

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

Country	Kenya
Humanitarian / Resident Coordinator	Mr. Aeneas Chuma
Reporting Period	1 January- 31 December 2008

I. Executive Summary / Background

Kenya's Presidential elections of December 2007 and the violence that followed the election results left untold misery on thousands of Kenyans and millions more in the region. Violence broke out after the announcement on 30 December that the incumbent Mwai Kibaki had narrowly won a hotly contested presidential election against Orange Democratic Movement Leader Raila Odinga. The post-election conflict impelled a rapid and unprecedented large-scale humanitarian emergency that left an estimated 1,300 people dead, estimated 500,000 displaced and hundreds more injured. The conflict had driven Kenyans to flee for refuge as far as Uganda and northern Tanzania as others sought safe havens locally. The effects of the violence were widespread as neighbouring countries, some of whom depend on Kenya as a conduit for aid transportation and movement of humanitarian workers, also suffered setbacks due to the Kenya crisis. Livelihoods and economic activities were disrupted on a large scale. As the Government of Kenya (GoK) grappled with the scale of the emergency, the social structure had also broken down as the conflict tore the nation on ethnic lines, hate and mistrust. Thousands were left with little or no access to essential services. Local government authorities operated for approximately two weeks on a reduced scale as some staff were afraid to report for work for fear of being deliberately targeted for their alleged political or ethnic orientation. Nevertheless, the UN, NGOs, the Red Cross family and donors mobilised themselves to quickly initiate life-saving programs.

With the signing of the National Peace Accord, mediated by Former UN Secretary General Kofi Annan with support from the African Union and other international organisations, the situation slowly stabilised. The GoK launched *Operation Rudi Nyumbani* (Return Home) in May 2008 which saw the return of more than 300,000 people back to their pre-displacement areas or transit sites by the end of the year. Meanwhile far greater challenges continued to characterise the Kenyan humanitarian scene throughout 2008. With consequences of the post-election melee far from over, multiple internal and external factors presented a renewed humanitarian emergency later in the year. Insecurities and mistrust in some communities and loss of property in places of origin (for displaced communities) deterred progress in IDP returns, prolonging relief operations. Poor long rains, reduced cereal production, and livestock diseases converged to increase food insecurity among vulnerable populations. Kenya's permeable borders witnessed an increase in refugee figures. In 2008 alone, 68,037 refugees were registered in Kenya, bringing the total to 235,455 by the end of 2008. The sudden upsurge, which came unfortunately only a month after a humanitarian appeal was submitted, further strained service provision. Camps were congested beyond capacity, a situation that presented health and camp management challenges.

Humanitarian actors and donors doubled their efforts in providing support to the vulnerable populations through provision of sustainable relief services: temporary shelter in displacement and return areas; water, sanitation and hygiene promotion; education; health; recovery and reconstruction initiatives to restore/kick-start livelihoods; protection; coordination and advocacy; and human rights.

Thanks to the generous support of donors, \$136.9 million was received through the 2008 Emergency Humanitarian Response Plan (EHRP) targeting over 500,000 beneficiaries among them post-election violence (PEV) victims, refugees and other vulnerable groups such as food insecure populations and those affected by severe climatic changes. CERF contribution to the total amount received through the EHRP stood at US\$21,453,262 (15.6 percent); this was made possible through three rapid response allocations of \$15,046,914 in response to IDP needs that arose from the PEV, for IDP resettlement and food insecurity. Through the underfunded window another \$6,406,348 was received to address the refugee influx.

Total amount of humanitarian funding required and received during the reporting year	REQUIRED: RECEIVED:	\$ 207,568,401 (EHRP) \$ 136,945,869 (through EHRP) Other Funds: \$ 48,527,476
Total amount requested from CERF	FUNDS (IN TOTAL REQUESTED):	\$ 25,970,279
Total amount of CERF funding received by funding window	RAPID RESPONSE: UNDERFUNDED: GRAND TOTAL:	\$ 19,563,931 \$ 6,406,348 \$ 25,970,279
Geographic areas of implementation targeted with CERF funding	North Rift Valley – (Naivasha, Molo, Nakuru, Kipkelion, Baringo); South Rift Valley – (Uasin Gishu, West and East Trans Nzoia, Lugari); Nairobi, Limuru, Dadaab in Garissa district, Kakuma in Turkana district, Kisumu, Kericho, Kisii, Thika, Nyeri North, North & West Pokot, Wajir, Isiolo, Machakos, Kitui, Thika, Murang’a, Makueni, Kirinyaga, Koibatek	

UN agencies	Total amount of CERF funding for direct UN agency/IOM implementation and total forwarded to implementing partners in USD			Beneficiaries			
	UN	Partners and Govt	Total	Total	Under 5	Female	Male
FAO	3,335,725		3,335,725	162,985		490	495
UNFPA	341,904		341,904	350,000 IDPs, 190,000 refugees Total: 540,000			
UNHCR	5,790,266	1,934,652	7,724,918	Refugees: 236,411 IDPs: 316,850 Total: 553,261	32,375	110,856	125,555
UNICEF	1,634,311	788,939	2,423,250	IDPs: 202,000 School Children: 35,522 Total: 1,273,754	754,811	281,421	

WHO	1,476,504		1,476,504	IDPs & at Risk: 713,000 Refugees 297,000 Women and children: 174,000 Total: 1,184,000			
WFP	7,453,641		7,453,641	IDPs: 441,000 Refugees: 285,300 Drought affected: 395,000 Total: 1,121,300			
IOM	662,450	500,079	1,162,529	60,000		60 percent	40 percent
Total	22,189,056	3,781,223	25,970,279	4,895,300			

II. Coordination and Partnerships

(a) Decision-making and Coordination

The Humanitarian Coordinator mobilised partners on the ground to discuss the humanitarian response to the crisis, to identify needs and gaps and develop a coordinated response. It was agreed to adopt the cluster approach to facilitate a coordinated response which led to the formulation of eleven clusters with the appointed lead agencies to identify needs, gaps, map capacities of both the GoK and other partners to respond and organise concerted responses in each sector. On 10 January 2008, 11 clusters were approved and rolled out in Kenya under the leadership of the Emergency Relief Coordinator (ERC). Apart from Protection, Shelter and non-food items (NFIs), Camp Coordination/Management and Logistics, the rest of the clusters were aligned to already existing sectors within the coordination mechanism in Kenya. Decisions for the rapid response allocations were made through the clusters and the HC endorsement was given along those lines.

Agencies such as World Food Programme (WFP) and Kenya Red Cross (KRC) were able to start their operations by 6 January 2008 despite many difficulties mainly in access. Assessments were initially difficult due to the fluidity of population movements. However priority needs during the acute phase of the emergency were identified as shelter, food, protection, water and sanitation, health and hygiene.

Following the announcement of the underfunded allocation to Kenya by the Humanitarian Coordinator, a meeting was immediately convened by United Nations High Commission for Refugees (UNHCR) as the lead agency on refugee programmes with all its partners to deliberate and agree on gap areas. A task force was established comprising representatives from key agencies working with refugees in Kenya to draft proposals that would reflect identified needs. Several consultations with relevant stakeholders were conducted to ensure that all proposals were rationalized and streamlined in accordance with the CERF guidelines. Although not fully engaged at the taskforce level, NGOs input was very crucial on identifying the gaps.

(b) Prioritization process

Established clusters in collaboration with existing national coordination structures played a crucial role in determination of priorities and in the identification of gaps within specific clusters/sectors. In this regard, lead agencies in clusters/sectors worked and partnered with NGOs, KRC and the GoK to ensure life saving priorities were identified.

Prioritization for submitting Rapid Response CERF projects was based on identified needs from joint assessments undertaken by the KRC, GoK and the UN through aerial as well as on-the-ground assessments by agencies that were already operational. Food, shelter, NFIs, sanitation and hygiene as well as protection were amongst the top areas to respond to. Also identified was the need for early recovery elements to support restoration of pre-conflict livelihoods. The growing food insecurity in the country also presented a new area of priority focus, in addition to the already identified key areas.

For the underfunded window, the process was facilitated by the results of the joint assessment between WFP, UNHCR and UNICEF, whose findings were agreed upon. In addition, overall consultation among partners working in refugee camps was welcomed. While the nutrition status had improved slightly, critical sectors such as food, health, WASH and shelter required urgent intervention to alleviate suffering compounded by increasing populations. Poor sanitation and hygiene contributed to frequent disease outbreaks which were problematic in their own rights but also increased vulnerability and malnutrition.

The approval of the project proposals was overseen by the Inter-Agency Standing Committee and endorsed by the Humanitarian Coordinator.

III. Implementation and Results

1. Coordination and implementation arrangements

Humanitarian funding received in 2008 largely contributed to life saving initiatives undertaken by the UN and its partners. CERF multiplied the potential for realising the strategic objectives in the 2008 original and revised EHRPs. The increased funding levels toward the end of 2008 addressed some the new challenges such as food insecurity in return areas and newly identified vulnerable places, and refugee influx. Beneficiaries benefited from CERF through food aid, WASH activities, health, education, nutrition, protection and addressing food security (provision of farming inputs and tools). All these were achieved through a coordinated approach, one of the key elements funded by EHRPs in Kenya.

2. Project activities and results

Overall coordination and support services

Coordination services were essential to ensure a well planned humanitarian response to the PEV victims, refugee influx and other at risk populations. The RC/HC's Office was strengthened by enhanced capacity in information management and the opening of the OCHA field offices in Eldoret and Nakuru that continue to offer valuable support to vulnerable populations such as PEV victims, food insecure, flood affected, disease outbreaks and to the preparedness efforts of both the government and other humanitarian partners.

In regard to the underfunded window, UNHCR as the lead agency on refugee response worked in partnership with WFP, UNICEF, WHO, CARE, LWF and GTZ to ensure proper coordination in identifying priority needs. Overall coordination and compiling of the CERF projects was done by the HC's office with support from OCHA.

(a) Underfunded Emergency Projects

Food aid

Funds received through the underfunded window enabled WFP to procure 5,390 mt of mixed commodities for the refugees, some of which will be distributed in 2009. The cooperating partners distributed the food commodities already in the camps to an estimated 285,000 people through fortnightly general food distributions. The CERF funds were instrumental in ensuring that refugees received a full food basket of 565 grams/person/day (or 2,100 kilocalories) consisting of cereals, pulses, vegetable oil, iodized salt and corn soy blend (CSB) throughout the year.

Complementary food and supplementary feeding

In 2008, there was a high influx of refugees from Somalia which significantly increased the number of beneficiary admission into the various components of the feeding programme. Performance indicators of all SFP were well within Sphere standards in 2008, (Sphere standards Recovery rate > 75 percent; Death rate < 10 percent; Default rate < 15 percent) for 2008 across the three camps. From Health Information System (HIS) data collected in 2008, the supplementary feeding programme coverage for the under five year olds was 200 percent and 74 percent for pregnant and lactating mothers. Two nutrition surveys were conducted in February and August 2008. The findings of 2008 nutrition survey indicated no significant difference in malnutrition rates compared to 2007 survey. Global acute malnutrition (GAM) and severe acute malnutrition (SAM) rates are as follows: Dagahaley 12.0 percent, Hagadera 11.2 percent and Ifo 10.8 percent. Pregnant and lactating mothers are as follows; Dagahaley 19.1 percent, Hagadera 19.0 percent and Ifo 12.9 percent respectively. Results of the 2008 nutrition survey indicated no significant change in malnutrition rates compared to 2007. The rates in 2008 stood at 12 percent and 1.5 percent GAM and SAM rate respectively with Dagahaley camp recording the highest rates compared to Ifo and Hagadera camps.

In Kakuma, 98 percent of the refugees are entirely reliant on food aid, with minimal opportunities existing for self reliance initiatives. A nutrition survey undertaken in September 2007 revealed a GAM and SAM rate of 9.0 percent and 0.9 percent respectively, anaemia rates of 86.4 percent and 40.7 percent in children < 5years and women 18 – 49 years respectively. Resource limitations coupled with other structural and behavioural factors have been an impediment in the attainment of desirable nutritional status for the persons of concern.

Two nutrition surveys conducted in April and October 2008 found that malnutrition rates had gone up from GAM – 9.0 percent and SAM – 0.9 percent to 10.1 percent and 1.5 percent respectively. By October 2008, the GAM and SAM rates had gone up to 21.9 percent and 3.6 percent respectively.

