result of the funds, WFP did not have a break during the surge of new arrivals in the camps in September. CERF funding also catalysed rapid intervention especially in cases where partners had ongoing programmes that were focused towards assisting communities deal with the *La Nina* phenomenon.

CERF funds also greatly enabled the operation to bridge the gap in nutrition and shelter sectors under the multi sector assistance to refugees. The support came at the right time to address the shelter needs of new arrivals and to improve nutritional status of the most vulnerable categories of refugees.

CERF funding was also sought to assist organizations and the government scale up emergency interventions and livelihood recovery in the affected areas. The funds enabled humanitarian interventions to be conducted in areas that would have never have benefited. The CERF funding did meet the critical needs though not adequately as required by implementing organizations. The critical needs of livestock health, restoring assets through restocking with poultry was beneficial in Kitui and Makueni (south eastern) as poultry thrive well in these areas and provide meat and eggs and are not vulnerable to drought and can be kept in small areas and form good source of income for women in households.

f) Did CERF funds help respond to time critical needs?

YES NO

As at the beginning of 2011, Kakuma Camp had a population of 81,207. During the year, the humanitarian operation was faced with a steady flow of new arrivals from neighbouring countries, which continually stretched the limited resources of UNHCR and its partners, including the Government of Kenya, to provide protection and assistance to persons of concern.

Addressing the needs of a growing population was a major component of the operation with protection and other life- saving sectors of assistance becoming increasingly overburdened due to the influx of new arrivals. Maintaining a balance between addressing the needs of the growing population of new arrivals and the gaps affecting the older population was problematic due to limited resources. The CERF funds contributed in supporting the nutrition and shelter needs of refugees.

In addition, given the time for commodities to arrive, timely programming of food commodities is crucial, CERF funds contributed to a timely response to the increased needs. Funds provided through the underfunded window of the CERF portfolio enabled response well in advance of the release of other emergency funds. This enabled organisations to be present on the ground and to adapt their activities as the food security situation worsened.

CERF funding did also stabilize an insecure situation this can be noted especially in areas that livestock were succumbing to health problems due to the poor pasture availability and stress caused by it. The vaccinations carried out against CCPP and PPR also saved a situation where livestock could have succumbed to these diseases and hence a loss of livelihoods. The weak animals were saved from opportunistic infections through de-worming, mineral licks, and other vaccinations contributing to improved livestock health.

g) Did CERF funds result in other funds being mobilized?

YES NO

Although the funds were crucial, they represented only a small part of the overall requirements, for a multi-donor financed project for WFP.

CERF complemented UNHCR fundraising efforts leading to a significant funding towards the Initial Budget Target (IBT) allocated by the Headquarters.

The CERF underfunded window began on the 29th of March for FAO, which was at least 4 months before any other funds targeting the effects of the drought were received from emergency donors within the Agriculture and Livestock sector.

For FAO, in the majority of situations CERF funds were used to assist existing projects ramp up their operations in order to respond to the humanitarian need. Other donors such as ECHO through the Regional Drought Decision, had programmes being implemented at the time of the drought also other donor driven initiatives of partners of a similar nature. CERF funds enabled these programmes to respond more comprehensively to the problems of the *la Nina* prior to the onset of other emergency specific funds.

CERF funding also strengthened the humanitarian response to those partners who were not funded or underfunded and also to partners who were engaged in similar interventions but lacked the capacity to ramp up their projects in response to the drought. In short the CERF funds enabled a much more comprehensive response to the drought crisis and were particularly important in assisting early recovery through saving and securing livelihoods of the affected pastoral and agro-pastoral communities.

CERF funding allowed humanitarian programme continuity, including prevent breaks in the pipeline and cover gaps. The funding was very appropriate to some partners whose funding allocations for crises related to humanitarian response was limited in terms of achieving what they wanted to do for example CARE, VSF-B, PACIDA, and ACTED. The allocations for the CERF funds to these partners enabled them boost their intervention activities prior to the onset of other emergency funding.

h) Did CERF improve coordination amongst the humanitarian community?

YES NO

The CERF assisted mobilization of other resources especially CCPP and PPR vaccine from the government and also the government personnel to participate in the implementation of the animal health initiatives in collaboration with the implementing partners. Other resources mobilized included the limited cold chain in certain locations and provision of ice bags by the veterinarian department in the field and the sampling of livestock for CCPP and PPR in Marsabit and Garissa. The implementation of CERF funded activities was largely undertaken through UNHCR partners. UNHCR played a coordination role to ensure an effective humanitarian action.

V. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-	RESPONSIBLE
<p>Flooding The flash floods experienced in the area rendered roads impassable and project areas inaccessible. This in some instances slowed down project timelines and operational plans. It also caused the outbreak of disease in camel restocked project areas with some camels succumbing to death (4).</p>	<p>In consultation with the livestock/veterinary department, IOM purchased drugs and administered to the camels thus limiting the spread of disease. Drug administration was carried out with the help of trained Community Animal Health Workers (CAHWs) at the respective project areas. Thus cluster management committees were formed to provide adequate follow up and monitoring of the project activities after the project duration, to ensure sustainability and community ownership.</p>	<p>Provincial Administration and the community</p>
<p>Lack/unreliability of extension services at the community level While the line ministries offered technical expertise, extension services from these ministries to compliment projects/activities implemented by the project were not forthcoming. They attributed this to logistical challenges.</p>	<p>IOM aimed to link the project directly to the beneficiaries with the respective line ministries, i.e. livestock and agriculture, for monitoring and continuous follow up.</p>	<p>Organizations and Provincial Administration</p>
<p>Insecurity Since all the project areas were beyond the 10 km radius and in high security level areas, it was mandatory to use security escorts whenever visiting the project areas. With the high costs involved in hiring escorts and security services, this limited access to the project areas to once a week. This meant that monitoring of the projects was not as regular as initially intended.</p>	<p>To avert this problem, IOM maximised the use of community resource persons who were stationed in the project areas to monitor project activities. This approach will continue to be used in the future.</p>	<p>Organizations</p>
<p>WHO: Deployment of Technical support to the field contributed much to more collaboration and partnerships</p>	<p>Human resource component of budget for the sectors should be up scaled</p>	<p>Sector Leads and UNOCHA</p>
<p>Voucher for work activities improves community participation and ownership of the projects and is very flexible. Voucher for work also</p>	<p>More voucher for work activities that helps to meet immediate needs and improves future resilience should be promoted</p>	<p>CERF/FAO</p>

reduces dependency		
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TO NOTE: The CERF funding allowed for flexibility in terms of implementation strategies by individual organizations and thus chose to undertake the activities according to the best possible ways as regarding the prevalent conditions, in the case there were essential activities that were not planned and could greatly boost the ongoing activities these were slotted in. For example due to the changing climatic conditions, the activities for the slaughter of livestock and distribution of meat were changed to animal health initiatives.

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY – UNDERFUNDED EMERGENCIES ROUND I

FAO - AGRICULTURE								
CERF PROJECT NUMBER	11-FAO-008	Total Project Budget	\$ 670,000	Beneficiaries		Reached	Gender Equity	
				Individuals	Targeted			
PROJECT TITLE	Support to pastoral and agro-pastoral communities affected by the La-Nina phenomenon.	Total Funding Received for Project	\$ 670,000	Female	60,000	59,600		The benefit was equal amongst the Gender, this is because in pastoral communities all gender participate in livestock activities and the results of the intervention trickle down amongst the different gender in the family. Also the children are the first to benefit from the good fruits of the intervention since they receive the first priority as they are young.
				Male	50,000	48,000		
				Total individuals (Female and male)	110,000	107,600		
				Of total, children under 5	24,000	24,000		
				TOTAL	134,600	132,284		
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 670,000					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS		
<p>Principal objective: Support the most vulnerable men and women affected by the <i>La Nina</i> Phenomenon in selected drought-prone pastoral and marginal agricultural areas to protect and rebuild their livelihood assets.</p> <p>Specific objectives: To provide immediate and timely support to men and women pastoralists to protect and rebuild their livestock assets and</p> <p>Increase the resilience of the vulnerable men, women, girls and boys affected by <i>La Nina</i> in selected marginal agricultural areas</p> <p>Specific objective 1 <i>Activity 1.1:</i> Protection of the community assets, which are mainly livestock through mass treatments, de-worming and vaccinations.</p> <p><i>Activity 1.2:</i> Rebuilding of community assets through livestock fairs and re-stocking affected households with chicken</p> <p><i>Activity 1.3:</i> Facilitate livestock off-take and</p>		<p>Beneficiary support:</p> <ul style="list-style-type: none"> A total of 132,284 individuals benefitted from the CERF intervention from an estimated number of 134,000 this translates to 98.7 per cent of the target <p>Support to pastoralists to protect and re-build livestock assets:</p> <ul style="list-style-type: none"> Two participatory baseline surveys for livestock interventions carried out by CARE and ACTED 1,281,089 livestock were reached through vaccination treatments and de worming over 70 per cent were small stock. 207,003 small stocks vaccinated against PPR, 65,185 Goats against CCPP. The remaining almost a million were de worming, treatments, and other vaccinations Over 10 DSG meetings conducted at district level 34 livestock owners trained and equipped with husbandry kits 3 livestock owners associations formed in East Pokot. 5,000 poultry re-stocked to vulnerable communities in Kitui and Makueni 1000 people trained in poultry husbandry practices. 2,870 poultry vaccinated against NCD <p>Increase resilience of vulnerable people in selected agricultural marginal areas:</p> <ul style="list-style-type: none"> 1,066 acres of land conserved by digging terraces through Vouchers for Work 15 mt of drought tolerant seeds distributed and planted by 3,000 household through Seed Vouchers and Fairs approach 10,300 fruit and tree seedling distributed through Seed Vouchers and Fairs 40 drip irrigation kits as well as 20 kgs of various vegetable seeds distributed through vouchers in Mandera East 				<p>Monitoring and evaluation was done through field visits to implementation sites and back to office reports which were circulated to partners.</p> <p>Midterm and end of project reports helped to evaluate the how the project performed.</p>		

