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

Country	**Kenya**
Resident/Humanitarian Coordinator	**Mr. Aeneas Chuma**
Reporting Period	**1 January 2009 – 31 December 2009**

I. Summary of Funding and Beneficiaries

Funding (US$)	Total amount required for the humanitarian response:		$581,079,038
	Total amount received for the humanitarian response:		$488,626,274
	Breakdown of total country funding received by source:	CERF [1]	$30,853,702
		CHF/HRF COUNTRY LEVEL FUNDS	$2,592,709
		OTHER (Bilateral/Multilateral)	$455,179,863
	Total amount of CERF funding received from the Rapid Response window:		$18,298,355
	Total amount of CERF funding received from the Underfunded window:		$8,038,330
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies / IOM implementation:	$21,845,009
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	$4,491,676
		c. Funds for Government implementation:	
		d. **TOTAL 2009:**	**$26,336,685**
Beneficiar	Total number of individuals affected by the crisis:		4.5 million
	Total number of individuals reached with		4.3 million

[1] US$ 26,336,685 approved and disbursed in 2009 and US$ 4,517,017 approved in 2008 and disbursed in 2009. Total disbursed to Kenya 30,853,702

	CERF funding:	726,762
		2,245,474 females
Geographical areas of implementation:		Rift Valley Province, Eastern Province, North Eastern Province, Coast Province, Nyanza Province, Western Province, Dadaab and Kakuma refugee camp

II. Analysis

The humanitarian situation in Kenya throughout 2009 continued to be characterised by persistent drought conditions, poor food production, livestock losses, growing competition and conflict over resources, and periodic disease outbreaks including cholera. In addition to the country's own internal humanitarian dynamics, continued arrivals of refugees from Somalia have contributed to further overcrowding of the Dadaab refugee camps as well as increased numbers of refugees in Kakuma.

A group of newly arrived refugees from Somalia at Dadaab refugee camp, October 2008. Manoocher Deghati/IRIN

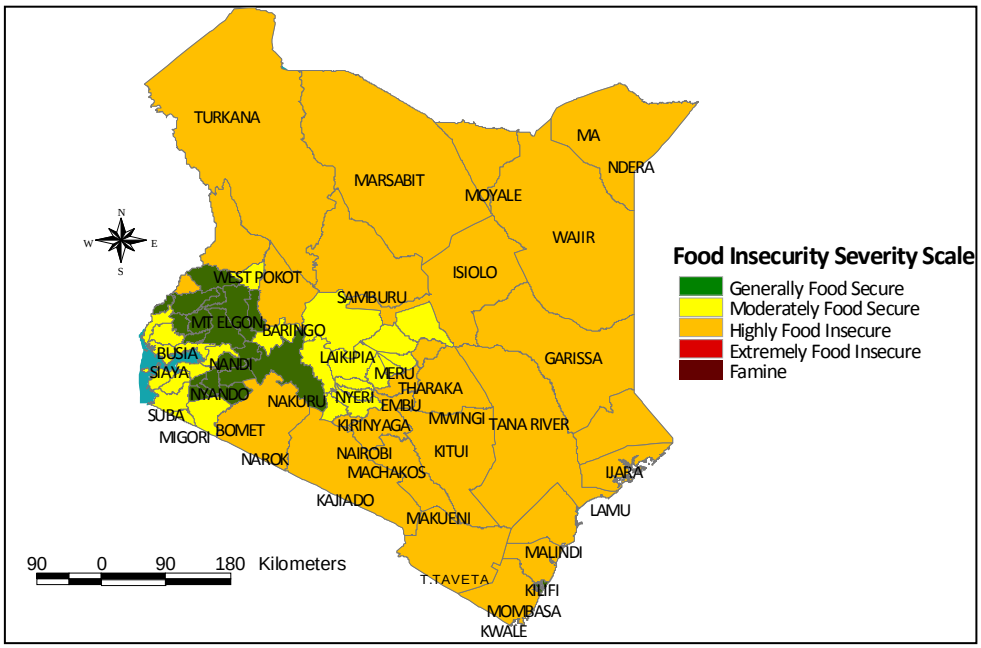
In the final days of 2008, the rapidly deteriorating situation of refugees in Dadaab, prompted the Humanitarian Coordinator in conjunction with the UN Country Team, to make a rapid response request to the Central Emergency Response Fund to help address the needs of the increasing population of the three Dadaab camps. At this time, a total of 228,000 refugees were registered at Dadaab which exceeded maximum capacity more than twice over. As such conditions in the camps had deteriorated substantially and basic service delivery was heavily overstretched. In particular the health risk posed by overcrowding and inadequate water and sanitation facilities were of a particular concern as well as the growing demand for food assistance and the risk of a further deterioration of the precarious nutrition situation. In order to assist in meeting the basic needs requirements of the growing refugee population, the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF) and the World Food Programme (WFP) requested a total of $4,987,817 to provide ongoing food and nutrition assistance and multi-sector non-food assistance.

The rapid response funds allocated to the refugee crisis helped to support assistance in a number of non-food areas including in the provision of adequate and safe water, secure housing and sanitation facilities, increasing access to primary health care, and increasing student enrolment through the creation of more learning space for both girls and boys. In addition, the funding assisted in delivery of a more comprehensive food basket to refugees thus fending off malnutrition and the effects thereof as well as anaemia in children under the age of five. Given the tensions between refugees and the refugee hosting community, the funding allocated to improving the environment went a long way towards improving relations between the two communities particularly in light of the resentment surrounding the environmental degradation in and around Dadaab.

In addition CERF funds successfully averted potential food pipeline breaks for the general population and that the selective feeding programme continued effectively. Furthermore undernourished and malnourished children under five years of age, pregnant and lactating women, and the sick in hospital, received the required rations to assist their recovery. The funds were critical in bridging the resource gap that was caused by the increased number of beneficiaries. In addition, the flexibility of the funds enabled WFP to mobilize rapidly and to ensure that the commodities were delivered at the camps and distributed to beneficiaries in

time. As soon as CERF funding was confirmed, this was achieved using internal financing and commodity loaning mechanisms within WFP, to ensure immediate action.

In relation to nutrition, the CERF funds allocated to UNICEF were employed to boost capacity of health workers on prevention of acute malnutrition; to ensure availability of ready to use therapeutic foods; to provide vitamin A and de-worming campaigns; and to heighten awareness on infant and young child feeding practices. These interventions contributed to the successful maintenance of GAM rates below the 15% threshold for the entire refugee population in spite of the population increase, considering that most of the new arrivals (especially children) were either under nourished or malnourished on arrival.