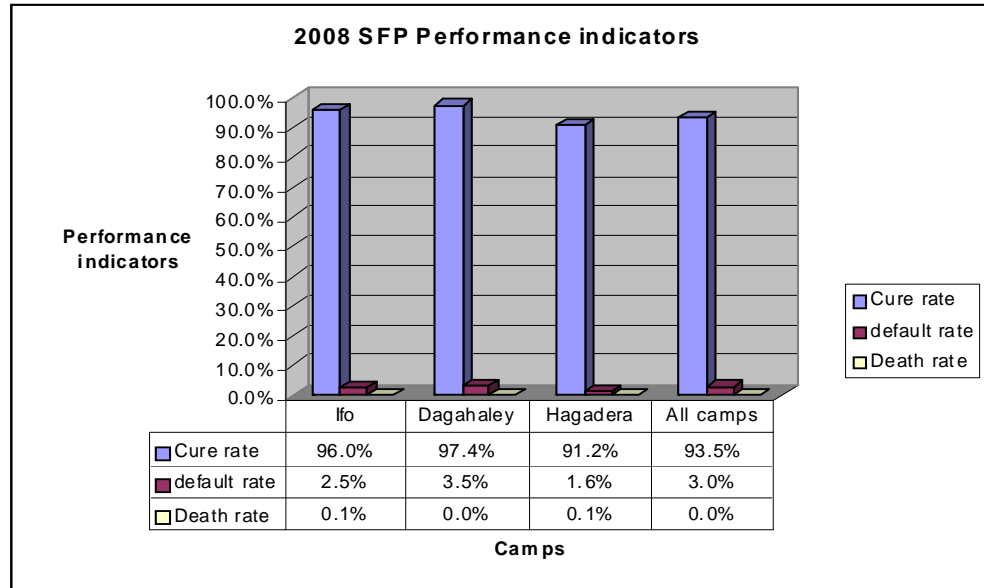
The two surveys also assessed nutritional status of women in reproductive age. 7.5 percent of pregnant and lactating women in Kakuma camp were malnourished as were 1.4 percent of those neither pregnant nor lactating women. The rates were worse for host community women with 29.7 percent of pregnant and lactating women presenting as malnourished and 2.6 percent of those not pregnant/lactating also being malnourished. The critical situation of the host community is also expressed here as one requiring urgent attention. 35-40gm/p/day of complementary food was distributed (704.65 metric tonnes of complementary food was purchased and distributed in 2008)

Nutrition

i) Mother and Child nutritional status: A nutrition survey conducted in August 2008 in Dadaab indicated a GAM of 11 percent and SAM at 1.3 percent. Malnutrition among women was reported at between 5 percent and 16 percent. Initiation of breastfeeding within one hour of birth and exclusive breastfeeding (first six months of life) was reported at 74 percent and 29 percent respectively. Over 25,000 beneficiaries were admitted for the supplementary feeding programme and 1723 severely malnourished children all under-five years (45 percent girls and 55 percent boys) were admitted for therapeutic feeding programme.

In Kakuma camps, GAM was reported at 11 percent in 2008 while exclusive breastfeeding is at 44 percent compared to a national average of 2.3 percent. Other maternal and child indicators improved in 2008 with Iron/folic uptake reported at over 70 percent up from under 50 percent in 2007 for mothers. Of the PMTCT beneficiaries, over 90 percent received nutritional counselling in both Dadaab and Kakuma refugee camps.

ii) Performance indicators at feeding programmes: All Supplementary Feeding Programme indicators were within Sphere standards in 2008 for both Dadaab and Kakuma (Sphere standards: Recovery rate >75 percent; Death rate < 10 percent; Default rate < 15 percent). The coverage of the Supplementary Feeding Programme as reported by the UNHCR Health Information System data was well over 100 percent, though there might



have been problems in calculations of denominators in Kakuma, although these were relatively low.

The indicators for therapeutic feeding programme was also within the sphere guidelines with coverage rate at over 100 percent during the third and fourth quarter of 2008 from less than 70 percent in first and second quarter. Performance indicators such as recovery rate (90 percent) and death rate (under 2 percent) were well within Sphere guidelines.

iii) Vitamin A and Deworming: Two Vitamin A Supplementation (VAS) and deworming activities were carried out in 2008 targeting children between 6 to 59 months and children aged 2 and 15 years respectively for Vitamin A Supplementation and deworming. Both Vitamin A Supplementation and deworming coverage was over 100 percent in the campaigns. These results were confirmed during the 2008 nutrition surveys that reported VAS coverage at 90 percent and deworming at more than 80 percent.



Breastfeeding week in Dadaab camp

iv) Infant and Young Child Feeding (IYCF) Practices: GTZ has been working closely with CARE in the promotion of proper infant and young child feeding practices in Dadaab camps. At least 90 percent of Community Health Workers (CHW) working in the nutrition programme have been trained on IYCF counselling and the knowledge and skills gained is continually being used to ensure improved IYCF practices. IRC has also been active in the promotion of appropriate infant and young child feeding practices which has seen exclusive breastfeeding rate increasing to 44 percent from a low of 30 percent in 2007.

v) Capacity building initiatives: Due to high staff turnover in the camp, there was need to ensure continuous enhancement of skills. With CERF funds, a total of seven trainings were conducted between April and December 2008 mainly targeting health personnel, Community Health Workers, community volunteers and men, among other groups. The trainings were on the management of acute malnutrition at community and facility level, HIV/AIDS and nutritional counselling, Baby Friendly Hospital Initiatives, Growth Monitoring and Micronutrient Deficiency Control measures.

vi) The CERF support was also used to maintain skilled delivery of nutrition services through ensuring continued engagement of three qualified nutritionists and 29 nutrition community extension workers in Dadaab camps. UNICEF supported this activity by providing direct cash to GTZ in Dadaab.

Water, Sanitation and Hygiene

(i) Water: To maintain water reticulation system and ensure consistent supply of 15-20 litres per day (lpd) of clean potable water to refugees, two elevated tanks were constructed in Ifo and Dagahaley camps. UNHCR procured water equipment such as generators and submersible pumps in order to improve the existing water systems in the camps. In Dagahaley camp, 9,699.60 cubic meters of water is produced per week and supplied to 71,768 refugees at an average per capita of 18.04 lpd. While in Ifo camp, 12,087.19 cubic meters of water produced per week and distributed to 83,780 refugees at an average per capita of 16.62 lpd. Materials for extension of water to new influx sites procured and an extension of 6.38 km in Dagahaley section G and H, 2.1km in Ifo section N and 0.7 Km in Hagadera section M done. The laying of a 3.5 Km water pipe has been completed from borehole 9 to the elevated steel tank in Dagahaley camp. Elevated Steel Plate Tank fencing materials were procured and delivered, Contractor completed the fencing of BH9 in Dagahaley camp.

UNHCR proposed to CARE to use funds from the annual budget; to connect blocks in section N and put more additional tap stands to reduce walking distances for refugees in B18, B 17, B16 & B15 in IFO camp to the existing reticulation system, connecting to the new elevated steel tank with the system of BH7 in Ifo camp. This will also boost water supply to blocks B1 to B9 whose flow rate has dropped since the establishment of section N in Ifo camp.

(ii) Sanitation: In view of the dismal state of waste disposal, CARE procured and distributed 109 wheelbarrows, 789 rakes and 302 shovels to 7,350 refugees in 21 blocks across the camps. The tools were distributed through community leaders at block level who also managed the use of the tools. Although the sanitation tools were inadequate to cover the three camps, they enabled the community to clean the blocks.

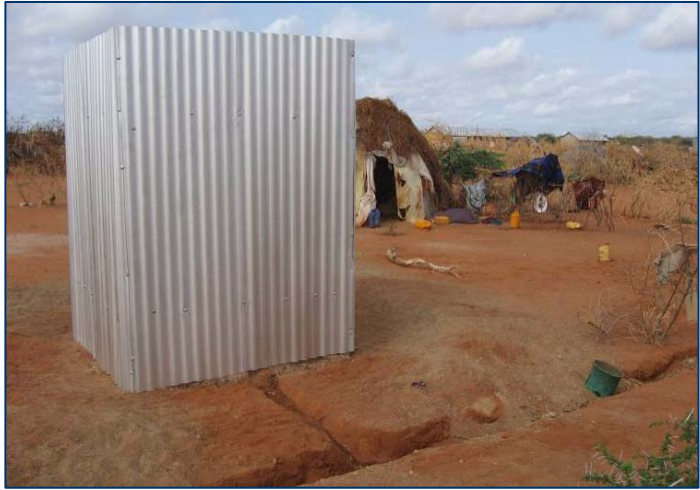
CARE with CERF funds mobilized plastic waste collection groups who collected plastic waste and stored it at central collection points at the camps after which the plastics were transported to the shredding plant at Ifo for processing into pellets. The pellets were then sold to an identified buyer in Nairobi. The outcome was a cleaner premise around public places in addition to income generation from selling of the shredded products. However, the high cost of running the shredding plant including cost of fuel and spare parts were the major challenges that faced the project. In addition, there were inadequate community mobilizers to educate the community on the importance of waste as a source of income generation.

Latrines chemicals were purchased and testing done on selected latrines in the blocks. The result will guide water & sanitation in management of solid waste and particularly that which needs more chemical to digest the faecal matter.

CARE planned to excavate and fence 21 dumping sites in all the three camps in order to delineate them and to encourage the community to use designated pits for ease of waste disposal and management. However, this activity was not undertaken due to lack of plots occasioned by new refugees who encroached the dumping sites. The materials for the fencing were purchased and will be put to use once the plots are available after the conclusion of the ongoing discussion between LWF and the community.

In Kakuma, IRC repaired 19 water drainage systems in order to improve the sanitation within the camp and prevent the spread of disease. Assessments revealed that there was need for construction of new drainage system as opposed to repair of the old dilapidated systems. In light of this, four new drainage systems were constructed at four schools.

(iii) Latrines: Nine hundred and forty (940) household latrines (combined with shower cubicles) were constructed in the three camps benefiting 4,700 individuals and 260 communal latrines were constructed in Hagadera benefiting 3,640 individuals. In addition, there were some repair and maintenance activities undertaken under this project. 305 communal latrines have been maintained in the three camps benefiting approximately 4,270 individuals and 317 school latrines have also been maintained. The school latrines were maintained despite not being initially planned.



In Kakuma, IRC constructed 200 latrines which resulted in a reduced latrine to person's ratio of 1:13 although the decreasing camp population figures partly contributed to this reduced ratio. The new latrines were distributed across the different zones. In addition, latrine construction tools (digging bars, handsaws, tape measures, hoes, wheelbarrows, soades and rakes) were procured and distributed to the community.

(iv) Hygiene: In order to improve the hygiene standards among the refugees, 15 hygiene promotion monitors were hired and worked hand in hand with the sanitation team to conduct hygiene campaigns where messages touching on washing hands with soap at critical times, proper food and water handling, environmental hygiene and proper latrines use were shared. The groups that were targeted were food handlers, water handlers at tap stands and owners of business premises. A total of 20 hygiene campaigns were conducted. The new influx blocks were cited as one of the high risk areas and much of the hygiene promotion efforts were directed to sections G and H in Dagahaley, N in Ifo and M in Hagadera.



These campaigns were accompanied by motivational gifts that included basins, buckets and potties. Driven by the need to pass the hygiene messages to as many people as possible, 20 PET performances were conducted as a way of attracting audiences during which the hygiene messages were shared. Approximately 6,000 (4,500 female) refugees were reached during these performances.

Hygiene clubs were formed in five camp schools and 44 school hygiene parades were conducted to highlight hand washing as a key aspect of hygiene. 252 persons participated in hygiene awareness sessions organised and conducted in 10 zones within

the camps. In addition a Participatory Hygiene and Sanitation Transformation (PHAST) training was carried out amongst 39 health care providers. 80 community health care providers were trained on hygiene promotion and 170 refugees with special needs sensitized on hygiene promotion.

(a) *School Hygiene Promotion:* Taking into consideration that the young are the agents of behaviour change in the community, a number of hygiene promotion activities were conducted targeting school health clubs. Three interschool competitions were held. This involved quizzes on various aspects of hygiene and the best school awarded with FACAA club kits that consisted of seven packets of soap, nail cutters, and 20 towels reaching over 600 (200 girls). Six exhibitions were conducted where members of health clubs demonstrated hygiene practices as a child to child approach reaching over 1,200 children. To further enhance hygiene status in schools, six sanitation days were marked reaching over 1,800

pupils. Sanitation tools were given to encourage them to maintain clean school premises. 17 wheelbarrows, 90 rakes and 60 spades were distributed to school health clubs patrons.