<p>slaughter de-stocking where the livestock are in bad condition, The first initiative injects cash into the community enabling them buy essential commodities while the second initiative provides both cash and food in form of meat for the community</p> <p>Specific Objective 2</p> <p><i>Activities 2.1</i> Implement Cash for Work activities where vulnerable men and women construct soil and water conservation and water harvesting structures that increases their resilience. In this approach, the cash for work will help to meet the immediate needs such as food, medical and school fees thereby protecting the assets while the constructed structures will improve resilience to future droughts.</p> <p><i>Activity 2.2.</i> Provide vulnerable men and women with suitable vegetable and drought tolerant crop seeds for planting</p> <p><i>Activity 2.3</i> Training of vulnerable men and women on crop production technologies</p>	<ul style="list-style-type: none"> ■ 455 assorted farming hand tools distributed in Mandera east ■ 5 sand dams constructed in Kitui ■ TOT conducted for 120 FFS facilitators 	
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IOM - AGRICULTURE

CERF PROJECT NUMBER	11-IOM-004	Total Project Budget	\$ 2,380,000	Beneficiaries		Gender Equity	
				Targeted	Reached		
PROJECT TITLE	Emergency livestock support to refugee hosting communities affected by effects of protracted and extreme climatic conditions in North West Kenya	Total Funding Received for Project	\$ 570,000	Individuals	18,000	The women benefited more due to the fact that the project targeted more women than men, as well as the fact that women in the Turkana community conduct most of the farming activities, e.g. water harvesting, planting of pastures and restocking.	
				Female	10,800		12,880
				Male	7,200		7,588
				Total individuals (Female and male)	18,000		20,468
				Of total, children under 5			
TOTAL	18,000	20,468					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 180,001				

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
Rapid livestock needs assessment.	Rapid livestock needs assessment <ul style="list-style-type: none"> A rapid livestock needs assessment conducted in Letea, Kalobeyei and Nanaam A total of 1350 people interviewed in the 3 project areas; Land is communally owned and subdivided into small plots on which they practice farming 	Camel Associations were formed to assist in marketing and act as a feedback/information forum.
Restocking 100 households with 200 local hybrid camels.	Restocking 100 households with 200 local hybrid camels <ul style="list-style-type: none"> 100 households identified for restocking in kalobeyei, Letea and Nanaam 3 cluster management committees comprising 10 members each for every site formed to assist in monitoring the camels 100 households restocked with local camels in Kalobeyei, Letea and Nanaam 200 camels vaccinated against trypanosomiasis and mange 	Line ministries were constantly engaged in the project to provide technical expertise and continuous monitoring of project activities in the community after project duration.
Construction of water harvesting structures-water pans, shallow wells.	Construction of water harvesting structures-water pans, shallow wells. <ul style="list-style-type: none"> 3 shallow wells constructed in Kalobeyei, Letea and Nanaam. 	Engagement of Community Resource Persons who provided daily and continuous monitoring at community level.
Training of community animal health workers and equipping them with drug kits.	Training of community animal health workers and equipping them with drug kits. <ul style="list-style-type: none"> 30 beneficiaries from Letea, Kalobeyei and Nanaam. identified and trained on community animal health workers skills and equipped with drug kits 3 drug stores equipped with veterinary drugs in Letea, Kalobeyei and Nanaam. 30 beneficiaries identified and trained in agricultural extension skills in Kalobeyei, Letea and Nanaam. 	Consultative forums with community leaders and reporting (weekly and monthly field reports)
Provision of pastures, drought resistant seeds and agricultural tools for farming.	Provision of pastures, drought resistant seeds and agricultural tools for farming. <ul style="list-style-type: none"> 569 beneficiaries/households identified and distributed with drought resistant seeds in Kalobeyei, Letea and Nanaam 475 households identified and given agricultural farm tools in Kalobeyei, Letea and Nanaam 100 beneficiaries distributed with feed supplements, hay, range cubes, and urea multinutrient mineral blocks (UMMBs). 3 acres of pastureland reseeded with cilliriass grass specie in Kalobeyei, Letea and Nanaam. 	Field visits to the project sites by field staff
Provision of Emergency Livestock	Provision of Emergency Livestock Supplementary Feeding	Feedback from the community through focus group discussions
		Issuance of certificates or letters of attendance to trained beneficiaries; Community Resource Persons to use to monitor them as they put the skills they learnt into practice.