Food security Outlook April –September 21

In the early months of 2009 a further escalation in drought conditions after consecutive seasons of failed rains saw a dramatic increase in humanitarian need in arid and semi-arid areas. The outcome of the short rains assessment conducted in March identified a total of 3.2 million people requiring general food distributions. This number was additional to school feeding and supplementary feeding requirements. The high level of food insecurity was accompanied by corresponding increases in malnutrition. According to a nutrition survey conducted in eastern and northeastern provinces between November and December 2008, levels of global acute malnutrition (GAM) and severe acute malnutrition (SAM) were classified as serious to critical, based on WHO criteria and necessitated immediate life- saving interventions. At the same time outbreaks of cholera were affecting a number of districts in the country, requiring a national response to the prevention and management of new outbreaks.

Furthermore, the refugee situation continued to worsen with an average of 6,000 refugees arriving monthly from Somalia and a total population in Dadaab of 266,380. The extent of food insecurity and the refugee situation promoted a revision of the 2009 Emergency Humanitarian Response Plan from $ 388 million to $ 581 million and prompted the Humanitarian Coordinator and Country Team to make a further rapid response request to the CERF. The application

outlined needs in health, food, refugee assistance, nutrition and Water, Sanitation and Hygiene Programme (WASH) and requested a total of $ 8,616,216. This rapid response request was immediately followed by an additional application from UNHCR and IOM to relocate 12,000 refugees from Dadaab to Kakuma as part of efforts to relieve the extreme pressure on facilities and services in Dadaab. The total amount of the follow up application was $ 4,211,339.

In view of the prevalent situation, CERF funds were used to bridge gaps in shelter and infrastructure, sanitation, water supply, education, health and nutrition, environmental conservation and other non food items. In shelter for instance, only 15 percent of refugees in Dadaab had access to adequate and secure shelter. Under WASH, which is vital to the well being of refugees, the refugees received only 11 litres of water per person per day on average, had only 28 percent sanitation facilities coverage and their hygiene practices, particularly in view of the new arrivals were poor. Enrolment levels were less than 45 percent of children of school going age. The funding from CERF has improved the status quo by bringing more water to refugees, increasing shelters, widening the protection space, increasing enrolment into schools, improving the sanitation and hygiene regime and increasing access to basic health. Furthermore funds were utilised by UNHCR and the International Organization of Migration (IOM) to facilitate the relocation of 12,600 refugees from the over congested Dadaab camp to the less populated Kakuma camp. The intervention was undertaken following consideration of several strategies to address the severe strain on the Dadaab camps in the absence of new land being identified. The CERF funds were used to provide the logistical arrangements for the relocation and to ensure that transportation was safe and conducted in a dignified manner.

Funds allocated to WFP under the rapid response window served to provide support to the dramatic increase in food aid needs under the Protracted Relief and Recovery Operation (PRRO) following the 2008 failed short rains. The allocation of over $ 4.9 million enabled WFP to procure the component of food rations for beneficiaries in Northeastern Province (totalling approximately 464,000 people) for one month, whilst other resources came online. In the nutrition sector, funds of just over $ 1 million, facilitated a scale-up of nutrition interventions, with a special focus on diagnosis and management of acute malnutrition in Kitui, Mwingi, West Pokot, Kajiado, Marsabit, Kilifi and Turkana, which had experienced an acute deterioration of the food and nutrition situation and which had limited capacity to respond. Funds were employed to support NGOs to enhance the Ministry of Health (MoH) capacity in delivering nutrition services. Additional funds of $ 237,540 were allocated to the World Health Organization (WHO) to deploy technical teams to support partners and district health workers in bridging resource gaps before Government of Kenya funds came online. Consequently, these activities have also led to appreciable capacity building of the MOH health facilities and hospitals in the management of acute malnutrition in the target districts.

In response to the increase in cholera cases and to persistent drought conditions, funds of $ 486,850 were allocated to UNICEF for interventions in the WASH and health sectors targeting increased access to safe water and improved hygiene practices. These resources were channelled to support the District Water Officers and District Public Health Officers in responding to reports of cholera outbreaks with rapid assessments and response in the affected areas. In addition the procurement of emergency supplies

Patients at a cholera treatment centre, WHO

enabled prompt action to disinfect water sources and to backup hygiene promotion messages with handwashing and point of use water treatment. As a result of the project, 50 district officers received training in water quality testing, 15,000 people received benefit from household testing kits, an estimated 13 million people were reached through radio and print media and cholera messages reached a further 500,000 people through interactive processes. These activities were complemented by procurement of oral rehydration salts (ORS) and to boost capacity of health workers to promote ORS use. Distribution of ORS was undertaken to 23 districts for a total of 20,000 people.

In the health sector, a grant of $ 616,320 to WHO supported rapid response interventions towards the reduction of avoidable morbidity and mortality due to cholera outbreaks along the Kenya-Ethiopia border and major routes into northern parts of Kenya, as well as in the other hotspot areas in Nyanza province. Activities in this regard included strengthened coordination, improved case management, disease surveillance, ensuring potable water in cholera treatment centres and hospitals, and procuring essential drugs, lab reagents and detergents. The funds provided a much needed boost to the health response and were followed up with additional funding from WHO and the Government of Kenya.

During the second half of the year the humanitarian dynamics persisted in many parts of the country and humanitarian partners continued to employ multi-sector assistance strategies to meet urgent needs. Food aid beneficiaries following insufficient long rains increased further to 3.8 million under general food distributions and malnutrition trends continued to worsen in affected areas. In addition cholera outbreaks continued throughout the country affecting more than 30 districts countrywide, with a total of 4,269 cases and 94 deaths. In August the Emergency Relief Coordinator announced an allocation of $8 million to Kenya under the second round of the CERF underfunded window allocations in 2009. As such the inter-agency standing committee (IASC), under the leadership of the Humanitarian Coordinator, agreed to focus these funds on drought assistance and cholera response. The prioritisation process focused on those sectors and life-saving interventions experiencing critical underfunding. Furthermore, the IASC identified the need for a package of comprehensive activities which would ensure complementarity and therefore maximise impact. Proposals were submitted under the allocation for activities in emergency livestock and agriculture, health, food, nutrition and WASH.