(b) Information, Education and Communication (IEC) Materials: CARE developed information dissemination materials including 33 billboards with messages on hygiene practices such as hand washing, safe water handling, and food hygiene. These bill boards were placed at strategic locations such as market places, food distribution centres and the appropriate public places.

Shelter

UNHCR through its partner NRC constructed 250 mud brick shelters with labour contribution from beneficiary families. There were 1,250 beneficiaries in Ifo Section N. In Dagahaley, an additional 250 mud brick shelters were constructed in Sections G and H for another 1,250 beneficiaries.

In Kakuma, it was planned to construct 300 permanent shelters for persons with special needs, 847 shelters for refugees (general refugee population) and 664 temporary shelters by NCKK. By the end of 2008, 362 temporary shelters (54.6 percent) had been constructed. 658 (77.7 percent) of new shelters were roofed for the general population (new arrivals forming the major beneficiary), and 68 (22.7 percent) of shelters were constructed for persons with special needs.



Health

During the crisis, access to services had been severely compromised, and some health facilities had been burnt, vandalized or medical staff themselves became hostages of the crisis. UNFPA reports that CERF funding provided support in the following life-saving areas: Immediate procurement and distribution to IDP sites and nearest health facilities of 60 clean delivery kits, 40 mid-wifery kits, 60 basic rape kits, and 30 PEP kits. This helped in the prevention of excess neonatal and maternal morbidity and mortality, reduce HIV and sexually transmitted infections, and prevent consequences of sexual violence.

CERF provided additional support for emergency protection for displaced victims of the PEV through which technical support was given in the coordination of GBV activities. An assessment of GBV was conducted in the main hot spots of the violence. In this regard, Nairobi Women's Hospital was identified as key partner in GBV response attending to hundreds of victims by providing post-rape treatment using supplies funded through CERF. UNFPA provided 2000 energy saving jikos, 4000 hygiene kits and 1620 LED lamps were procured with CERF funds and distributed to 10 transit and settlement sites which were identified by the local GBV working group and led by their GBV field advisor.

Recovery/Livelihoods

With the CERF funds received, FAO, through its implementing partner GTZ, assisted 985 refugee youth in Dadaab and Kakuma camps through projects aimed at restoring livelihoods. Refugee youth were trained in agricultural and life skills through Junior Farmer Field and Life Schools (JFFLS) and Farmer Field Life Schools (FFLS). Twenty-eight (28) JFFLS and FFLS groups were established in both camps.

Protection

(i) Refugee women/gender equality: The protection of women and children was greatly improved with the construction of shelters which provided better privacy and improved access. Construction of latrines allows them to safely access the facilities and defecate close to their plots reducing the level of risk for

women, namely rape. Also, the improved design of the latrines allows mothers to shower children inside the same latrine cubicle. Impact on gender issues has been through the following initiatives:

- Support for home-based enterprises for female-headed households, through improved shelter types. Improved shelter types will encourage women to open small businesses in their plots, for example, adding an extra room using the same construction methodologies learned while building the mud-brick shelter
- Support equality of access to education, through the provision of adequate school facilities
- Support equality of access to on-the-job training in construction activities (for example, women from Section N that were able to build their own houses in 2007 have been equally considered during the recruitment of mud brick trainers. Some of them succeeded and are now part of the teams)
- Assurance of personal security and privacy through the provision of latrines and shower cubicles for each family, on the family plot
- Increased skills capacity of women (ex. production of mud bricks).

Transport/Logistics

IOM enhanced operational capacities and ensured that the affected populations received the most relevant service thanks to CERF. IOM proposed movement logistics for up to 50,000 people, moving to camps and also back to their homes. Under the "Relocation Framework", the Protection cluster deemed the movement of some IDPs as, for example, *too much like ethnic cleansing*. Under the Operation *Rudi Nyumbani* IOM was able to provide some families with transport to return to their homes. Once again, however, protection shortfalls made it difficult to reach all families. The total number of IDPs moved decreased to 10,000 (down from 50,000). IOM was able to request a no cost extension and provided logistic support to UNICEF for the movement of non-medical items and NFIs in the Rift Valley.

CERF funds strengthened management of warehousing was strengthened in order to ensure that project materials and non-food items are received and stored properly. Materials for cementing Dagahaley rub halls were procured and delivered and the work was completed. This has provided a conducive storage room for the project materials

Non- Food Items

Procurement of NFIs such as 20,000 kitchen sets, 8,000 jerry cans, 50,000 mosquito nets and 137.6 metric tonnes of soap was undertaken. A total of 18,775 kitchen sets and 8,324 mosquito nets were distributed to 26,623 families in the three camps. Some 31, 676 mosquito nets were released to IRC and GTZ for distribution in the hospitals targeting families with children under 5 and lactating mothers in the camps.

In Kakuma, 4,000 kitchen sets and 12,000 jerry cans were purchased for distribution. 11,696 jerry cans distributed to refugee families (size 1 – single households) as they had not benefited from the general distribution undertaken in June 2008.

(b) Rapid Response Emergency Projects

Early Recovery/Livelihoods

FAO, with support from CERF funding, worked with its partners in agriculture support to assuage the impact of soaring food prices on the most vulnerable rural, peri-urban and pastoralist populations in Kenya. 27,000 households benefited from crop and livestock production. FAO, through its partners, among them the Kenya Red Cross, supplied agricultural inputs (seeds, fertilizers and pesticides) which enhanced productivity. The livestock component of the project involved vaccination of livestock. During vaccination exercises, mobilization and sensitization was conducted in villages by the council of elders, chiefs, veterinary officers and ACTED. They educated villagers on PPR (Peste des Petits Ruminants) and CCPP (Contagious Caprine Pleuro-Pneumonia). With the high awareness on the livestock diseases, villagers turned up in overwhelming numbers with an estimated 1.5 million goats and sheep that benefited from the vaccination programme.

Shelter

UNHCR implemented some CERF-funded projects directly and others through its partner GOAL. In responding to IDP and returnee needs, transitional shelter kits were distributed to IDPs returning to pre-displacement areas. UNHCR also undertook the reconstruction of damaged houses for some returnee families. For example, the pilot project implemented by GOAL in Kipkelion District included a participatory beneficiary assessment, and the distribution and construction of 500 transitional shelter kits (TSK), including three demonstration kits. Feedback showed TSK design well accepted with IDPs mobilizing their capacities to add walls, windows and doors. The shelter project included the provision of corrugated iron sheets, timbers and hardware at a value of \$370 to 870 families (average family size of five) whose houses had been partially destroyed. Agency operational support by GOAL included office rent, logistics and construction supervisors as well as local craftsmen to construct shelters for vulnerable families.

IOM constructed 700 shelters from CERF funds across three districts. A strict vulnerability criteria was employed in order to target beneficiaries who were in the most desperate need of shelter. Working through the local administration and engaging rights based community mobilization approaches, IOM was able to successfully work with the community to select and construct beneficiaries' houses. IOM was able to support the regeneration of livelihoods of artisans such as carpenters, drawn from the same communities, to construct the shelters. The shelters were rolled out in a record nine weeks and there has been a 100 per cent uptake of the shelters.

Health

Funds from CERF were primarily used for supplies, which comprised procurement and distribution of 10 supplementary drug kits, 1 emergency health kit and 20 interagency health kits to support treatment of various ailments in 200,000 people for 3 months as well as the administration of measles and polio vaccines. The majority of these emergency kits were used in the IDP camps and health facilities stationed in catchments areas where host communities were living. The availability of these medicines and equipment contributed to the low incidence of disease outbreaks linked with the crisis. For example, two cases of measles were identified in an overcrowded IDP camp at the stadium in Nakuru. Rapid vaccination of children in the camp against measles prevented the spread of what might have been a devastating outbreak.

The close cooperation of UNICEF, WHO and UNFPA staff in supporting the emergency response of the Ministry of Health has brought long-term gains. For example, all district health plans for Annual Operational Plan 4 2008/9 now contain planned activities for health emergency response. For the first time, these activities are likely to attract budget support and a better response from the Government in case of an emergency arising in future.

Overall, the most important result is that there were no reported cases of disease outbreaks in the IDP camps and within host communities. Over 300,000 people in IDP camps and host communities had access to basic health services during the post election emergency period. UNICEF contributions in supporting the Government to deploy contract health workers as well as providing an uninterrupted flow of essential supplies made a vital contribution to that effort.



Growth Monitoring and IYCF promotion with volunteers

Nutrition

CERF funding ensured that the Ministry of Health and implementing partners were provided with adequate and timely support (i.e. supplies and technical assistance) without interruption to continue to scale up nutrition services in the affected areas i.e. Rift Valley province, Nairobi slums and Turkana district.

UNICEF was able to deliver adequate nutritional supplies to about 67 health facilities in Rift Valley, North Eastern, Nairobi and Nyanza Provinces for the management of severe and moderate acute malnutrition. In addition, continuous technical support through UNICEF field staff as well as 14 UNICEF supported MOH nutritionists ensured that essential nutrition actions (i.e. micronutrient supplementation, nutrition education and counselling, growth monitoring and management of acute malnutrition) were scaled-up and integrated in routine services as per standards.

The CERF funds provided treatment for 2053 children below five years affected by severe acute malnutrition between July and September 2008. This was distributed as follows: 1,610 in Turkana districts, 353 in Nairobi slums and 90 in post election affected areas. Out of these, about 1,700 recovered. In addition, CERF funds supported supplementary feeding activities which reached about 3,200 children under 5 years old and 6,080 pregnant and lactating mothers during the implementing period.

Others results:

- **Introduction of biweekly Supplementary Food Programme:** The shift from weekly to biweekly food distribution impacted positively on the nutrition programme. From focus group discussions conducted across the three camps, the programme beneficiaries indicated that they now had more time to carry out other activities at the household level, and had more time to spend with their children.
- **Additional stationery food distribution teams:** A total of twenty nine additional incentive staff was recruited for surveillance activities and also to support the feeding programme activities. In addition, four additional stationery food distribution teams (two in Ifo and two in Dagahaley camps) were established. This contributed positively toward efficiency in service delivery to beneficiaries.
- **Construction of food stores at the feeding sites:** Small stores were constructed by WFP at the health posts for use in storage of premix for distribution. This contributed toward improved efficiency in serving programme beneficiaries.
- **Feeding programme sites:** Improvements of feeding structures at the health posts were undertaken with CERF funding and additional resources by GTZ which helped in effective crowd control space for health and nutrition education sessions during food distribution.
- **Growth Monitoring:** The coverage for growth monitoring in 2008 was 55 percent compared to 14 percent in 2007 as a result of increased involvement of community volunteers.
- **Capacity building:** Contracts for three technical nutrition staff were renewed to continue with capacity building to CHWs on delivery of basic nutrition services.
- **Coordination and multi-sectoral assistance:** The CERF request contributed to the development



Cooking Demonstration in Dadaab

of a Joint nutrition proposal by UNHCR, UNICEF and WFP developed for Dadaab refugees with UNICEF playing a lead role in technical guidance to the proposal.

- **Health Education:** CERF funding was also utilized to assist implementing partners to ensure monthly community nutrition/health education and practical sessions by Community Health Workers at the health posts. Practical cooking demonstration sessions were conducted focusing on the preparation of complementary foods mainly consisting of groundnuts and green grams.

Water, Sanitation and Hygiene

The CERF grant allowed for the rapid procurement of materials to allow for the establishment of water systems in IDP camps and for household treatment of water. A variety of WASH emergency supplies were procured and distributed under this grant. These included 1,000,000 aqua tabs which were procured and distributed to IDP camps predominantly in the Kisumu area. Aqua tabs are chlorine tablets which are used by the IDPs to treat water where supply, handling or storage cleanliness cannot be assured. Aqua tabs were also sent to Mandera and Bunyala Districts following flooding and associated cholera outbreaks. The distribution of these aqua tabs benefited about 33,330 IDPs. About 260 plastic latrine slabs were procured and distributed to the IDP camps in Kisumu. These latrine slabs were used to construct emergency latrines in the IDP camps. These latrine slabs benefited 5,200 IDPs.