Supplementary Feeding	<ul style="list-style-type: none">100 pastoralists in Letea, Kalobeyi and Nanaam supplied with animal feed supplements, which included hay, range cubes and UMMBs.	One on one interview with the beneficiaries. Observation i.e. observed that planting, harvesting has been done
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WFP – MULTI-SECTOR

CERF PROJECT NUMBER	11-WFP-008	Total Project Budget	\$182,048,829	Beneficiaries			Gender Equity																
				Targeted	Reached																		
PROJECT TITLE	Food Assistance to Somali and Sudanese refugees	Total Funding Received for Project	\$ 3,805,286	Individuals	420,000	544,755	All refugees benefited from this intervention. Women are equally represented in the Food Advisory Committee. Furthermore, women are encouraged to collect rations on behalf of their																
				Female	175,000	271,011																	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 4,000,054	Male	195,000	273,744																	
				Total individuals (Female and male)	420,000	544,755																	
				Of total, children under 5	54,000	133,323																	
				TOTAL	420,000	544,755																	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES ⁶				MONITORING AND EVALUATION MECHANISMS																	
To support the purchase of food stocks that will be supplied to 420,000 refugees residing in the Dadaab and Kakuma refugee camps.		<p>Outcome – Improved food consumption over assistance period for refugee households: Indicator : Household food consumption score: > 21</p> <ul style="list-style-type: none"> On average, 82 per cent of households recorded a score of > 21. The actual average score was 50.6 <p>Outcome – Increased access to education and human capital development in assisted schools: Indicator – Enrolment and attendance rate with 90 per cent of the enrolled attend school regularly.</p> <ul style="list-style-type: none"> In Dadaab 82 per cent⁷ of the students attend school regularly In Kakuma 73 per cent of the students attended school regularly <p>Outcome – Reduced and/or stabilized acute malnutrition in children under 5 and in adults in targeted refugee population. Indicator: Prevalence of acute malnutrition among children under 5 (weight-for-height as per cent) (<15 per cent)</p> <table border="1"> <thead> <tr> <th></th> <th>(GAM)</th> <th>(MAM)</th> <th>(SAM)</th> </tr> </thead> <tbody> <tr> <td>17.2 (13.2-22.1)</td> <td>22.4 (17.4-28.3)</td> <td>23.2 (18.4-28.9)</td> <td>38.3 (32.1-44.8)</td> </tr> <tr> <td>12.6 (9.8-16.2)</td> <td>15.5 (11.6-20.5)</td> <td>15.0 (11.8-18.9)</td> <td>19.5 (16.2-23.2)</td> </tr> <tr> <td>4.6 (2.7-7.6)</td> <td>6.8 (4.2-11.0)</td> <td>8.2 (5.4-12.2)</td> <td>18.8 (14.7-23.6)</td> </tr> </tbody> </table>					(GAM)	(MAM)	(SAM)	17.2 (13.2-22.1)	22.4 (17.4-28.3)	23.2 (18.4-28.9)	38.3 (32.1-44.8)	12.6 (9.8-16.2)	15.5 (11.6-20.5)	15.0 (11.8-18.9)	19.5 (16.2-23.2)	4.6 (2.7-7.6)	6.8 (4.2-11.0)	8.2 (5.4-12.2)	18.8 (14.7-23.6)	<p>Performance is monitored during food distribution that takes place twice a month using a standard distribution monitoring tool, and two weeks after through an assessment of food use and coping strategies of randomly selected households using a standard post distribution monitoring tool.</p> <p>A sample of schools, FFA sites, training centres and SFP sites are sampled and monitored every month by WFP and Cooperating partners. Field level agreements are evaluated before renewal. WFP participates in quarterly and annual surveys Lead by UNICEF.</p> <p>Baseline information for outcome is derived from all of these sources. Programmes are evaluated through bi annual JAMS</p>	
	(GAM)	(MAM)	(SAM)																				
17.2 (13.2-22.1)	22.4 (17.4-28.3)	23.2 (18.4-28.9)	38.3 (32.1-44.8)																				
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4.6 (2.7-7.6)	6.8 (4.2-11.0)	8.2 (5.4-12.2)	18.8 (14.7-23.6)																				

⁶ The following outcomes, except smp are extracted from the nutrition survey carried out between August/Septembre 2011 Hagadera, Ifo, and Dagahaley camps and dagahaley outskirts.