The implementation period for the use of the underfunded emergencies grant is ongoing, but many of the activities funded have been completed. In agriculture, FAO reported that CERF funds of $950,000 have boosted partner activities in the emergency livestock and agriculture sector. Overall FAO estimates that 34,254 families (approximately 172,000 people) have benefited from the CERF funded interventions, with activities still ongoing in animal health, rehabilitation of water points, carcass disposal and fodder provision. Some re-alignment of destocking activities was required due to a change in the climatic situation to incorporate re-distribution of livestock in areas that received sufficient rainfall. In the agriculture sector funds helped to catalyze rapid interventions in cases where programmes were already ongoing. The flexible implementation of the funds has helped to preserve livelihoods in households that would have otherwise become food aid dependent by improving access to cash and by protecting productive assets.

Food assistance of $ 3.9 million supported under the allocation allowed WFP to provide sufficient quantities of micronutrient-rich CSB to extend distribution in semi-arid districts and to continue implementation in arid districts of a period of four and a half months to a total of approximately 100,000 beneficiaries. Activities in the food sector were complemented by the

scaling up of critical nutrition interventions to address high or deteriorating levels of acute malnutrition in the worst affected areas and the establishment of sustainable systems for impact mitigation. The funds were critical in focusing on provision of technical and logistical support to the Ministry of Public Health and Sanitation (MoPHS) and the Ministry of Medical Services (MoMS) in scaling up nutrition interventions including diagnosis and management of acute malnutrition in priority areas. By the end of 2009, a total of 100,738 children under five and 33,344 pregnant and lactating women had accessed the supplementary feeding programme in the 21 arid and semi arid emergency affected districts. In addition, a total of 17,050 children were admitted to outpatient therapeutic programmes and 2,782 to inpatient care. In the CERF targeted districts a total of 37,012 children with malnutrition accessed nutrition treatment.

In the health sector WHO, UNICEF and IOM worked together with partners to support district health teams and other field teams to respond to ongoing outbreaks of cholera. The funds enabled increased field deployment of technical personnel, supply of essential drugs, health personnel capacity, supply of laboratory reagents, and outbreak investigation and response. In addition, WHO supported information management and coordination amongst local authorities and deployed a technical team to the areas worst affected. In complement, IOM capitalised on earlier initiatives under-taken with CERF funds in the Rift Valley with the addition of two more Cholera Rapid Response Teams. This helped to build on IOM's presence and comparative advantage in the area to deliver cholera services in high-risk outbreak areas. UNICEF is currently utilising CERF funds to procure equipment for oral rehydration therapy (ORT), improve capacity of health workers and communities on management of diarrhoea using ORS/ORT and developing key messages to promote the use of ORT. It is expected that the ORT use will be boosted to over 80 percent in cholera affected districts. Overall the funds provided an essential boost to the health sector which has experienced low levels of coverage over successive emergencies. The availability of CERF funds ensured sustained response activities especially for the sector lead, WHO. Even though other sources of funding were organised including through internal reallocations from WHO and from the Government of Kenya, the health sector remained only 36 percent funded at the end of the year despite higher acute needs in this sector. The availability of the CERF funds boosted the response efforts to a significant degree.

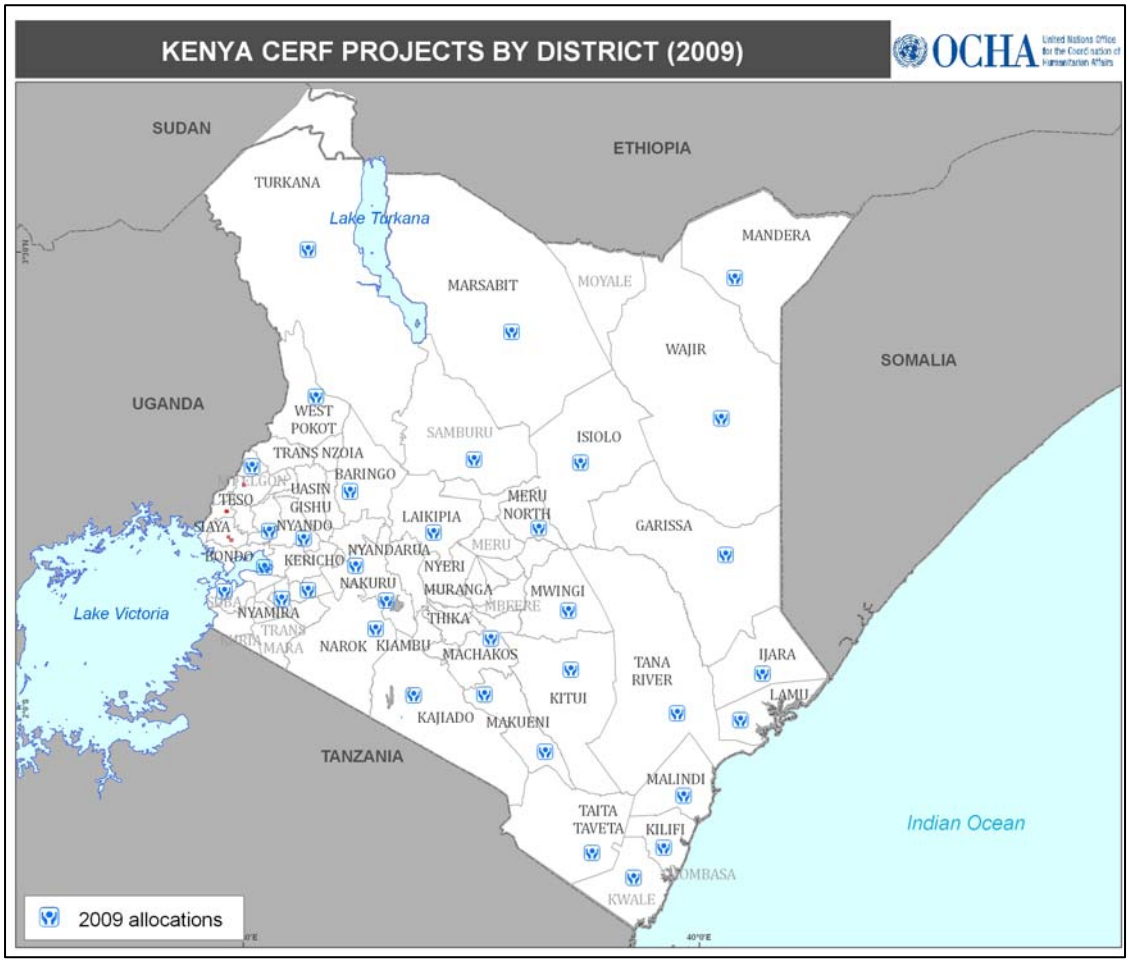
In relation to WASH, UNICEF ramped up efforts towards improved provision of clean water in the most affected areas in a number of ways including through the rehabilitation of 28 boreholes, drilling of five new boreholes, rehabilitation of six shallow wells, and provision of water storage facilities. These projects are being undertaken in a number of drought and cholera affected districts including in Turkana, Kajiado and the Mau Forest in Rift Valley Province, in Mandera in north eastern province, and in Isiolo in eastern province. These funds have been used to boost core humanitarian activities in the WASH sector in priority target areas including through NGOs and district water officers. Whilst completion of the project activities is expected by 30 June 2010, some of the project components may be continued and expanded under other funding sources.