A total of 480,000 PUR sachets were procured under this grant. PUR sachets are used to clean and disinfect the turbid surface water, for example rivers or ponds, which IDPs are sometimes forced to use. The PUR sachets were dispatched to IDP camps in Kisumu through the Kenya Red Cross Society and benefited 16,000 IDPs. Other emergency supplies procured and distributed to the IDP camps were: Buckets (20,000), jerry cans (20,000), "Mobile" toilets (260), soap (25,000 x 800 gram bars) and tarpaulins used for the construction of temporary emergency latrines and shower stalls (2,000). It is estimated that 50,000 people benefited from these supplies.

A variety of water pipes and fittings were procured and used to provide water supplies to IDP camps by extending existing water supplies to reach the IDP sites. In addition, existing water supplies that had been damaged in the violence were repaired to provide water to IDPs as well as the communities hosting them. These pipes and fittings were distributed to the IDP hubs of Eldoret, Nakuru and Kisumu as well as Nairobi. The materials were distributed through partners such as the District Water Officer, the Kenya Red Cross Society and other NGO partners active in the IDP camps. An estimated 105,500 people benefited from water supplies repaired or rehabilitated using UNICEF supplied pipes and fittings. This included IDPs in camps as well as IDPs hosted in communities and the communities themselves.

UNICEF procured eight submersible pumps complete with control panels and accessories which were used to rehabilitate water supply schemes by equipping non-functioning boreholes which supply water to communities and, by extension of the pipelines, to the IDP sites as well. For example one of the submersible pumps was installed at a non functioning water supply scheme in Burnt Forest which was able to supply the IDP population of approximately 5,000 people as well as the community hosting the IDPs which was approximately 10,000 people. The pumps were installed and connected by the District Water Officer and their technicians. Ten generator sets were procured and distributed for use to repair or rehabilitate water supplies systems providing water to IDP camps and communities hosting IDPs. The generators were distributed and installed by the District Water Officers (DWO) or by NGO partners active in the camps assisted by the DWO. It is estimated that a total of 50,000 people are now being served by water supply schemes using these pumps and generators.

Two surface pumps were procured by UNICEF and installed at the IDP camps at the Turbo IDP camp in Uasin Gishu District and Timboroa IDP camp in Koibatek District. The pumps were installed by the technicians of the District Water Officers of both districts. These pumps supplied water to the IDPs in the camps as well as the host communities. The pumps served an estimated 14,500 people in Turbo (4,500 IDPs and 10,000 local communities) and 12,000 people in Timboroa (5,000 IDPs and 7,000 local communities).

Transportation of Materials

In addition to supporting the costs for transport and distribution of supplies through the Kenya Red Cross and Government, funding was used under this grant to cover some warehousing costs incurred at UNICEF's Nairobi warehouse. These included inspection costs incurred for inspections of supplies carried out under UNICEF's quality control procedures.

Support to Return Areas in Kenya

The second CERF grant was used to support the provision of essential Water Sanitation and Hygiene services for IDPs returning to their homes after the Post Election Violence. These IDPs were still in 'transit' camps and needed to access safe and clean drinking water, sanitation and hygiene. A total of 200 sites were identified for rehabilitation of shallow wells. These sites were in the three IDP hubs of Eldoret (80 sites), Nakuru (80 sites) and Kisumu (40 sites). Selection of the sites for installation of hand pumps and rehabilitation of wells was completed by the Ministry of Water and Irrigation supported by UNICEF. The focus of the selection was on schools and water points shared by the community. It was also very important to ensure equitable distribution between the different ethnic communities as this was seen as an important part of the peace and reconciliation process.

Under this grant 90 Afridev hand pumps were procured and the remaining 110 were provided from UNICEF stocks. Construction materials such as cement, sand, aggregate, wire mesh for the construction of 200 hand pump platforms were procured and delivered to the sites ready for construction.

Following the selection of the sites for rehabilitation, the communities were mobilized and Village Water Committees formed and trained in the operation and management of the new hand pumps as well as hygiene promotion lessons and training on the safe use and storage of water. This training was facilitated by the Ministry of Water and Irrigation and the Ministry of Public Health and Sanitation through the District Water Officers and District Public Health Officers supported by UNICEF. Local artisans were also trained in how to construct the hand pump platform and install and maintain the hand pump.

A partnership was formed with the District Water Officer in Molo to dewater, clean and disinfect 100 shallow wells in the "Transit Camps". This included training in operation and maintenance of hand pumps and training of trainers to train communities on proper management of the water points. In addition, four dewatering pumps were procured and provided to the District Water Officers and District Public Health Officers in the three "hubs" to assist with their ongoing well cleaning programme where water quality is tested and wells cleaned and chlorinated as well as the rehabilitation of the 200 shallow wells. This ensured that the IDPs and communities got access to clean and safe drinking water.

3. Partnerships

The UN team partnered with NGOs, KRC, the GoK and donors on all levels for decision making and implementation of projects. The 2008 CERF projects were inclusive of all relevant stakeholders. As implementing partners, the role of NGOs could not be down played. In most cases, with presence on the ground, they have knowledge of communities' dynamics and perceptions, are quick to provide updates and contribute in identifying areas of interventions. Enhanced linkages and coordination with local Government authorities especially through the District Commissioners Office at the district level was also very important for the success of all the interventions.

4. Gender Mainstreaming

Gender mainstreaming was a key element of project implementation by agencies that benefited from CERF funding. UNHCR reported that through its construction of shelters, women, girls, boys and men were engaged at various levels of implementation. Protection was given to women and girls through construction of shelters that provided much needed privacy and helped to curtail gender-based violence (GBV), whilst men/boys were engaged in livelihood activities indirectly by constructing shelters and being

'paid in kind'. In UNICEF's programming, all nutrition and feeding practices surveys collected sex-disaggregated data which showed no statistically significant difference in the nutritional status of boys and girls. Infant and Young Children's Feeding (IYCF) programmes incorporated an analysis of the gender roles with regard to young child feeding practices and mother-to-mother support groups were formed to allow for sharing of experience and mutual support among mothers. Hygiene promotion campaigns were designed with attention to the different needs of men, women, girls and boys. In the school environment, special attention was paid to the hygiene needs of girls and young women to ensure full participation in school activities.

5. Monitoring and Evaluation

Activities were monitored by multi-sectoral teams comprising representatives from the government, UN agencies and NGOs. When the post-election violence broke out in early 2008, the United Nations, the Kenya Red Cross Society and other leading NGOs in collaboration with the GoK conducted assessments in districts affected by the violence in order to prioritize actions and identify gaps. Implementation of activities was monitored through joint missions. For example, in Dadaab, joint assessments were undertaken by UNICEF, UNHCR and WFP which noted commendable progress in addressing malnutrition problems in the camp. Surveys were also undertaken. For example CERF funding supported undertaking of the Knowledge, Attitude and Practice (KAP) survey, Iodine Deficiency Disorder investigations as well as a nutrition survey. The results are being used to redefine the Infant and Young Child Feeding strategy in Dadaab.

As a result of the last UNHCR Annual Operations Review (AOR), all active agencies and the refugee community participated in the review of 'the specific situation of children, including adolescents' and concluded that the sanitary situation in the refugee camps of Dadaab is still precarious. The minimum standards established by UNHCR for Dadaab stands for 1:40 where some schools had a ratio of 1:60 if not more. The poor sanitation conditions and the lack of latrines for children in the schools were a major cause for concern. With funding however, NRC responded to the key findings to repair and build 317 new latrines in the schools (174 in Hagadera, 85 in Dagahaley and 54 in Ifo) to assist 12,680 students. Resources for communal latrines under this budget were allocated for this activity.

IV. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed (USD)	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Early Recovery and Food Security	<p>FAO</p> <p>08-FAO-028</p> <p>Emergency agriculture support to alleviate the impact of soaring food prices on the most vulnerable rural, peri-urban and pastoralist populations in Kenya</p>	3,185,925	<p>27,000 vulnerable households as follows:</p> <p>6,000 vulnerable farming households</p> <p>6,000 vulnerable peri-urban households</p> <p>15,000 vulnerable pastoralist households</p>	<p>CROPS & PERI-URBAN COMPONENTS</p> <p>National Agriculture Accelerated Input Access Program (NAAIAP) 380,000</p> <p>Njaa Marufuku Kenya (NMK) 380,000</p> <p>Catholic Dioceses of Muranga, Kitui and Machakos 300,000</p> <p>RECA and National Irrigation Board of Kenya (100,000)</p> <p>Royal Life Transformation Initiatives (RLTI) 50,000</p> <p>Sustainable Agriculture Community Development Project (SACDEP) 50,000</p> <p>Kenya Red Cross Society (KRCS) 20,000</p>	<p>Number of vulnerable households reached.</p> <p>Amount of inputs supplied.</p> <p>Area planted with inputs.</p>	<p>1: Crop and livestock production in rural areas increased: improved crop production by the target communities, improved livestock production by the target communities, prices of food stuff stabilized, and increased access to food by the vulnerable households.</p> <p>2: Peri-urban agriculture enhanced: four urban centres identified for the project, 6,000 vulnerable households in the four urban centres supported to improve agricultural productivity, and 50 value addition and marketing groups formed and sustainable marketing crop and livestock products in the four urban centres.</p>	<p>6,000 households supplied with agricultural productivity enhancing inputs (seeds, fertilizers, pesticides) in targeted rural districts</p> <p>2,000 households supplied with productivity enhancing inputs (seeds, fertilizers and pesticides) in targeted peri-urban areas of Kenya.</p> <p>2,700 households participate in cash for work in constructing soil and water conservation structures and issued with seeds of dry land crops in targeted Arid and Semi-arid districts of eastern and central Kenya.</p> <p>1,000 households issued with rice production inputs (225 tonnes of fertilizers, 45 tonnes of rice seeds, 1500 litres of pesticides and fungicides, 40 sets of spraying equipments and supported to prepare 1,500 acres of land) for rice cultivation in West Kano and Bunyala Irrigation Schemes</p>

				<p>LIVESTOCK COMPONENT</p> <p>ACTED (Agency for Technical Cooperation and Development) (48,830) PPR control covering North & West Pokot Districts</p> <p>KVA (Kenya Veterinary Association) (97,759) PPR control covering Nairobi, Thika & Nyeri North Districts</p> <p>KVAPS(Kenya Veterinary Association Privatization Scheme) (99,995) covering all other partners' operation areas with pre & post vaccination surveillance</p> <p>VETWORKS Eastern Africa (49,990) PPR, RVF training covering North & West Pokot Districts</p> <p>VSF-SUISSE (100,000)</p> <p>VSF-Belgium (100,000)</p>	<p>Number of vulnerable households reached.</p> <p>Number of livestock vaccinated</p> <p>Further spread of PPR and CCPP minimized hence, improved food security of sheep and goats producing communities</p>	<p>3: Livelihoods of the most food insecure pastoralists and agro-pastoralists in the Arid and Semi-Arid Lands restored: livestock mortality contained for 27,000 pastoral households following the animal health outbreaks in 27 pastoral and agro-pastoral districts in Kenya and minimize further spread, and improved food security of sheep and goats producing communities</p>	<p>Procurement of inputs; drugs, vaccines, materials and equipment were procured and delivered to implementing partners to facilitate effective implementation.</p> <p>Control measures in non-infected districts</p> <p>Undertaken: Public awareness campaigns of PPR and other livestock diseases were undertaken through public fora and media, for example FM radio using local language.</p> <p>319,152 sheep and goats were vaccinated against PPR and benefiting 11,588 households; 63,830 goats vaccinated against CCPP benefiting 2,275 households in West and North Pokot.</p> <p>70 veterinarians from Rift Valley, North Eastern, Eastern and Coast provinces were trained on PPR, RVF and other important diseases.</p> <p>On-going: About 1,560,000 sheep & goats under vaccination against PPR and 400,000 goats against CCPP as follows;</p> <p>Vaccination of 300,000 sheep and goats against PPR and 300,000 goats against CCPP in the greater Isiolo District; Vaccination of a total of 160,000 sheep and goats against PPR and 100,000 against CCPP in Wajir North and South District, 300,000 sheep & goats being vaccinated against PPR in Nyeri North, Thika and Nairobi districts and 900,000 sheep and goats vaccinated against PPR in Turkana district.</p> <p>Provision of private veterinary services to pastoralist at the</p>
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							<p>vaccination sites by CAHWs in greater Isiolo, Wajir districts.</p> <p>Pre and Post PPR vaccination sero-surveillance in Nyeri, Thika & Nairobi (PPR vaccination has not been undertaken before)</p>
Food Aid	<p>WFP</p> <p>08-WFP-002</p> <p>Food Assistance to displaced and affected populations</p>	3,353,681	250,000 IDPs	Kenya Red Cross	<p>Nutrition indicators consistently under critical levels</p>	<p>No registered IDPs in sites received regular food rations</p> <p>Nutritional surveys indicate maintained nutritional status of the most vulnerable (children under five, pregnant/nursing women)</p>	<p>326,515 IDPs received life saving food in a timely manner</p> <p>GAM rates were below serious levels throughout 2008</p>
	<p>WFP</p> <p>08-WFP-064</p> <p>Food Assistance to populations affected by drought</p>	1,200,010	395,000 vulnerable in Turkana, Marsabit and Mandera	Oxfam, World Vision, KRC, COCOP	<p>GAM and MUAC rates above critical levels in most arid districts;</p> <p>Coping strategy index remains around 0.2 in most arid districts</p>	<p>Food distributions continued uninterrupted in three arid districts with deteriorating food security and malnutrition rates, despite funding challenges.</p>	<p>374,000 beneficiaries reached in Turkana, Marsabit and Mandera through general food distributions; actual was less than planned due to some improvement in food security in Mandera and Marsabit as per the findings of the July/August assessment.</p> <p>Supplementary Feeding for children under five continued to provide micro-nutrient rich rations for the most vulnerable and prevent deterioration in their nutritional status</p> <p>GAM rates reduced in Marsabit and Mandera but still remained very high, and in Turkana the rates increased to 22.5 percent (April 2008 surveys). WFP and partners also acknowledge that underlying morbidities and sub-optimal care practices play an equally significant role.</p>