⁷ Statistics from November 2011, the last school going months

WHO - HEALTH

CERF PROJECT NUMBER	11-WHO-012	Total Project Budget	\$ 450,000	Beneficiaries			Gender Equity
				Individuals	Targeted	Reached	
PROJECT TITLE	Coordinated Emergency health response for refugees in six health districts North, West, Central, South, East Turkana and Loima and their host communities.	Total Funding Received for Project	\$ 220,000	Female	58,000	42,000	Children and women were the main beneficiaries
				Male	46,000	27,000	
				Total individuals (Female and male)	104,000	69,000	
				Of total, children under 5	21,000	20,000	
				TOTAL	125,000	89,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 150,000				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					Monitoring and Evaluation Mechanisms
<p>Improve coordination among the key health sector stakeholders in the Kakuma refugee camp and the District health teams surrounding the refugee camp Upscale the disease surveillance and response (EWARNs) system in the camp and hosting district health teams. Improve capacity of partners to respond immediate threats; measles outbreak, yellow fever, meningitis and pandemic influenza</p>		<ul style="list-style-type: none"> ▪ Kakuma refugee camp rehabilitated, equipped and upgraded through a collaborated actions by WHO, CDC and IRC. Surveillance improved and contributed to the prompt detection of the malaria outbreak which was contained and a bigger outbreak averted in the refugee camp and the 5 host districts ▪ Training conducted for 40 health workers from five (5) District health teams on disease outbreak investigation, confirmation and response. Conducted same for over 20 health workers from health facilities. ▪ Health sector coordination and technical support improved through deployment of technical expertise to Turkana to facilitate multi-sector collaboration and coordination, provide technical support to District health teams and Partners in the Kakuma refugee camp. ▪ Mass public health education was conducted in the refugee camps and the five districts in at least 20 communities led by the District health teams. 					<p>Weekly epidemiological bulletin</p> <p>District level health coordination meeting reports</p> <p>Health Sector situation reports and assessment reports</p> <p>Health and Nutrition Sector meeting reports and minutes</p>

UNHCR– MULTI-SECTOR

CERF PROJECT NUMBER	11-HCR-003	Total Project Budget	\$ 1,000,049	Beneficiaries			Gender Equity
				Individuals	Targeted	Reached	
PROJECT TITLE	Humanitarian Assistance to refugees in Kakuma	Total Funding Received for Project	\$ 1,000,049	Female	32,161	33,228	The general population benefitted from provision of complementary food items. Malnourished children with no medical condition were provided with plumpy nuts and the new arrivals were provided with semi-permanent shelters. The support benefitted refugee women, girls and men and boys in equal measure.
				Male	37,620	38,104	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,000,049	Total individuals (Female and male)	69,781	71,332	
				Of total, children under 5	12,047	14,530	
				TOTAL	81,828	85,862	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
<p>Shelter and infrastructure maintained or improved for refugees living in Kakuma camp.</p> <p>Improve the nutrition well-being of refugees in Kakuma camp.</p>		<p>Shelter and infrastructure maintained or improved for refugees living in Kakuma camp. <i>Provision of shelter ensured:</i></p> <ul style="list-style-type: none"> ■ Constructed 1,300 semi-permanent shelter units for 5,200 newly arrived refugees. ■ Constructed 100 semi-permanent shelter units for 400 persons with specific needs, ■ Trained newly arrived refugees to participate in the construction of their own houses.. <p>Improve the nutrition well-being of refugees in Kakuma camp.</p> <ul style="list-style-type: none"> ■ Provided with complementary food at a rate of 50/p/day to the general refugee population. This increased the daily ration and contributed to calorific value of food taken. ■ Purchased 37 metric tonnes of plumpy nuts for the treatment of malnourished children. ■ Conducted campaigns on Vitamin A supplementation and de-worming every 3 months of the year; targeting some 15,000 children of under 5 year of age. 				<p>Shelter allocation to new arrivals and persons with specific needs was regularly monitored by the multi-function teams (MFT) to ensure their shelter needs were addressed in a timely manner. The multi-functional teams comprised UNHCR, the Government counterparts, the implementing organization in charge of shelter construction and refugee shelter advisory group.</p> <p>A nutritional survey was one of the monitoring and evaluation tools used to assess the nutritional status of refugees. Other monitoring methods include focussed group discussions, mid upper arm circumference (MUAC) and regular meeting with all stakeholders in the nutrition sector</p>	

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS – RESPONSE TO THE DROUGHT –RAPID RESPONSE