Across the board, sector lead agencies noted the beneficial effect of the CERF underfunded window allocation on coordination, through the prioritisation and planning process but also in providing fast and flexible funding to allow a harmonised approach to implementation.

In December 2009, the ongoing heightened food insecurity throughout the country and sustained beneficiary numbers which continued to place considerable pressure on food aid operations and resources, prompted the Humanitarian Coordinator and UN Country Team to request the CERF to consider a further rapid response allocation to WFP for $5 million in order

to maintain the nutritional status of the most vulnerable affected by ongoing food insecurity. The grant allowed WFP to bridge immediate gaps in the pipeline and to continue feeding approximately 807,000 beneficiaries during the month of January 2010.

The geographic coverage of CERF funding in 2009 is shown in the map below.



Results: Rapid Response Allocation for emergency assistance for refugees, December 2008

Sector	CERF project number and title	Amount disbursed from CERF (US$)	Total Project Budget (US$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Multi-sector assistance for refugees	**08-HCR-044** **Rapid Humanitarian Response to new influx from Somalia in 2008. 2009 KEN-09/H/20799**	**$**2,492,205	$52,160,118	67,000 Refugees and asylum seekers (31,481 women and 10,543 Children)	All new arrivals receive 50 gms/p/d of groundnuts and green gram for three months Provision of NFIs (26,800 Jerry cans; 67,000 Blankets; 13,400 Kitchen sets; 67,000 Sleeping mats; and 40,200 Mosquito nets); Soap (250 gms/person/ month); and firewood (0.30 gms/person/day) Ten water bladders provided for emergency water supply 1000 communal latrines are constructed Two new health posts established; and drugs/equipments procured; all new arrivals medically and nutritionally screed and provided with necessary medical support Temporary shelters are provided to 13,400 families (13,400 plastic sheeting; and 67,000 bundles of sticks) Primary education support provided for 20,100 students (30% of population of 67,000 in first quarter of 2009) Psychological counselling, child protection and GBV/SEA support services in place Construction of two tented police posts Operational support provided to (I) NGOs	All new arrivals receive 50 gms/p/d of groundnuts and green gram for three months which was helped in reducing the GAM rate to 12.7% and SAM rate to 0.8% from 13% and 1.2% New arrivals provided with 26,800 Jerry cans; 67,000 Blankets; 13,400 Kitchen sets; 67,000 Sleeping mats; 40,200 Mosquito nets; 750 gms of Soap per sons (250 gms/person/ for three months; and 0.30 gms of firewood per person per day for three months Every new arrival received on average 18 litres of water per day for three months 1000 communal latrines were constructed for 1,000 families Three health posts, one isolation ward, one maternity ward,. one pharmacy store and one operating theatre constructed in the 3 camps Essential drugs were procured and preposition in the health institutions All new arrivals were medically and nutritionally screened and provided with necessary medical support Temporary shelters were provided to all new arrivals (13,400 families) and 2,200 permanent shelters constructed (600 units in Ifo, 600 units in Dagahaley and 1,000 units in Hagadera) Primary education support provided for 15,134 new arrivals Psychosocial counselling, child protection and GBV/SEA support services provided to the new arrivals 2 police posts constructed	CERF funding helped UNHCR in settling new arrivals in safety and with a little dignity and providing much needed goods and services such as NFIs, water, health care, sanitation facilities, education and psychosocial counselling. Considering the mental state of many new arrivals (many are traumatised by the journey) such initiatives help in soothing (at least to a small extent) them.	Programme Coordination during which challenges and experiences are shared and corrective measures taken Regular reporting Field visits Joint assessments with partners Audits Camp based meetings with beneficiaries to assess their view of the implement-tation	Priority in providing essential goods and services is given to women, children and other persons with special needs (vulnerable) once the refugees arrive.

Food	**08-WFP-111** **PRRO 10258.2 Food Assistance to Somali and Sudanese Refugees in Kenya EHRP 2009 (KEN-09/F/21657)**	$2,036,994	$67,873,825	235,455 beneficiaries of general food distributions in Dadaab refugee camp, 34,019 children under 5 and 7,050 pregnant/ nursing women. Out of all the categories, 67,000 beneficiaries were new arrivals.	The nutritional status of the most vulnerable was maintained with the GAM remaining within the emergency threshold of below 15%	No food pipeline break experienced, although there was a minimal ration cut of less than 18% for two months, and thus the nutritional status of the beneficiaries maintained within the emergency threshold. Supplementary feeding rolled out covering all the children in need and thus improved their nutritional status.	Rapid disbursement of CERF funds enabled WFP to ensure that the food commodities required could be delivered and distributed at camp level in the shortest period of time.	Distribution and post-distribution monitoring carried out by WFP staff in collaboration with UNHCR and cooperating partner staff at the FDP and at the beneficiaries homes as required.	Women representation in the Food Advisory Committees is maintained at a minimum of 50%. Women are encouraged to register as heads of households and to be the one's who collect the food rations for the family during GFD. Women have separate corridors during the GFD and the pregnant and lactating women are given preferential treatment.
Nutrition	**09-CEF-001** **Support to emergency nutrition programme among Somali refugees in Dadaab camps, KHRP 2009 (Ken-09/H/21643**	$470,800	$1,700,000	35,000 children under 5 years old 12,400 pregnant and lactating women	Supplementary and therapeutic feeding coverage >90% Recovery rate at over 85% at the SFPs and 80% among the TFC cases, with less than 5% death rates	The coverage as estimated by the HIS was 100% for SFP and 93% for TFP. Survey conducted in August 2009 indicated SFP coverage of 57.1%, 70.4% and 58.1% in Dagahaley, Hagadera and Ifo camps respectively. TFP coverage according to the HIS was 93%. August 2009 survey indicated TFP coverage of 91.6%, 88.8% and 87.5% in Dagahaley, Hagadera and Ifo camps respectively. This objective was fully met. The nutrition programme indicators have been within the recommended sphere standards. According to the HIS reports, SFP cure rates were 97%1.4% default and 0.1% death rates. The TFP cure rates were 87%, default rate: 8% and death rate of 5%. This objective was fully met.	Rapid allocation of CERF funds allowed partners (UN and NGOs) to begin immediate nutrition interventions in the identified areas of need.	Health information system is in place. Through monthly coordination, nutrition performance is monitored. Dadaab also conducts annual nutrition surveys to continually asses the nutrition situation and evaluate impact of interventions in the camp.	The programme focused on meeting the needs of under 5 year old children and pregnant and lactating women who are the most vulnerable in the camps.