	WFP 08-WFP-111	2,024,812	n/a	n/a	Food assistance to Somali and Sudanese Refugees		THESE PROJECT ACTIVITIES WILL BE REPORTED ON IN THE 2009 CERF REPORT AS FUNDS WERE DISBURSED IN JAN/FEB 2009
	WFP 08-WFP-065 Food Assistance to displaced and affected populations	1,200,010	191,000 IDPs	Kenya Red Cross	Nutrition indicators consistently under critical levels	Food distributions continued for IDPs residing in camps in the post-election crisis areas; The nutritional status of beneficiaries maintained	Some 191,000 IDPs living in camps continue receiving regular food rations while their access to other food sources is still challenged.
Health	WHO 08-WHO-039 Emergency Health response for IDPs in camps and transit camps	309,105	Over 150,500 IDPs in areas of return and transit sites in Rift Valley, Nyanza and Western provinces	UN agencies (WHO/UNICEF/U NFPA) working in partnership with Kenya Red Cross, Provincial and District Health teams and other implementing partners		Coverage of the health needs of the population in the transit sites and IDP camps, Coordinated among all emergency health partners Minimum life saving health packages provided for the most vulnerable populations Priority health threats and risks of the displaced communities identified promptly and monitored regularly Vital disease early warning system and health information disseminated promptly and effectively among partners	WHO served 150,500 IDPs through this project. Activities included: Maintained technical presence in the Rift Valley province in Nakuru and Eldoret for one additional month with additional support from WHO headquarters and AFRO Regional Office Continued to support health stakeholders coordination meetings in the two provinces and at least 10 districts Continued to support disease surveillance, outbreak investigation and disease outbreak response activities in the IDP camps, transit camps and host communities in two provinces. Procured, stored and distributed essential health kits: <ul style="list-style-type: none"> ▪ 2 Emergency Kit A, Italian model, Traumatological profile ▪ 2 Emergency Kit B Italian model, supply support for kit A ▪ 4 Complete Inter-agency Emergency health Kit

							<ul style="list-style-type: none"> ▪ basic ▪ 1 Inter Emergency Health Kits Basic Units (Green) ▪ 1 Inter emergency Health Kits Supplementary Red <p>Procured essential basic laboratory reagents and kits for outbreak investigation</p> <p>Conducted joint WHO MoH rapid cholera outbreak investigations in Nyanza, and Western provinces.</p> <p>Supported orientation for 10 District health management Teams on Emergency / disease outbreak response</p> <p>Made available essential cholera treatment drugs for Nyanza province</p> <p>Made available chlorine and other disinfectants for cholera control to affected districts in Nyanza province.</p> <p>Procured one paqua lab equipment and 10 lovibond apparatus for water quality testing.</p> <p>Trained 10 Environmental Health officers in Nyanza province on water quality testing surveillance</p> <p>Established water quality surveillance system in 10 districts in Nyanza province.</p> <p>Conducted joint monitoring missions</p>
Health	UNICEF 08-CEF-002-A Emergency Health	232,725	747,558 children under five and 207,000 pregnant and lactating	Ministry of Health, WHO, UNFPA , Kenya Red Cross, Kenya Red Cross Society, World Vision, MSF,	Measles and Fully immunized coverage in areas affected by post election violence 60 percent in 2007	Children and women in IDP camps and host communities able to access equitable essential routine health and nutrition services	Supported recruitment of 3 consultants and 60 assorted health workers who provided essential health services in IDP camps and to host community

	response for victims of the Kenya political conflict		women	Action Against Hunger		<p>Measles outbreaks are reduced to minimum possible</p> <p>At least 80 percent of children under five are vaccinated against Vaccine preventable diseases</p>	<p>Supported provision of essential services.</p> <p>144,495 (70 percent) of children under one vaccinated against measles and polio.</p> <p>Procured and distributed 10 supplementary drug, one emergency health kits, 20 interagency health kits to support treatment of various ailments in 200,000 people for 3 months measles and polio vaccines Procured specific assorted essential medicines for the MOH. These were used in the IDP camps and health facilities stationed in catchments areas where host communities live.</p> <p>Assorted essential medicines were also procured and distributed to affected areas that have thus far reduced the burden of diseases and death through use of standard protocols.</p> <p>As a result of the support, there were no outbreaks of measles and polio and no mortalities reported.</p>
Health	<p>WHO 08-WHO-001</p> <p>Emergency Health response for victims of the Kenya political conflict</p>	295,700	187,500 displaced and 375,000 at risk persons including the injured, women and children, and the elderly across Kenya	(UN agencies (WHO/UNICEF/U NFPA)) working in partnership with Kenya Red Cross, Provincial and District Health teams and other implementing partners		<p>Health response coordinated between among partners and across sectors on the ground</p> <p>Minimum life saving health packages provided</p> <p>Emergency obstetric services and antenatal care readily available for the vulnerable women</p> <p>Priority health threats of the displaced</p>	<p>WHO served 187,500 displaced and 375,000 at risk persons though this CERF grant through the following activities:</p> <p>The WHO Country Office redeployed five Technical Staff to support the EHA Focal Point and the emergency response actions.</p> <p>WHO Country office was further strengthened to support the Partners by International technical Experts from the WHO Headquarters, Regional and the</p>

						<p>communities identified and monitored regularly with participation of all partners</p> <p>Information disseminated for purposes of early warning and effective response planning and joint plan developed and implemented</p> <p>Improved emergency response to the health needs of the displaced and injured vulnerable population within local systems and among health partners</p>	<p>Inter-Country Support Teams.</p> <p>Established two WHO field officers in Nakuru and Eldoret for three months with logistical support.</p> <p>WHO facilitated two national workshops for MoH and Partners to develop a joint emergency response plan and monitoring tools which were revised after 6 weeks in another review workshop.</p> <p>Health Cluster Coordination fora were established at National, provincial (3) and (20) district MoH offices levels in the most affected areas where partners meet regularly for information sharing. WHO supported with logistics and stationery.</p> <p>Using the adapted Inter-Agency Rapid Assessment Tools, (IRA) WHO led the Cluster to conduct several joint rapid health and nutrition assessment missions to all the districts and affected areas in the Rift valley, Nyanza, and Central provinces.</p> <p>Trained twenty (20) district health teams and Partners in the IDP camps on disease surveillance.</p> <p>Surveillance systems were established in all the IDP camps and health facilities and were reporting to the Health Cluster forum at the provincial levels</p> <p>Funds were provided to the 20 District health teams for coordination and field assessments.</p> <p>WHO procured and pre-positioned malaria, cholera, basic and trauma</p>
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Health	<p>WHO 08-WHO-040</p> <p>Prevention and management of acute malnutrition</p>	250,001	174,000 children and women living in affected areas i.e. arid areas, post election areas and slums	Ministry of Health, Provincial and District Health Teams, NGOs (e.g. IMC, Samaritan Purse, Merlin, AAH) FBOs (Catholic Diocese)		<p>Coordination of stakeholders involved in medical management of severe malnutrition in district and provincial and NGO health facilities</p> <p>Provide technical support for facility based diagnosis of severe malnutrition and kala azar management and active case search and follow-up systems through integration with district level EPI monitoring system</p> <p>Procure laboratory diagnostic reagents for prompt diagnosis and initiation and monitoring of medical care for severe</p>	<p>174 women and children reached by WHO through this project by:</p> <p>Continued WHO technical presence on the field.</p> <p>Facilitated Health and nutrition cluster meetings at national, provincial and district level.</p> <p>Trained 60 health workers (Nurses, Clinical Officers and Nutritionists) in the North eastern and Eastern provinces on growth monitoring standards (Nutrition surveillance)</p> <p>Trained 300 health workers on Integrated Management of Acute Malnutrition in:</p> <ul style="list-style-type: none"> ▪ Hospital ▪ Health centre ▪ Community-based follow up and social mobilization <p>Trained 80 health workers on the</p>

						<p>malnourished children in health facilities.</p> <p>Procure essential drugs for management of severe malnutrition and its complications (including low osmolar ORS and zinc); drugs for kala azar for targeted health facilities.</p>	<p>management of Kala azar (Black fever) in the North Eastern and Eastern provinces in Wajir (N-Eastern province)</p> <p>Reorientation done for 24 senior health workers on the use of low osmolar and zinc in the management of severe malnutrition at facility level</p> <p>Procured Black fever drugs (1,500 SSG) and made them available to partners treating the kala at the treatment centres.</p> <p>Procured rapid diagnostic kits, (1,000 rk39) for most affected districts in the north eastern and eastern provinces.</p> <p>Conducted reorientation for disease surveillance for District teams in the affected.</p> <p>Joint monitoring of activities continued through out the period.</p>
Health	<p>08-FPA-001(A)</p> <p>Emergency Health response for victims of the Kenya political conflict</p>	106,504	350,000 IDPs in 42 Camps	<p>UNFPA (\$106,504)</p> <p>Kenya Red Cross, Ministry of Health, Marie Stopes, CDN, MUMCOP, Nairobi Women's Hospital, Liverpool VCT</p>		<p>Organizations identified to implement MISP</p> <p>Adequate supplies of clean delivery kits, mid-wifery, basic rape and post-rape treatment kits distributed to health facilities</p> <p>Health coordination mechanisms established</p> <p>Emergency obstetric services and antenatal care available to IDPs</p>	<p>UNFPA reached 350,000 IDPs in 42 camps through the following activities conducted by key implementing partners:</p> <p>60 clean-delivery, 40 mid-wifery, 60 basic rape kits, and 30 PEP kits procured and delivered to IDP sites and health facilities</p> <p>KRC and Ministry of Health coordinated health services in camps</p> <p>EmOC services available to vulnerable IDP population; fees waived by Government institutions for IDPs in camps</p>