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNERUS\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	COMMENTS/ REMARKS
FAOKE 105-001	Livestock	FAO	CARE	INGO	100,000	20/10/2011		Preparatory activities initiated in October 2011
FAOKE 105- 004	Livestock	FAO	PACIDA	NGO	50,000	28/9/2011	10/2011	As above
FAOKE 105-003	Livestock	FAO	FH	INGO	100,000	30/9/2011	10/2011	As above
FAOKE 105-005	Livestock	FAO	VSF-Suisse	INGO	100,000	8/11/2011	10/2011	Preparatory activities started in October but there was need for agreement change hence the November transfer date.
FAOKE 105-007	Livestock	FAO	Vetworks EA	INGO	100,000	28/9/2011	10/2011	As above
FAOKE 105-008	Livestock	FAO	Vetaid	INGO	100,000	28/9/2011	10/2011	As above
FAOKE 105-006	Livestock	FAO	VSF-B	INGO	100,000	4/10/2011	10/2011	As above
FAOKE 105-002	Livestock	FAO	COOPI	INGO	100,000	28/9/2011	10/2011	As above
FAOKE 105-009	Livestock	FAO	VET Dept	Government	100,000	3/10/2011	10/2011	As above
FAOKE 105-010	Agriculture	FAO	CED	FBO	81,228	3/10/2011	10/2011	As above
FAOKE 105-014	Agriculture	FAO	CDO Meru	FBO	50,000	3/10/2011	10/2011	As above
FAOKE 105- 011	Agriculture	FAO	CDO Kitui	FBO	30,000	5/10/2011	10/2011	As above
FAOKE 105-012	Agriculture	FAO	PDA NE	Government	70,160	3/10/2011	10/2011	As above
FAOKE 105-015	Agriculture	FAO	PDA Eastern	Government	89,840	4/10/2011	10/2011	As above
FAOKE 105-013	Agriculture	FAO	PDA RV	Government	100,000	4/10/2011	10/2011	As above

CERF PROJECT CODE	CLUSTER/	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/
	SECTOR							Remarks (total value of contract)
	Food	WFP	Action Aid - Mwingi	INGO	18,683	06.01.2012	10/2011	157,126
	Food	WFP	Action Aid - Isiolo	INGO	30,565	06.01.2012	10/2011	117,365
	Food	WFP	COCOP - Mandera	NNGO	48,899	17.01.2012	10/2011	396,067
	Food	WFP	CDK - Kitui	NNGO	20,675	18.01.2012	10/2011	71,556
	Food	WFP	Caritas Nyeri - Laikipia	NNGO	13,975	13.02.2012	10/2011	109,568
	Food	WFP	Elberta - Samburu	NNGO	29,212	17.01.2012	10/2011	54,070
	Food	WFP	FHI- Marsabit	INGO	51,209	17.01.2012	10/2011	333,155
	Food	WFP	KRCS - Garissa	NNGO	32,477	14.02.2012	10/2011	328,053
	Food	WFP	KRCS - Ijara	NNGO	9,372	14.02.2012	10/2011	137,922
	Food	WFP	KRCS - Kwale	NNGO	14,560	18.01.2012	10/2011	175,145
	Food	WFP	Oxfam GB - Turkana	INGO	128,946	17.01.2012	10/2011	781,361
	Food	WFP	WVI -Baringo	INGO	28,211	30.01.2012	10/2011	329,931
	Food	WFP	WVI - East Pokot	INGO	17,163	30.01.2012	10/2011	302,833
	Food	WFP	WVI - Kilifi	INGO	7,112	30.01.2012	10/2011	188,589

- CERF funds contributed to the larger WFP pot (multi-donor project financing), where only food expenditures can be traced to a particular donor. For other cost categories, contributions lose donor identity. For this reason, amount transferred to NGOs has been estimated based on tonnage delivered. The value of the food is not included in the estimated funds transferred to the subcontracted partners (NGOs, FBOs) .
- Entire USD value of contract with NGO partners handling GFD are in comment's section (FFA and cash transfers not included);
- The start date indicated is the start date of the activity GFD (to which CERF contributed) following the crisis and LRA of 2011.
- Payments are made after service delivery (food distributions). A long process ensues starting with the invoices sent by NGO partners.

	Food	WFP	WVI - Taita	INGO	13,489	30.01.2012	10/2011	207,251
	Food	WFP	WVI - Turkana	INGO	16,435	18.01.2012	10/2011	303,286
	Food	WFP	KRCS - Makueni	NNGO	24,766	18.01.2012	10/2011	196,036
	Food	WFP	WVI - Makueni	INGO	17,557	30.01.2012	10/2011	168,679
	Food	WFP	WVI - West Pokot	INGO	15,808	30.01.2012	10/2011	285,477
	Food	WFP	KRCS - Tana River	NNGO	14,754	18.01.2012	10/2011	141,037
	Food	WFP	NIA - Kajiado	NNGO	22,332	17.01.2012	10/2011	142,542
	Food	WFP	Ramati Development Initiative - Samburu	NNGO	23,951	17.01.2012	10/2011	177,063
	Food	WFP	ALDEF - Wajir	NNGO	96,873	17.01.2012	10/2011	384,851