Rapid Response allocation for drought, cholera and refugee assistance, June 2009

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US$)	Total Project Budget (US$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Health	**(09-IOM-015)** **Emergency Response to Cholera Outbreak in Most Affected Districts of Nyanza and North-Eastern Areas of Kenya (KEN/09/H/20487/122)**	$89,237	$699,719	146,000 actual beneficiaries	Training of two cholera response teams. Deployment of two mobile CRRTs from 06 July 2009 until 30 September 2009. CRRTs undertook the following functions: Coordination and mobilization of community leaders; Community health education sessions on cholera prevention, hygiene, water treatment, use of oral rehydration solution (ORS), treatment-seeking behaviour; Provision of information education and communication (IEC) materials, ORS, chlorine tablets for water purification, and albendazole to communities and schools. Provision of ORS, septrin syrup, doxycycline, and chlorine tablets to health facilities in outbreak areas. Close coordination with DHMTs and community leaders on cholera response needs and mobile CRRT activities.	**Objective**: To contribute to reduction of avoidable morbidity and mortality due to cholera outbreak along the Kenya-Ethiopia border and along the major routes from Ethiopia into the northern parts of Kenya and other hotspot districts in Nyanza province Number of mobile CRRT community and school sessions- 88 Approximate number of school children directly reached (50% female)- 46,000 Approximate number of households directly reached (65% female)- 20,000 159,600 chlorine tablets (Aquatab) provided to communities **Objective**: Improve availability and quality of water in the health facilities and cholera treatment centres 33,400 chlorine tablets (Aquatab) provided to health facilities 800 ORS packets provided to health facilities 1,000 doxycycline tablets provided to health facilities 20 septrin syrup bottles provided to health facilities	The project successfully built on IOM's field presence and rapid response capability, to provide vital assistance to government in delivering cholera services to remote areas. This project filled unment needs by delivering health messages and commodities to outbreak and his-risk communities in Western and Rift Valley provinces of Kenya, and health facilities and cholera treatment centres with essential supplies. As IOM was the only agency assisting the Government in cholera response. the support offered was highly valued.		Approximate number of school children directly reached (50% female)- 46,000 Approximate number of households directly reached (65% female)- 20,000

	09-WHO-026 **Emergency response to cholera outbreak in 25 most affected districts in Nyanza and north-eastern areas of Kenya**	$616,320	$3,119,400	2.5 million people at risk in 25 most vulnerable districts in Nyanza and NE province including women and children	Morbidity and mortality due to cholera outbreak along the Kenya-Ethiopia border and along the major routes from Ethiopia into the northern parts of Kenya and other hotspot districts in Nyanza province reduced to acceptable standards. Coordination for cholera response in affected districts strengthened for synergy and effective surge Cross border collaboration for effective response enhanced Emergency early warning systems in the most affected districts improved Availability of basic and essential drugs, lab reagents and detergents provided timely	Middle level technical personnel hired to support the district health management teams in NE and five provinces of the Eastern province. WHO deployed technical support teams to the affected districts during the period. Local Government led coordination meetings, joint planning and monitoring of response activities established at the provincial level and affected districts. Coordination forums and technical support sharing with neighbouring districts along the Kenya - Ethiopia border in Moyale and Illeret. Joint assessment, cholera outbreak investigation conducted with the district teams and partners especially MSF-B, SC, Merlin etc in the affected districts. District level local response capacities built for all the affected DHMTs through on the job orientation and support. Provided technical guidelines on management of cholera, diarrhea and kala azar to the affected districts. Procured, prepositioned and delivered essential drugs and laboratory reagents directly to affected districts in Nyanza, northeastern, eastern and coast provinces. Logistical and financial support provided directly to district health teams and at times provincial health teams to support response activities in the districts.	The predictability availability of CERF funds enable the rapid response to begin timely. The Cluster Lead deployed to the field throughout the period. The availability of the funds enabled Government to issue a supplementary budget for continuation of the activities. Similarly funds were made available by the WHO Headquarters and the regional office for the same. The availability of the funds have given credibility and visibility to both CERF and UN partners engaged in humanitarian response. The CERF funds enabled coordination and collaboration among the partners and government which otherwise would have been very difficult. The availability of the funds enabled the district teams to assume their leadership role in the response.	Cholera Response Coordination meetings at levels comprising all the key stakeholders met regularly to assess the response, identify gaps and tried filling them. Weekly Epidemiological Reports were generated by the MoH and circulated to all stakeholders. Disease outbreak reports and lini listings were also made available in the most affected districts. Bulletins and other reports from Government, MoH, prtners and the Ministry of Special Program Crises Management Centre.	All people living within the affected areas benefitted equally since mortality and morbidity from cholera has no gender preference.