<p>Logistics</p>	<p>IOM 08-IOM-002-A</p> <p>Emergency Logistical Support for Displaced Persons in Rift Valley, Western Kenya</p>	<p>443,868</p>	<p>50,000 Displaced Persons</p>			<p>Transportation and protection provided to most vulnerable populations among the displaced</p>	<p>Provided movement to 10,000 IDPs. The target of 50,000 IDPs was limited due to the protection concerns, and the launch of the "Operation Rudi Nymbani" (Return Home) by the Government of Kenya</p> <p>Transport logistics provided to UNICEF for the movement of NFIs.</p>
<p>Multi-Sector (Refugee)</p>	<p>UNICEF 08-CEF-019</p> <p>Support to emergency nutrition programme among Refugees in Dadaab and Kakuma camps</p>	<p>495,410</p>	<p>25,341 SFP with >70 percent women</p> <p>>2000 beneficiaries for TFP with 50 percent girls</p> <p>45,000 women reached with nutritional support</p>	<p>GTZ and CARE in Dadaab</p> <p>IRC in Kakuma</p>	<p>GAM 12.5 percent and 15 percent in Dadaab and Kakuma in 2007.</p> <p>SFP and TFP recovery rates 70-80 percent and TFP 60-80 percent in 2007.</p> <p>Vitamin A supplementation coverage among under-fives at 70-80 percent in 2007.</p> <p>Growth Monitoring coverage 14 percent in 2007 within Dadaab.</p> <p>35,000 mothers reached with nutritional support.</p> <p>ANC coverage of 47 percent in 2007.</p>	<p>1) Improved maternal and child nutrition. 2) strengthened nutrition growth monitoring and surveillance systems. 3) improved nutrition of the elderly. 4) Maintaining support to prevention, detection and appropriate management of malnutrition.</p>	<p>A nutrition survey conducted in August 2008 in Dadaab indicated a Global Acute Malnutrition (GAM) of 11 percent and Severe Acute Malnutrition at 1.3 percent. Malnutrition among women was reported at between 5 percent and 16 percent. Initiation of breast feeding within one hour of birth and exclusive breast feeding (first six months of life) at 74 percent and 29 percent respectively. Over 25,000 beneficiaries were admitted for supplementary feeding programme and 1723 severely malnourished children all under-five years (45 percent girls and 55 percent boys) were admitted for therapeutic feeding programme.</p> <p>In Kakuma camps, GAM was reported at 11 percent in 2008 while exclusive breastfeeding is at 44 percent compared to a national average of 2.3 percent.</p> <p>Iron/folate intake increased from <50 percent to approximately 70 percent in 2008 within the camps. ANC coverage was over 70 percent.</p> <p>Vitamin A supplementation coverage improved to over 80 percent in both Kakuma and Dadaab.</p>

							<p>Growth monitoring for under-fives in 2008 was 55 percent.</p> <p>IYCF promotion reached over 45,000 women through awareness campaigns, volunteers, MCH and other channels. About 8,000 mothers were admitted for SFP alone within the reporting period.</p>
	<p>FAO</p> <p>08-FAO-010</p> <p>“Restoring livelihoods for youths in refugee camps”</p>	149,800	<p>985 Refugee youths in Dadaab and Kakuma refugee camps: 882 children and 103 facilitators</p>	<p>GTZ (Contract with GTZ (20,000)</p>	<p>Number of vulnerable youths trained in JFFLS.</p> <p>Number of training workshops held.</p> <p>Number of JFFLS/FFLS groups established.</p> <p>Amount of inputs supplied.</p> <p>Number of Multi Storey Gardens (MSG's) and Kitchen Gardens established.</p> <p>Total vegetable production realised in both MSG's and Kitchen gardens established.</p>	<p>Developed skills in JFFLS participants to link agricultural and life skills, so as to combat life threatening situations.</p> <p>Reduced Malnutrition, especially in children under 5 years, due to production and utilization of vegetables and fruits.</p> <p>Increased supply of fuel wood for all communities and animal feeds for host community due to improved NRM developed confidence among vulnerable youths.</p> <p>Increased awareness and practice of sustainable agricultural, NRM and livelihoods practices and the realisation of the contribution they can make to well-being and future food security for those who will eventually go home.</p> <p>Protection from pursuing risky survival strategies.</p>	<p>985 Refugee Youths (882 vulnerable children and 103 facilitators) trained in agricultural and life skills through Junior Farmer Field and Life Schools (JFFLS) and Farmer Field and Life Schools (FFLS, for youth out of school). These were drawn from 985 households; each one of them was expected to establish Multi-storey Gardens (MSGs) and Kitchen gardens in their homesteads; train their family members and neighbours in agricultural and life skills; each one of them reaching out to at least 10 other beneficiaries (hence a total of 9,850) in the first cycle of JFFLS.</p> <p>28 JFFLS and FFLS groups established in both Kakuma (12 groups) and Dadaab (16 groups) refugee camps with a membership of about 32 participants each.</p> <p>A baseline survey and evaluation conducted to quantify production and monitor progress of project implementation. Data analysis currently on-going.</p> <p>Two Training of Facilitators (TOF) workshops held, one in Kakuma and one in Dadaab refugee camp; two M&E training workshops conducted, one in Kakuma and one in Dadaab.</p> <p>28 fuel wood tree nurseries</p>

						<p>Transmission of agricultural knowledge and life skills from JFFLS participants to the rest of the community.</p> <p>A cadre of trained JFFLS facilitators (including refugees themselves).</p>	<p>established, one in each of the FFLS and JFFLS groups and training in environmental conservation conducted to encourage tree planting in the refugee camps and host community.</p>
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Multi-Sector (Refugees) UFE	UNHCR 08-HCR-009 Health and Nutrition Protection Assistance to Refugees in Kenya	803,642	Beneficiaries: 236,411 0 – 4 yrs: 32,375 5 – 11 yrs: 45,062 12 – 17 yrs: 32,803 18 – 59 yrs: 120,349 Over 60 yrs: 6,278 Females: 110,856 Males: 125,555	NCCKUNHCR (803,642)	Refugees' access to health facilities remains limited	Reduction in the Global Acute Malnutrition (GAM) and the Severe Acute Malnutrition (SAM) rates. Reduction of macronutrients deficiencies particularly relating to anaemia and children and pregnant and lactating mothers Community health services provided Primary health care provided including in – patient service Nutrition monitoring systems established and quality nutrition survey conducted at least once a month (quality control)	GAM & SAM rates as follows; Dagahaley – 12 percent; Hagadera – 11.2 percent; Ifo – 10.8 percent Pregnant and lactating mothers are as follows; Dagahaley - 19.1 percent; Hagadera - 19 percent and Ifo - 12.9 percent Results of the 2008 nutrition survey indicated no significant change in malnutrition rates compared to 2007. The rates in 2008 stood at 12 percent and 1.5 percent GAM and SAM rates within Dagahaley camp higher than recording, the highest than Ifo and Hagadera camps. 35-40gm/p/day of distributed complementary (704.65 metric tonnes in 2008)
	08-HCR-009 Transport/ Logistics	125,919	Same as above	NRC (85,919.32) UNHCR (40,000)	Transport & warehousing is insufficient or requires constant attention.	Adequate transport for project materials provided. Project materials are received and stored as required	Two vehicles were procured for implementing partners in Dadaab for shelter and sanitation sectors. Management of warehousing was strengthened/improved in order to ensure that project materials and non-food items are received and stored. Materials for cementing Dagahaley rub halls were procured and delivered and the work was completed. This has provided a conducive storage room for the project materials

	<p>08-HCR-009</p> <p>Domestic Needs/Household Support</p>	841,390	Same as above	UNHCR (841,390)	Basic domestic and hygiene items insufficient or need replenishment	Provision of specific non-food items is enhanced.	<p>Procurement of NFIs (20,000 kitchen sets, 8,000 jerry cans, 50,000 mosquito nets and 137.6 metric tonnes of soap).</p> <p>18,775 kitchen sets and 8,324 mosquito nets distributed to 26,623 families in the three camps.</p> <p>31, 676 mosquito nets were released to IRC & GTZ hospitals for children under five and lactating mothers in the camps in 2008.</p> <p>11,696 Jerry cans distributed to refugee families (size 1 – single households) in Kakuma</p>
	<p>08-HCR-009</p> <p>Water (Non-Agricultural)</p>	83,801	Same as above	CARE UNHCR (183,801)	Supply of portable water is insufficient	Increase amount of water supplied per person per day from 16 litres to 20 litres	<p>In Dagahaley camp, 18.04 litres of water supplied per person per day</p> <p>In Ifo camp, 16.62 litres of water supplied per person per day.</p>
	<p>08-HCR-009</p> <p>Sanitation</p>	458,055	Same as above	CARE (55,788.26) NRC (314,486) IRC (87,780.75)	Poor sanitary conditions	Increase number of latrines in the camps in order to reduce communicable and hygiene related diseases	<p>940 household latrines (combined with shower cubicles) were constructed benefiting 4700 individuals in the three camps.</p> <p>260 communal latrines were constructed benefiting 3,640 individuals in Hagadera.</p> <p>305 communal latrines maintained benefiting approximately 4,270 individuals</p> <p>317 school latrines</p>

							<p>maintained</p> <p>School latrines constructed</p> <p>200 family latrines constructed in Kakuma</p> <p>Waste drainage system repaired in Kakuma</p> <p>Four new drainage systems constructed at four schools</p> <p>Hygiene promotion conducted in five camp schools</p> <p>44 school hygiene parades conducted</p> <p>252 refugees participated in hygiene awareness sessions</p> <p>PHAST training involving 39 health care providers conducted</p> <p>Refresher courses for 80 community health care providers conducted</p> <p>170 refugees with special needs sensitised on hygiene promotion</p>
	08-HCR-009 Shelter/Other Infrastructure	688,436	Same as above	NRC (382,305) NCCK (306,130)	Insufficient shelter (over 25,000 new shelters required for refugees)	Improve and increase shelters to improve living conditions in the camps. Reduction of SGBV risk	<p>500 mud brick shelters constructed benefiting 2,500 individuals (250 - Ifo Section N and 250 - Dagahaley Sections G and H).</p> <p>847 refugee shelters constructed;</p> <p>362 temporary shelters constructed;</p> <p>658 new shelters roofed for the general population</p>

							68 percent of shelters were constructed for persons with special needs.
	08-HCR-009 Agency Operational Support	338,257.21	Same as above	NCKK (11,787) CARE (9,065) NRC (86,260) IRC (6,145) UNHCR (225,000)	UNHCR has a strong working relationship with implementing partners. The facilitation of programme implementation involves the collaboration and mutual support of and among the GoK/DRA, operational partners and implementing partners.	Counterpart, IP and OP staff deployed based on priorities and requirements Resources put to their intended and most efficient use according to operational priorities and requirements Timely and sufficient availability of funds and project assets	Operational support costs and HQ overhead costs for effective programme support and management Financial inputs and contributions of assets made available in sufficient quantities and in a timely manner Audits certify funds were administered properly and assets used for their intended purpose Adequate number of capable staff in place
	08-HCR-044	\$2,492,205	n/a	n/a	Response to new influx from Somalia in 2008		THIS PROJECT ACTIVITIES WILL BE REPORTED ON IN THE 2009 CERF REPORT AS FUNDS WERE DISBURSED IN JAN/FEB 2009
Multi-Sector	WHO 08-WHO-014 Health Response for refugees in Kenya	621,698	235,000 refugees (47,000 families), including new arrivals from Somalia living in Dadaab (173,000) and Kakuma (62,000) camps	UNHCR, UNICEF, UNFPA, GTZ, CARE, IRC, Provincial and District Health teams and other partners		Priority health threats monitored regularly through early warning systems Health activities in the three camps coordinated and integrated into the local Kenya health system All women, children, and new arrivals in the camps vaccinated against measles and meningitis Minimum health package provided including the provision of emergency health kits	Supported the Dadaab refugee camps in the following areas: Monthly health and nutrition coordination meeting in Dadaab refugee camp established for all partners working in the refugee camps; health in the north-eastern province including UN Agencies, WHO, UNICEF, UNHCR established. Meeting chaired by the provincial medical office for the north-eastern province. Equipment and logistics for