CERF PROJECT CODE	SECTOR	AGENCY	IMPLEMENTING PARTNER	TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	COMMENTS/ REMARKS (total value of contract)
11-CEF-039-C	Wash	Water Service Board	Rift Valley Water Service Board	Government	27,533.04	27/07/11	27/07/11	
	Wash	Water Service Board	Northern Water Service Board	Government	82,417.58	10/08/11	10/08/11	
	Wash	Ministry Of Public Health and Sanitation	District Public Health Officer, Turkana	Government	6,178.83	03/10/11	03/10/11	
	Wash	Ministry Of Public Health and Sanitation	District Public Health Officer, Marsabit	Government	51,276	17/10/11	17/10/11	
	Wash	Ministry Of Public Health and Sanitation	District Public Health Officer , Samburu	Government	26,563	17/10/11	17/10/11	
	Wash	INGO	Concern Universal	INGO	134,561.84	17/10/11	17/10/11	
	Wash	INGO	Catholic Relief Services	INGO	131,038.55	26/10/11	26/10/11	
	Wash	Ministry Of Public Health and Sanitation	District Public Health Officer, Turkana	Government	7,202.64	26/10/11	26/10/11	
	Wash	INGO	Save The Children	INGO	138,088.95	10/11/11	10/11/11	
	Wash	INGO	COOPI	INGO	146,517.77	25/11/11	25/11/11	
	Wash	INGO	Action Against Hunger	INGO	170,179.75	23/11/11	23/11/11	
		WASH	Ministry Of Public Health and Sanitation	District Public Health Officer Moyale Gov	18,429.49	22/11/11		
	Wash	NNGO	Arid Lands Development Agency	NNGO	14,298.96	22/11/11	22/11/11	
	Wash	Ministry Of Public Health and Sanitation	District Public Health Officer Samburu	Government	19,277.78	29/11/11	29/11/11	
	Wash	Ministry Of Public Health and Sanitation	District Public Health Officer Turkana	Government	26,493.78	30/11/11	30/11/11	
	Wash	Ministry Of Public Health and Sanitation	District Public Health Officer, Wajir	Government	45,603.49	01/12/11	01/12/11	
	Wash	Ministry Of Public Health and	District Public Health Officer, Mandera East	Government	4,632.70	02/12/11	02/12/11	

		Sanitation						
	Wash	Rift Valley Water Service Board	District Water Officer, Turkana	Government	3,290.43	01/12/11	01/12/11	
	Wash	Ministry Of Public Health and Sanitation	District Public Health Officer	Government	25,018	05/12/11	05/12/11	
	Wash	Ministry Of Public Health and Sanitation	District Public Health Officer, Turkana	Government	98,101.10	27/07/11	27/07/11	

ANNEX 2. – UNDERFUNDED EMERGENCIES ROUND 1

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
KEN-11/A/37066/123	Livestock	FAO	VSF-Belgium	INGO	50,000	22/6/2011	07/2011	Note preparatory work started in June
KEN-11/A/37066/123	Livestock	FAO	CARE - Kenya	INGO	48,600	22/6/2011	07/2011	Note preparatory work started in June
KEN-11/A/37066/123	Livestock	FAO	ACTED	INGO	40,000	22/6/2011	07/2011	Note preparatory work started in June
KEN-11/A/37066/123	Livestock	FAO	PACIDA	NGO	40,000	22/6/2011	07/2011	Note preparatory work started in June
KEN-11/A/37066/123	Livestock	FAO	Vetworks E A	NGO	54,000	22/6/2011	07/2011	Note preparatory work started in June
KEN-11/A/37066/123	Agriculture	FAO	CDOE	FBO	60,000	22/6/2011	07/2011	Note preparatory work started in June
KEN-11/A/37066/123	Agriculture	FAO	CDOK	FBO	60,000	22/6/2011	07/2011	Note preparatory work started in June
KEN-11/A/37066/123	Agriculture	FAO	PDA NE	GOVT	60,000	28/6/2011	07/2011	Note preparatory work started in June
KEN-11/A/37066/123	Shelter	UNHCR	NCCK	NGO	267,419	20/07/2011	08/2011	
KEN-11/A/37066/123	Nutrition	UNHCR	IRC	INGO	335,016	20/07/2011	08/2011	
			UNHCR	UN	397,614	20/07/2011	08/2011	Complementary food and plumpy nuts purchased by UNHCR due to comparative price advantage for bulk procurement
UFE	Multi-sector	WFP	CARE	INGO	\$ 1,897,310	October	01/09/2011	Commodity value + cost of distributing the food
UFE	Multit-sector	WFP	LWF	INGO	\$ 474, 327	October	01/09/2011	Commodity value + cost of distributing the food
CD M0265	Multi-Sector	UNHCR	Relief, Reconstruction and Development	National NGO	207,727.96	03/08/2011	01/08/2011	