	09-WHO-027 **Prevention and emergency management of complicated and severe malnutrition**	$237,540	$3,119,400	Children <5 years: approx. 18,000 at risk of developing complications due to severe malnutrition	Risk of increase mortality associated with malnutrition reduced Improved management of severe and complicated clinical conditions secondary to malnutrition Improved coordination of stakeholders Orientation for surveillance for diseases of epidemic potential Establishment and integration of facility based nutrition surveillance into the integrated disease surveillance system	Coordination strengthened through holding of weekly stakeholders coordination meeting at province and 8 districts regularly Weekly epidemiological reports from districts (integrated into the IDSR) produced in addition to other reports for the humanitarian sitreps and bulletins Rapid nutritional assessments conducted in communities in 8 affected districts Community based monitoring of children under management investigated and assessed in 8 districts on routine bases Severe malnourished children brought to facilities and admitted and managed in the facilities Upgrading of management of severe and complicated malnutrition and acute watery diarrhoea skills in children conducted for district and health centre staff in 8 districts Procured and delivered to affected district hospitals 10,000 tablets of zinc and low osmolar ORS for management of diarrhoea in Procured and delivered basic laboratory kits, diagnostic reagents and other severe malnutrition monitoring tests to affected districts	The predictability and availability of CERF funds enabled the rapid response to begin timely. WHO Country Office realigned its budget to support the response activities The availability gave credibility and visibility to Cluster Leads in implementing their role The availability of the funds empowered the district and health facility teams to assume their leadership role in the response	Weekly Coordination meetings of all stakeholders led by the District health Teams Weekly Epidemiological Reports Rapid assessment reports from partners Follow up and other monitoring reports Bulletins and other reports from Humanitarian community (OCHA), Government, MoH, Partners and the Ministry of Special program Crises Management Centre	Beneficiaries were children under 5 years of age from both sexes

Multi-sector assistance for refugees	**09-HCR-019** **Humanitarian Assistance to refugees in Kenya**	**$**1,232,961	$11,257470	11,500 refugees (2,300 families)	11,500 refugees (2,300 families) – 1,800 families (about 9,000 refugees in Dadaab and 500 families (about 2,000 refugees in Kakuma)	9,000 refugees/1,800 families have adequate and secure shelter. There is a reduction in SGBV cases due to improvement in shelter	Funds were disbursed in a timely manner which enabled UNHCR to sign agreements with partners, and commence and complete quality implementation. CERF funding was used to construct houses for vulnerable persons including women headed households and the elderly. By the time of the application, there was a gap of 35,000 shelters in Dadaab. Whilst 1,800 shelters is a small proportion, it went a long way to alleviating shelter needs. A lack of basic necessities such as shelter can result in increased hostilities from the refugees who sometime resort to violence.	Programme coordination during which challenges and experiences are shared and corrective measures taken Regular reporting Field visits Joint assessments with partners Audits Camp based meetings with beneficiaries to assess their view of the implementation	50% women representation on leadership committees Women headed households are given first priority in the selection criteria for provision of housing

Coordination and Support Services - Logistics	**09-IOM-018** **Humanitarian Assistance to Refugees in Kenya**	$2,609,156	$6,034,800	12,600 targeted 13,123 actual beneficiaries	Transport 12,600 refugees from Dadaab camp to Kakuma camp All relocated refugees live in safety and with dignity in accordance with internationally accepted standards Refugees have access to adequate space for livelihood, recreation and settlement Refugees have access to services including water sanitation, health and education	A total of 13,123 refugees were safely transported from Dadaab to Kakuma refugee camp All refugees transported to Kakuma were provided with plots and are now able to access basic services	With CERF's funding UNHCR and IOM were able to quickly decongest the Dadaab refugee camp which at the time was registering approximately 5,000 new arrivals each month Though the project had been planned for several months, securing funds had not been successful before the CERF contribution.	UNHCR/IOM held weekly meetings to assess the progress of the project. IOM also held weekly internal meetings to discuss and asses the success of the project. Weekly reports indicating identified constraints and solutions were circulated within IOM Kenya for discussion and solutions. Debriefings with each convoy team leader and medical coordinator were held upon each team's return to Dadaab.	13,123 refugees

	09-HCR-023 **Humanitarian Assistance to refugees in Kenya**	$1,602,183	$4,392,106	13,124 Somalis refugees (2,273 children and 6,186 women)	**Education:** Construction and equipping of three new primary schools for 3,000 new learners Repair works to schools. **Health and Nutrition:** Construction of one new health clinic in Kakuma out of four required Expansion of Clinic 5 in Kakuma and purchase of drugs.	**Education:** 3 new schools of 12 classrooms each were constructed and equiped,6 new classrooms in 3 existing schools were constructed and 14 classrooms in 6 existing schools repaired. Other assorted school supplies were purchased. **Health and Nutrition:** Construction of a new clinic ongoing, and construction of a reproductive health wing with ante-natal, post-natal, immunization and maternity service delivery at Clinic V completed. **Sanitation:** A total of 1,525 latrines were constructed, 2,296 slabs were produced, 591 latrines rehabilitated and hand washing facilities were put in 20 camp schools.	**Education**: increased schools capacity decongestion of existing facilities. **Health and Nutrition:** Expansion of Clinic V to include outpatients and consultations led to increased access to basic health care **Sanitation**: Strengthened preventive measures against disease outbreaks	Daily monitoring visits are carried out by UNHCR field officer and field assistants ascertain both the quality and quantity of implementation.	UNHCR is carrying out affirmative action for girls to encourage school attendance UNHCR provides incentives such as the sanitary kit to school attendance Preferential treatment given to pregnant women