					<p>Emergency obstetric services and antenatal care readily available and family planning uptake increased</p> <p>Improved emergency response to the health needs of refugees within local systems and among health partners</p>	<p>coordination procured for the partners meeting (cameras, binders, boards, etc.)</p> <p>Emergency equipment, disease outbreak investigation and management and personal protection kits procured for the Dagahaley hospital (cholera beds, lab reagents, orthopaedic set boots etc.)</p> <p>Recruitment of technical staff for the partners and close host communities for six months (30 community health workers, eight nurse midwives, clinical officers, etc.)</p> <p>Procured inputs for enhanced immunization coverage for the refugees (50 vaccine carries, 120 cold boxes, three fridges, baby and bathroom scales, dial thermometers etc.)</p> <p>Training conducted for refugee camp health personnel: 30 health workers in disease surveillance, 20 midwives in family planning, 30 staff on EPI, 30 participants on water quality surveillance, 30 participants on IMCI and EmOC/LSS.</p> <p>Procured basic items for the establishment on enhanced obstetrics and newborn emergency care services and family planning uptake.</p> <p>Facilitated construction and implementation of community based reproductive and child health posts in the refugee camps.</p>
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							<p>Facilitated the recruitment of essential technical staff for the close district health teams to support the health partners in the refugee camps.</p> <p>Supported disease outbreak investigation, at provincial and national levels.</p> <p>In Kakuma refugee camp:</p> <p>Procured emergency commodities and supplies and responded disease outbreaks in the Kakuma refugee camp</p> <p>Increased vaccination in refugee communities, especially against measles, and especially among children, pregnant women and new arrivals.</p> <p>Increased community based emergency obstetric care for pregnant women.</p> <p>Increased social mobilization and health promotion for healthy lifestyles in the refugee camps</p> <p>Procured LLITNs and essential drugs for control and management of communicable diseases</p>
Multi-Sector (Refugees)	<p>WFP</p> <p>(08-WFP-025)</p> <p>Food Assistance to Somali and Sudanese Refugees in Kenya</p>	1,669,940	285,300 refugees	CARE ,LWF, IRC and GTZ	79 percent Dadaab & 77.1 percent Kakuma anaemia prevalence among children under five (Feb & Apr '08 surveys respectively).	<p>10 percent reduction in anaemia</p> <p>Distribution of 426 mt pulses</p> <p>Distribution of 1,773 mt of maize meal</p>	<p>290, 207 refugees reached—a number higher than planned due to an influx of refugees.</p> <p>7 percent reduction in anaemia prevalence among children under five years i.e. 72.5 percent Dadaab & 72 percent Kakuma (Aug & Oct 2008 respectively)</p>

							<p>Local purchase of (pulses) beans as envisaged in the proposed did not materialise. This was because of unavailability of the commodity in the market; the little that was available was of poor quality. Instead, maize grain and sugar were purchased.</p> <p>1,591 mt of maize meal was procured. Lower tonnage was procured due to the high food prices.</p>
Nutrition	<p>UNICEF (08-CEF-050) Prevention and management of acute malnutrition</p>	416,125	<p>5,253 children<5yrs 6,080 Pregnant lactating women</p>	MoH		<p>Nutritional deterioration is prevented through early detection and effective management of acute malnutrition.</p> <p>Risk of increased morbidities and mortalities with malnutrition reduced.</p> <p>Improved management of malnutrition and clinical conditions secondary to malnutrition.</p> <p>Improved coordination of stakeholders.</p>	<p>A total of 2,053 children were detected for severe acute malnutrition. Out of these 1,700 were successfully treated.</p> <p>A total of 3,200 children were detected for moderate malnutrition. Out of these 1,400 were successfully treated.</p> <p>As a result of the above, children morbidities were addressed and mortalities were prevented through management of acute malnutrition.</p> <p>A total of 67 health facilities were supported and capacity built for management of acute malnutrition.</p> <p>National and sub-national coordination systems were strengthened through: a) formation of urban working group at national level, b) support to health and nutrition committees in post election affected areas, c) formation of</p>

							inter-sectoral working group in Turkana district.
Protection	<p>UNHCR¹</p> <p>Protection</p> <p>KEN-08/ CSS01 And CSS02 (ADD with Shelter)</p>	246,500	250,000	<p>KRCS (157,105)</p> <p>KRCS / UNHCR (16,000)</p> <p>UNHCR direct (25,505)</p> <p>Regional Centre for Mapping of Resources for Development - RCMRD (17,880) Unspent balance: 30,000</p>	<p>Over 200 IDP camps that required management and coordination</p> <p>SGBV and HIV/AIDS risks in IDP camp settings</p> <p>IT equipment needed for support to UNHCR Field Offices</p> <p>Data on IDP populations, locations and population movements required</p> <p>Advocacy campaign required to keep IDP protection on the public agenda</p>	<p>Training and capacity building for KRCS as the lead agency with other stakeholders included; effective camp management structures were established for all larger camps with mobile management teams for clusters of smaller camps</p> <p>11 laptops and three desktops with UPS procured</p> <p>Generation of reports and maps reflecting IDP statistics, camp locations, camp profiles, return areas</p> <p>Inter-agency agreement reached to launch advocacy campaign in early 2009, UNHCR committed \$30,000</p>	<p>Development, and adoption of CCCM guidelines, standards, and camp rules and regulations improved overall coordination, division of labour between stakeholders and response</p> <p>Clear division of labour between KRCS and Government of Kenya on IDP registration and profiling responsibilities: registration of estimated 50 percent of camp IDPs conducted prior to start-up of Operation Return Home</p> <p>Project agreement with KRCS concluded: KRCS Camp Managers recruited and deployed; IDP communities were mobilized and engaged in camp management processes, IDP committees were established to represent their interests;</p> <p>Key KRCS, NDOC, district government staff trained in multiple CCCM trainings</p> <p>Camp services profile formats and gap analysis used to better assess and coordinate camp service, identify service providers, and identify and address service gaps.</p> <p>KRCS managed IDP camps met minimum basic standards for services and infrastructure</p> <p>Training on SGBV and</p>

¹ Final reporting on this project pending confirmation from RC/HC.

							<p>HIV/AIDS conducted by UNHCR staff in collaboration with KRCS; contribution of \$6,000 toward salary of epidemiologist for survey on HIV in IDP settings</p> <p>IT equipment procured and allocated to key staff in IDP Unit Nairobi as well as to three field offices/units in Eldoret, Nakuru and Kisumu</p> <p>Agreement for GIS/ mapping of all IDP camps signed with RCMRD: outputs include catalogue profiling 296 IDP camps/sites with basic population and camp management and location data, series of maps showing all IDP sites, maps of transit sites and population movements. 3 W's mapping of agencies. Maps and data shared with all humanitarian stakeholders, including government of Kenya</p> <p>Advocacy campaign and information collection related to IDP protection/ awareness to be undertaken in 2009 in collaboration with UNCT members</p>
Protection	08-FPA-026	128,400	190,000 refugees in transit camps and areas of return	<p>GBV Sub-Cluster members</p> <p>UNFPA \$108,400 UNIDO \$20,000 (firewood strategy; alternative fuel technologies joint programme</p>		<p>Procure 4,000 hygiene kits</p> <p>Post rape kits available on site</p> <p>Firewood strategy developed and implemented</p> <p>Training of IDPs on energy saving techniques</p> <p>Training on GBV/SEA</p>	<p>4,000 hygiene kits procured and distributed</p> <p>Training of IDPs on energy saving techniques carried out</p> <p>2,000 energy-saving jikos procured and distributed</p> <p>1,620 LED lamps procured and distributed</p> <p>Deliveries in camps improved as a result of availability of</p>

						<p>IEC materials available from other partners</p> <p>Lighting available in selected sites</p> <p>New safe community sites for protection of women and girls developed</p> <p>Procure 2,000 energy-saving jikos</p> <p>Procured 1,620 LED lamps</p>	<p>delivery kits provided through the Emergency Health Response</p> <p>As a result of availability of post rape kits, cases of SGBV taken care of and training on GBV/SEA prevention conducted</p> <p>Partners well coordinated through the project</p> <p>Antenatal care and emergency obstetric care provided by Ministry of Health on site or referred to health facilities through networking</p> <p>GBV interventions coordinated through the GBV Sub-Cluster</p> <p>Members of GBV –sub-cluster provided technical support on GBV/SEA to members of other clusters</p>
<p>Protection/ Human Rights/ Rule of Law</p>	<p>08-FPA-001(B)</p>	<p>107,000</p>	<p>350,000 IDPs in camps</p>	<p>UNFPA (107,000), UNICEF, UNIFEM, CCF GBV sub-cluster</p>		<p>Coordination mechanisms for GBV activities established</p> <p>Assessment of GBV in hot spots of violence conducted</p> <p>Coordinated GBV respond</p>	<p>350, 000 IDP reached through various activities:</p> <ul style="list-style-type: none"> -GBV sub-cluster set up; -GBV activities streamlined, avoiding duplication & overlap; -Improved partnership among GBV actors -UN-led GBV coordination transitioned to Government-led coordination -GBV capacity at field level established in four selected districts <p>Donors interested in scaling up GBV interventions due to success of the project and</p>

							<p>funding has been provided to increase to six districts</p> <p>GBV assessment report printed and disseminated. Survivors of GBV testify before the Commission of Inquiry into Post-Election Violence (CIPEV)</p>
Shelter and CCM	UNHCR² KEN-08/S/NF02 (ADD)	262,000 (1 st CERF)	2,500	UNHCR direct (220,000) GOAL Ireland (42,000)	Number of IDPs returning from displacement in and out of camps to their destroyed compounds in need of shelter Level of damage to houses: fully destroyed vs. partial destroyed Number of partially destroyed houses requiring repair	Transitional shelter kits are distributed to IDPs returning to their place of former residence during the resettlement phase	<p>The pilot project implemented by GOAL in Kipkelion District included a participatory beneficiary assessment, and the distribution and construction of 500 transitional shelter kits (TSK), incl. three demonstration kits. Value of material procured by UNHCR was \$440 and GOAL operational costs \$85 per unit. This was higher than initially budgeted due to increase in material and transport costs as well as needs assessment and training of craftsmen. Feedback showed TSK design well accepted with IDPs mobilizing their capacities to add walls, windows and doors.</p> <p>Provision of corrugated iron sheets, timbers and hardware at a value of \$370 to 870 families (average family size of 5) whose houses had been partially destroyed. Agency operational support cost by GOAL included office rental, logistics and construction supervisors as well as local craftsmen to construct shelters for vulnerable families.</p>
		372,000 (2 nd CERF)	4,350	GOAL Ireland (372,000)	Repair of 870 partially destroyed houses in one area (Kipkelion District)		

² Final reporting on this project pending confirmation from RC/HC.

	<p>UNHCR³</p> <p>(NFIs)</p> <p>KEN-08/S/NF01 (ADD)</p>	612,305	60,000	UNHCR direct implementation (612,305)	250,000 IDPs – 50,000 families in camps in need of assistance	Addressing basic emergency shelter and household item needs of IDPs.	<p>International as well as local procurement of 12,000 family kits (\$48 per unit) containing blankets, mosquito nets, jerry cans, cooking utensils and one plastic sheet (tarpaulin) as well as loose NFIs for individual needs.</p> <p>The kits were distributed through the 'single pipeline' via KRCS to IDPs, mainly in camps and covered over 60,000 beneficiaries.</p>
Shelter and CCM	<p>IOM</p> <p>08-IOM-002-B</p> <p>Emergency Camp Management Support for the Displaced Persons in the Show Grounds in Eldoret Kenya</p>	218, 582	20,000 displaced persons			<p>Movement data shared with relevant partners</p> <p>Improved living conditions in existing accommodation centre serving displaced populations</p> <p>Transportation and protection provided to most vulnerable populations among the displaced</p>	<p>Fenced Burnt forest camp and pitched up tents in Eldoret Ask , Burnt Forest, Timboroa, and Noigam</p> <p>Support for site planning and camp set up</p> <p>Fuel provision in Eldoret Camp</p> <p>IOM organized a go and see visit to give IDPs pre-return assessment of their areas to help make informed decisions</p> <p>Registration- Assisted agencies with registration e.g. KRCS to organizational logistical arrangements</p> <p>Up to 50,000 beneficiaries assisted</p>
	<p>IOM</p> <p>08- IOM- 017</p> <p>Emergency/ Transitional Shelter for displaced persons affected by</p>	500,079	700 families – 3,500 persons			<p>Shelter reconstruction for 700 families</p> <p>Partners may leverage provisions of emergency shelter materials with protection monitoring and/</p>	<p>700 shelters constructed in 3 districts</p> <p>Families moved from transit camps into homes</p> <p>Livelihoods options given to</p>

³ Final reporting on this project pending confirmation from RC/HC.

	post election violence in Kenya					or peace and reconciliation initiatives to maximize impact and stabilize return.	local communities by IOM hiring carpenters locally Integration between displaced and non-displaced, e.g. hiring carpenters not from displaced, thus encouraging Peace Building activities
Water, Sanitation and Hygiene	UNICEF (08-CEF-002-B) Emergency WES response for victims of the Kenya political conflict	842,625	127,000 IDPs & 14,556 primary school children. (Approx. 500,000 indirect beneficiaries through WASH Cluster Coordination activities)	Oxfam, CRS, Action Aid, MoWI, MoPH&S		Improved access to safe water, sanitation, and hygiene promotion services for the PEV affected population.	Installation and management of water and sanitation facilities, and hygiene promotion activities in five major IDP camps in the Eldoret “hub” reaching approximately 60,000 IDPs. Supply of Emergency WASH materials to IDP camps in all affected areas. Repair and rehabilitation of at least 12 pumped water supply schemes to provide safe water to IDPs and affected communities – at least 77,000 direct beneficiaries. Coordination of WASH Sector activities and support to GoK and NGO partners through WASH Cluster Coordinator and Emergency WASH Field Staff ensuring provision of WASH Services in effective and timely manner.
	UNICEF (08-CEF-049) WASH Support To Return Areas	436,365	75,000 returning IDPs & 20,986 primary school children	MoWI, Action Against Hunger.		Improved access to safe drinking water for 50,000 returning IDPs within 6 months. Construction of separate latrine blocks for girls and boys in 10 primary schools in returnee areas. Improved hygiene and	Access to safe drinking water provided, or construction ongoing to provide, to 50,000 returning IDPs. A total of 200 shallow wells identified for installation of hand pump and materials delivered to all 200 communities.