			Organisation-RRDO					
CD M0265	Multi-Sector	UNHCR	International Rescue Committee- IRC	International NGO	354,382.32	27/01/2011	01/08/2011	
CD M0265	Multi-Sector	UNHCR	GIZ	International NGO	401,518.00	31/01/2011	01/08/2011	
CD M0265	Multi-sector	UNHCR	Direct implementation		1,174,034.00	03/08/2011	01/08/2011	Procurement of plumpy nuts and tents through UNHCR supply chain
RR	Multi sector	WFP	CARE	INGO	\$ 654,053	12/2011	01/11/2011	Commodity value + cost of distributing the food
KEN-11/H/37703/R	Health	UNICEF KC	Ministries of Health	Government	61,916.30	20/08/2011	21/07/2011	Funds transferred to support strengthening integrated outreach and surveillance.
ACF: KEN-11/H/37768/5186	Nutrition	UNICEF	ACF	INGO	232,251.66	03/11/2011	07/2011	A reimbursement of the expenses incurred since program inception was done in November
	Nutrition	UNICEF	Mercy USA	INGO	216,850.32	21/09/2011	N/A	The activities were already ongoing and CERF funds were used to scale-up the activities.
	Nutrition	UNICEF	IRC	INGO	136,005.97	26/10/2011	N/A	
	Nutrition	UNICEF	IMC	INGO	254,149.58	17/11/2011	N/A	
11-WFP-045	Multi sector	WFP	CARE	INGO	2,498,818	September	01/09/2011	Commodity value + \$/Mt
	Multi sector	WFP	LWF	INGO	624,704	September	01/09/2011	Commodity value + \$/Mt

TO NOTE: The total CERF funds transferred includes the food value of the food distributed by each partner. Excluding the food value, cash disbursed to partners to enable them distribute the food was as follows

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CAHWs	Community Animal Health Workers
IOM	International Organization for Migration
UMMB	Urea Multi-mineral Mineral Blocks
CBOs	Community-Based Organizations
CAHWs	Community Animal Health Workers
ICT	Information Communication Technology
IEC	Information, Education and Communication
IOM	International Organization for Migration
MOH	Ministry of Health
MOL	Ministry of Livestock
ORS	Oral Rehydration Salts
SHOATS	Sheep and Goats
UMMB Blocks	Urea Multi-mineral Mineral Blocks
COCOP	Consortium of cooperating Partners
CDK	Catholic Diocese of Kitui
KRCS	Kenya Red Cross Society
WVI	World Vision International
NIA	Neighbourhood Initiative Alliance
ALDEF	Arid Lands Development Focus
FHI	Food for the Hungry International
FBO	Faith Based Organization
CERF	Central Emergency Relief Fund
DRR	Disaster Risk reduction
EPR	Emergency Preparedness and Response
OCHA	Office for the Coordination of Humanitarian Affairs
WHO	World Health Organization
UNICEF	UNICEF Nations Children's Fund
NATCOMs	National Committees for UNICEF
CIDA	Canadian International Development Agency
ORS	Oral Rehydration Salts
OPS	Online Project System
ACF	Action Contre la Faim (Action Against Hunger)
ANC	Antenatal Clinic
ASAL	Arid and Semi-Arid Lands
CERF	Central Emergency Respond Fund
FEWSNET	Famine Early Warning System Network
GAM	Global Acute malnutrition
GHAOF	Greater Horn of Africa Climate Outlook Forum
HiNi	High impact Nutrition interventions
HMIS	Health Management Information System
IFE	Infant Feeding in Emergencies
IMAM	Integrated Management of Acute Malnutrition
IYCN	Infant and Young Child Nutrition
MAM	Moderate Acute malnutrition

MOH	Ministry of Health
MoPHS	Ministry of Public Health and Sanitation
RUTF	Ready to Use Therapeutic food.
SAM	Severe Acute Malnutrition
SMART	Standardised Monitoring and Assessment of Relief and Transition
UNICEF	United Nations Children's Fund
WFP	World Food Programme
CHW	Community Health Worker
COOPI	Cooperazione Internazionale
DRR	Disaster Risk Reduction
DPHO	District Public Health Officer
DWO	District Water Officer
IEC	Information, Education and Communication
GAM	Global Acute Malnutrition
GFD	General Food Distribution
GoK	Government Of Kenya
HHWTS	Household Water Treatment and Safe Storage.
HINI	High Impact Nutrition Intervention
IMAM	Integrated Management Of Acute Malnutrition
MoPH and S	Ministry Of Public Health and Sanitation
PCA	Project Cooperation Agreement
RAT	Rapid Assessment Tool
RRT	Rapid Response team
SAG	Strategic Advisory Group
SAM	Severe Acute Malnutrition
WASH	Water, Sanitation and Hygiene
WESCOORD	Water and Environmental Sanitation Coordination