Coordination and Support Services - Logistics					**Sanitation:** Construction of 1,202 family latrines for 2,404 families (1latrine for two families) **Food:** Logistics and wet feeding at the reception center for 13,124 refugees relocated from Dadaab to Kakuma. **Community Services:** Distribution of a sanitary kit (two panties, one 250gm tablet of soap and one sanitary pad) per person for women and girls of reproductive age. **Shelter:** Construction of 2,150 temporary shelters The above shelters were later replaced by 2,150 durable/permanent shelters. **Water:** Rehabilitation of IOM borehole, Repair of Kakuma 4 piping system, tap stands, taps and purchase of a generator. **Environment and Camp clean up:** Camp clean up of prosopis, Clearing of camp access roads Distribution of 3,000 energy saving stoves.	**Food:** 3 hot meals were provided to 13,124 relocates upon arrival to Kakuma. **Community Services:** Sanitary kit distributed to women and girls of reproductive age, and to survivors of SGBV twice during the year. **Shelter:** total of 2,150 temporary shelters and 2,475 durable shelters were constructed. **Water:** The pump house was rehabilitated and a submersibles pump installed at IOM borehole, 45 new tap stands with tabolts taps were opened. **Environment and Camp clean up:** A total of 142 ha was cleaned up, 3,000 pieces of stoves fabricated and distributed, 6.401 kms of camp access road reopened, 1.1 km gravelled and 2 culverts fixed. **Protection and Monitoring:** A total of 13,124 Somalis were registered and bio data verified, 3,125 new ration cards were ordered and distributed, 2 new police posts were constructed and equipped. **Domestic needs:** 10,000 pieces of plastic mats, 2,500 kitchen sets, 10,000 Jerry cans, 200 mt of soap.distributed to the 13,124 new arrivals (relocated from Dadaab) upon arrival in Kakuma. **Operation support:** Upon procurement NFIs were cleared and transported to Kakuma where two new rub halls had been constructed for storage.	**Food:** Rapid construction of a reception centre in Kakuma **Community Services:** Provision of sanitary kit improved school attendance and enabled women to conduct their livelihoods with dignity. **Shelter:** Construction of temporary and permanent shelters provided for 13,124 Somali refugees **Water:** Increased amount of water supplied in Kakuma from 23l/p/d to 26.4 l/p/d **Environment and Camp clean up:** Improved access to the new settlements and reduced utilization of firewood **Protection and Monitoring:** Rapid verification and distribution of ration cards allowed relocates access services without delay. **Domestic needs:** NFIs facilitated a quick integration of relocates in Kakuma. **Operation support:** Increased storage capacity for NFIs	The Representative and Deputy Representative also visit the sub offices at least once every two months while other Nairobi based staff visit for monitoring purposes every month on average. UNHCR also conducts weekly programme coordination meetings at sub office level and monthly Country Directors' programme coordination meetings at Nairobi level.	Sanitation facilities have been constructed with the security and privacy of girls in mind At least 50% women on food committees enabling them to make decisions At least 50% of the positions on leadership committees are occupied by women. Women involved in decision making including programme design, planning, implementation and review. Women and men have equal access to shelter. Specific allocation made to women headed households. Equal access to water for men and women

					Protection and Monitoring: Registration and verification of Bio data, verification of ration cards Construction of new police post for security of new arrivals and humanitarian workers **Domestic needs:** Procurement of 10,000 pieces of plastic mats, 2,500 kitchen sets, 10,000 jerry cans, 200 mt of soap. **Operation support:** Warehousing, clearing cost and transportation of NFIs to Kakuma.				Protection monitoring of women, girls and children to ensure they are not exposed to SGBV There are 50% women on all distribution committee
Nutrition	**09-CEF-029-B** **Prevention and Management of Acute Malnutrition (Nutrition Cluster)**	$1,011,150	$9,749,380	48,793 (122% of targeted) children 11,869 (66% of targeted) pregnant and lactating mothers were reached	50% of moderately malnourished children below 5 years old as well as pregnant and lactating mothers have access to treatment in targeted areas 50% of severely malnourished children below 5 years old have access to treatment in targeted areas At least 80% of moderately malnourished patients that are admitted for treatment recover At least 75% of severely malnourished patients that are admitted for treatment recover	Overall 43% of those moderately malnourished accessed treatment. Only Kitui, Mwingi, and Turkana registered over 50% target coverage. The lack of attainment of the target coverage was mainly due to pipeline break of CSB which was triggered by the withdrawal of the bitter CSB from the districts. Overall, 57% of those severely malnourished were reached. For Mwingi, West Pokot and Kajiado this mark was not attained due to late program start-up. Break-up in report submission from the health facilities also lead to under reporting of some figures. In all the target districts, 83.5 % of moderately malnourished children were cured. This objective was thus fully met. Overall 83.1% of those admitted for treatment of severe malnutrition were cured/ recovered. This objective was also fully met.	Rapid allocation of CERF funds allowed the partners (UN and NGOs) to begin supporting the MOH to upscale nutrition services immediately after the needs were identified.	District Nutrition Officers compiled data from the health facilities and send them to the Division of Nutrition and UNICEF (Nairobi) through their respective Provincial Nutrition Officers.	This program focused on meeting the needs of under 5 year old children and pregnant and lactating women (the most vulnerable in the community).

WASH	**09-CEF-029-A** **Emergency Multi-Sectoral Response To Cholera**	$486,850	$3,321,000	2.5 million (182,500 Children Under 5 – 1,172,655 Women)	80% of households in cholera affected areas have knowledge of critical actions for cholera prevention and mitigation Increase in the early use of ORS for treatment of mild cholera cases from 33% to 60% in target districts. District WASH Clusters 'WESCOORDs' activated in 80% of target districts & weekly updates on status of response and gaps reported to national WESCOORD and disseminated to partners.	Supply assistance enabled 50,000 people in cholera risk areas to test water quality at household level & make informed choices about water treatment technologies. Support to the coordination of the cholera response as well as the training of District Water & Public Health Officers was conducted in 25 at risk districts – the population in these districts totalled over 5 million. District WESCOORD were activated in 24 of the 25 districts affected by cholera. Capacity building of health workers in 4 districts and development of communication plans in 25 districts. Distribution of ORS to 23 districts for treatment of 20,000 persons.	CERF added value to the project to support the two Emergency Field Officers dedicated to assisting with district level coordination of the response – also with the provision of supplies including water quality testing kits together with training in their use & how to set up a coherent water quality surveillance & response programme.	The two Emergency Field Officers made field visits & coordinated response interventions as well as monitoring progress.	The general population benefitted from the reduced risks from cholera Women & young girls who pre-dominantly have the task of managing household water use have had their capacity to make informed choices regarding household water treatment & use & hygiene behaviour improved.