					<p>sanitation behaviour in primary school children in 20 schools</p> <p>Installed rainwater harvesting systems in 20 primary schools.</p> <p>Hygiene promotion messages accessed by 20 communities in IDP affected areas.</p> <p>A total of 200 village-level water committees formed and trained.</p>	<p>Protection of shallow wells and installation of Afridev Hand pumps installed in 200 shallow wells (75 complete – 125 ongoing).</p> <p>Separate latrine blocks for girls and boys constructed in five primary schools in returnee areas.</p> <p>A total of 50 new latrine stances constructed and 38 latrine stances rehabilitated in five schools</p> <p>Primary school children in 20 schools practicing improved hygiene and sanitation behaviour.</p> <p>Rainwater harvesting systems installed in 10 primary schools.</p> <p>Hygiene promotion training included in mobilization of community and formation of Village Water Committee in all 200 communities.</p> <p>A total of 200 village level water committees formed and trained.</p> <p>Approximately 100 shallow wells cleaned and disinfected.</p>
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V. CERF IN ACTION

WASH

Serah Wangui has been living at a camp for displaced persons in Turbo, western Kenya, since December 2007 when violence broke out in parts of the country following a disputed election.

Initially she was here with her two children, but she recently had to send them to live with relatives in Nyandarua in Central Kenya, which was not badly affected by the violence, in which more than 1,000 people were killed. "It was for their safety. Things here did not look like they were going to go back to normal soon, so I sent them off to Nyandarua," she says.

In the camp, Serah is a member of one of several communities that are bound together by proximity and shared problems. "We take turns fetching firewood, water, sometimes cooking and even cleaning. Fetching the water is easier than fetching firewood, because we have buckets and jerry cans. When it is my turn, all I have to do is go to the water point and queue, fill the bucket and walk back to the tent," she says.

A 20 litre-bucket of water is enough for the drinking, laundry, washing and cooking needs of a family for two days.

"Without these jerry cans we would not have a place to store water. Without the water point, we would have been drinking contaminated water from wells. These wells are a long way away on the farms from which we were chased when violence broke out," she says.

For Serah, one of over 300,000 people displaced during the violence, life in camps is a little bearable because of the intervention by humanitarian agencies that moved fast to provide food and services, including safe water and sanitation facilities.

At the Turbo camp, for example, UNICEF Kenya, using funds from the Central Emergency Response Fund, installed water points and provided mobile toilets and supplied all the families with water storage containers.

According to UNICEF Water and Sanitation Emergency Officer, Mr. Martin Worth, the emergency funding was used to purchase pur tablets/sachets for water purification in areas affected by conflict, where water points were reported to have been polluted by some of the attackers. UNICEF also purchased and installed 260 latrine slabs. With this funding, UNICEF purchased 20,000 buckets, 20,000 jerry cans, soap, tarpaulins and shower stalls. The items were distributed among displaced families in 16 camps in Rift Valley Province and Nairobi.

The CERF funding was also used to purchase submersible pumps which were installed in Burnt Forest to supplement the river flow of water. This helped to increase the water output by 10 per cent. UNICEF also bought a dewatering pump, which was used to drain wells that had been polluted. These were wells around the homes of the displaced people, which had been vandalized by the attackers. There were also reports of intentional poisoning and disposing of animal carcasses in the wells.



Serah Wangui (left) and her neighbours fetch water at a camp for displaced persons in Turbo, western Kenya. Photo: J.Otieno/UNICEF Kenya

Two powerful pumps, serving about 25,000 people were also installed in Turbo and Timboroa townships.

In Turbo, 25 families, which were affected by the violence, received ceramic filters. The filter has a five-litre capacity and is basically a porous ceramic container inside a plastic one. Water is poured into the ceramic container and seeps through the perforated surface, which acts as a filter, into the external plastic container, sieving pathogens, bacteria and disease causing organisms that are found in impure water, making it ready for use. UNICEF and the Ministry of Water staff trained the families on how to use the filters.

Sera Wangui, a 24-year-old mother who was one of those trained, was grateful: "I have saved money, time and energy, thanks to this filter. I do not have to buy charcoal or use gas to boil water. And I can do other things around the house as the water filters. This means less energy to expend and less money to spend for me," she says.

Wangui and her family use the filtered water strictly for drinking. "Sometimes when you boil water, it may still be unsafe because of some bacteria. At least this guarantees me and my family safety," she adds.

Mary Wanjiku, 56, also attests to the same. She lives with her five daughters and she says the filter has saved her a lot of time and helped prevent diseases.

"I put the water in myself; the children rarely do so. I don't want any accidents or anything happening to the filter. I can leave it filtering and do something else for those eight hours, until the next time I pour in some water. In the meantime, I can attend to other household chores," she says. Mary uses the filtered water primarily for drinking and cooking. "My neighbours are asking where they can get a filter. There are still more families that can benefit from them," she says.

Health and Malnutrition

Anaemia and malnutrition levels have been contained due to better nutrition as provided through complimentary foods, education and growth monitoring of beneficiaries. It is however important to note that gains made in the direction of reducing malnutrition were significantly negated by the large numbers of new arrivals among whom both the GAM and SAM rates were found to be much higher than was the case among the existing population.

In keeping up with the objective of reducing malnutrition, monthly community nutrition/health education and practical sessions by CHWs were conducted at the health posts and block level. In addition, practical cooking demonstration sessions were conducted focusing on the preparation of complementary foods –groundnuts and green grams.

Even more, child growth and development monitoring remains very central to any success in reducing the levels of malnutrition and should be encouraged among families with children under the age of five years.

Over the years, growth monitoring and promotion activities have been carried out in the 3 camps in Dadaab. Indeed in 2008, Growth Monitoring and Promotion (GMP) and Infant and Young Child Feeding (IYCF) induction sessions were conducted by community health workers, Traditional Birth Attendants (TBAs) and volunteers. A mapping exercise was carried out to gather data on under fives at the blocks. The data was used for planning purposes and resource allocation during the roll out of the GMP programme.



GMP and IYCF induction sessions for community health workers, traditional birth attendees and volunteers (April 2008)



Transitional Shelter

Marion Wangari's house was one of the first to be burned by arsonists in January 2008. Marion lived with four children from her extended family whose parents had passed away. Having no children of her own, and with her own husband long dead, she saw it as her duty to take care of them. With their help, she farmed four acres of mostly maize, but some vegetables and potatoes too. Her farm was the last in the Mtaragon Farm, once farmed by a white settler, and bought up in the 1960s by a mixture of people from mostly the Kikuyu and Kisii tribes. Her farm borders



Marion pictured with the District Officer (left), the Chief (on the right), and the UNHCR/GOAL Construction Supervisor (far right).

the neighbouring Kipsigis village, Kebeneti. She feels no bitterness toward her neighbours on that side, whose houses are still standing, as she says herself, "the aggressors came from far". Marion is 79 years of age, so was unable to go far when trouble broke early last year. The children she took care of were quickly sent to relatives, but she took refuge with a neighbour whose house was left standing. When UNHCR/GOAL came to the area in April 2008, she was among those identified for assistance with the construction of her home. She became well

known by our teams on assessment and later construction as she insisted on making tea for any visitors, even before there was a shelter to take it in!

Food Security and Livelihoods Sector

Maryan Omar Osman is a 35-year old mother of six, living in Dadaab refugee camp. She is one of the 62,000 refugees (nearly half of them children) who fled Somalia to Dadaab because of intensified fighting between the Transitional Federation Government and their allies on one hand, and militia groups such as Islamic Courts Union and Al-Shabaab on the other hand. She fled Somalia after a 'Duksi', a school where children are taught Quran was bombed with her son inside. Although her seven-year old son, Hassan, survived the bombing, the experience was very mentally disturbing and she became extremely fearful of her families' safety. She undertook the journey from her home alone with her children, leaving her husband behind as he had become mentally sick.



*Osman with her 6 children in Dagahaley, Dadaab camp. February 2009/
WFP Dadaab Jecinta Abenyo.*

By the time they reached Dadaab camps and were registered as refugees, she had become anaemic, and her six children were weak and malnourished. At the camps, they received not only the general food ration for their survival, but the children were enrolled in a supplementary feeding programme where fortified food restored their health in a matter of weeks. As WFP ensures that food for the refugees meets their minimum calorific requirement of 2,100 kilocalories each day, she no longer has to worry about hunger.

When refugees flee war or floods, hunger is often the first emergency need. Funds from the UN's Central Emergency Response Fund (and other donors) enabled WFP to ensure there was enough food in the camps to cater for the needs of refugees who had lived in the camps for a protracted period, as well as those recently fleeing war, like Maryan.

Early Recovery/Livelihoods

“Tö kerut ngarori cha ompö koro nī,kipkwa loktartinö,kirwkot nko poi kīmwowecha lökoi po rītöto kyak.

Kirongu pīch ngarorikwa nyoman, akī rutot ngarori cha lapai ompö koronete akūsopcho lasiny ompö wolo kikikem ompö nyilsan a kemwat ompo ndip.

Ochan ngarakat ompö wolö omüchan ta alta nekö chan ompö röpien cho chang ompö makit pö kongelai, ompö wolo kisich porwoi cho nikisich mele lenyö chö kī koryo, omuchan to olchī katayan omisio.

Nyö ye kī somecha sopuchnete pö ACTED kīpkwa atö kiritwecha kyakicha ompö sömeu loukoi pö tīch nko ngaror ompö wolo kikususecha sömeut chete nyoman ompö koro Pokot lapai.” (text in Pokot language)

Translated text

Lorinokou Limaita (pictured right) of West Pokot district, Kongelai division, Mtembur village had this to say on behalf of his family of two wives and five children: “During this vaccination exercise, mobilization and sensitization was conducted in villages by the council of elders, chiefs, veterinary officers and ACTED. They educated us about PPR and the vaccination process. All the villages got the information and the turn up of the goats and sheep was overwhelmingly high”.



Limaita with his family and livestock

Annex: Acronyms and Abbreviations

ANC	-	Ante Natal Care
ASAL	-	Arid and Semi Arid Lands
CBOs	-	Community Based Organizations
CERF	-	Central Emergency Response Fund
DWO	-	District Water Officer
EPI	-	Expanded Programme on Immunization
FAO	-	Food and Agricultural Organisation
GAM	-	Global Acute Malnutrition
GMP	-	Growth Monitoring and Promotion
GTZ	-	German Agency for Technical Cooperation
GoK	-	Government of Kenya
IDPs	-	Internally Displaced Persons
IFRC	-	International Federation of Red Cross and Red Crescent Societies
IOM	-	International Office for Migration
IRC	-	International Rescue Committee
IYCF	-	Infant and Young Child Feeding
KRCS	-	Kenya Red Cross Society
MOH	-	Ministry of Health
MUAC	-	Mid Upper Arm Circumference
NGO	-	Non-Governmental Organization
NTF	-	Nutrition Technical Forum
OCHA	-	Office for the Coordination of Humanitarian Affairs
PCA	-	Project Cooperation Agreement
PEV	-	Post Election Violence
SAM	-	Severe Acute Malnutrition
SFP	-	Supplementary Feeding Programme
TBA	-	Traditional Birth Attendants
UFE	-	Underfunded Emergencies
UNFPA	-	United Nations Population Fund
UNHCR	-	United Nations High Commission for Refugees
UNICEF	-	United Nations Children's Fund
USD	-	United States Dollars
WASH	-	Water, Sanitation and Hygiene
WESCOORD	-	Water and Environmental Sanitation Coordination
WFP	-	World Food Programme
WHO	-	World Health Organization