Underfunded emergencies allocation for drought response, August 2009 (ongoing)

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US$)	Total Project Budget (US$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Agriculture and livestock sector	**09-FAO-021** **Assistance to farming households affected by soaring food prices and drought (KEN-09/A/20489/ 123)**	$950,000	$950,000	90,000 households (540,000 people) 50% children, 30% women and 20% men	Targeted beneficiaries 90,0000 households Supplementary feeding of key breeding stock Veterinary support through mass treatments and vaccinations RVF risk assessment and surveillance Removal of carcasses in water points to avoid contamination Rehabilitation of watering points Restocking if the short rains do well Distribution of seeds for planting during the short rains	So far, 6,580 families accessed meat through slaughter de-stocking, and over 4,000 families benefited in monetary terms. 150,000 livestock vaccinated benefiting about 20,000 families. So far 34,354 families have benefited from the initial interventions reported by partners. The project was to provide assistance through voucher for work activities to 2,000 households. The voucher would be used to purchase seeds of drought tolerant crops. However, due to the late approval process, the voucher for work activities were cancelled and instead the 9,000 vulnerable households in Mbeere, Mwingi, Kyuso and Ngomeni districts were issued vouchers for seeds. Each received and planted 15 kgs of seeds of drought tolerant crops such as cowpea, greengrams and millets. A total of 135 mt tonnes of seeds were distributed. The crops have been harvested and realized yields by each household are averaged at 200 kgs. Some activities had not been initiated at the time of first reporting by the partners. There was also a change of strategy by some partners due to the short rains – such as, de-stocking shifted to re-stocking, feed purchase was shifted to vaccination (RVF), fodder purchase was shifted to PFS groups and others to conserve fodder for use in dry times.	CERF funding in this project added value to other interventions of a similar nature that partners were undertaken. In cases where funding was inadequate CERF funding helped to fill in the gap. There were also areas that had not been targeted and CERF did target those areas and as a result funding benefited the communities in their time of need. The funding has reduced food insecurity in the targeted districts.	So far the monitoring and evaluation mechanisms that have been put in place are through the initial progress reports. Follow-up field monitoring missions are planned for March. On crops side, the partners have monitored and recorded data on the number of beneficiaries, types of crops issued and planted, and yield from each crop.	The project was beneficial to all but it can be emphasized that, in areas seriously affected by drought and rising food prices, it was particularly beneficial to women, children and the elderly.

Food	**09-WFP-043** **Protecting and rebuilding livelihoods in the ASALs (PRRO 10666.0). (KEN-09/F/20738/561)**	$3.9 million	$474,275,049	464,000 beneficiaries of general food distributions in arid districts, 100,000 children under 5 and pregnant/ nursing women	Maintain or improve nutritional status of most vulnerable populations	The CERF funds supported some 100,000 moderately malnourished children under five and pregnant/nursing mothers for approximately 4.5 months, through provision of some 3,700 mt of micronutrient-rich commodities (corn-soya blend and vegetable oil).	Rapid disbursement of CERF funds enabled WFP to roll out SFP in a critical moment when all the areas in question were experiencing high food insecurity.	Distribution and post-distribution monitoring is carried out by WFP staff at all the locations of implementation, with support from cooperating partners in post distribution monitoring. 10% sample is monitored every month for all the activities.	Women are particularly encouraged to represent their communities in relief committees and to register as heads of households. Generally, women represent at least 50% of members in relief committees and the majority of household heads are women.
Health	**09-IOM-020** **Emergency Response to Cholera and Dysentery Outbreak in Most-affected Districts of Rift Valley, Western, and Nyanza Provinces of Kenya**	$176,015	$176,015	62,456	62,456 population in Western, Nyanza, Rift Valley are: Directly reached through outreach & community mobilization with info on hygiene & cholera Provided IEC, chlorine, and ORS IEC produced Cholera treatment centres re-stocked with chlorine, ORS, essential drugs	By 31 December 2009: 4 Cholera Rapid Response Teams deployed in Nyanza, Western, and Rift Valley. 22,000 households (100,000 pop) directly reached in 3 provinces by outreach & community mobilization: 181 outreach sessions completed 10,000 brochures and 550 posters disseminated 173,330 chlorine tablets disseminated to communities (treats 3.5 million litres or 43,300 weeks of supply) 14,850 ORS packets disseminated to communities National brochure and poster translated and produced in Kiswahili Five cholera treatment centres stocked with: 65,000 doxycycline tablets 301 septrin bottles	To date, the only funds available have been through CERF, and it offers a platform for resource mobilization. IOM is the only agency assisting health authorities in these districts on cholera outbreak, so CERF has proven extremely important.	Weekly reports produced from field following standard format. These include narrative section with challenges and needs. Each of 4 teams captures digital images, and submits via a photo log, with location, date, photographer, and description of the action. Field Team Leader travels to all sites and daily meetings held. One monitoring visit undertaken by Nairobi-based project manager.	Disaggregated data by age will be available upon completion, as school-based sessions increased in January. Currently, outreach sessions reach 65% female/ 35% males.

Health	**09-CEF-038-A** **Emergency response to food insecurity and disease outbreaks for vulnerable populations in Kenya (KEN-09/H/24438/ 124)**	$293,548	$274,349.96	The population targeted was 62,456, of which 12,491 presented with mild illness and 3,123 with severe illnesses	All identified hospitals and health centres have operational ORT corners. Increase ORT rate from 33% to at least 80% by 2009 by establishing ORT corners in 526 hospitals, 649 health centres and sub-health centres through the patients who will visit these health facilities. Reduce cholera and diarrhea deaths from 2.2% to less than 1% through introduction of low osmolarity ORS and zinc supplements in areas with high potential for cholera outbreaks.	Procurement of ORT corner equipment for 526 hospitals, 649 district hospitals undertaken. Capacity building of health workers and community members to scale-up ORT use is ongoing. Design of IEC materials to promote ORT use is in progress to be finalized by May. Case fatality rate reduced from 3.7% to 2.6% by 31 Dec 2010.	The CERF funding came at a time when the country was overwhelmed with response to cholera outbreaks while most of the health facilities lacked ORT corners which are critical in management of diarrhoea/ cholera. Through the support, UNICEF will ensure all the health facilities are equipped with ORT corner equipment.	Monitoring of implementation of ORT corner is undertaken during the capacity building sessions for the health workers and during regular supportive supervision by the Government and partners. During monitoring, utilization of ORT corners will be assessed.	All the general population was targeted with the support. Majority of cases are children under 5.

Health	**09-WHO-038** **Emergency Response to epidemic diseases outbreaks in at least 8 districts and response complicated cases due to severe malnutrition for most vulnerable populations in at least eight districts in Kenya**	$523,230	$9,820,002	A total of 6,245,604 in eastern, north eastern, Coast and Nyanza provinces; of which 70,000, mainly pastoralists are at risk of the on-going cholera outbreak and 5% requiring hospital care; another 450 children requiring treatment for Black fever, and similar number for complicated and severe malnutrition	Partners and public sector health facilities used standard diagnostic and treatment guidelines Communities reported rumours, suspected cases and outbreaks to the DHMT and partners and investigations conducted within 48 hours. Community based actions for control of disease outbreaks and other health threats increased Local authorities and government line ministries led sectors for effective coordination of the response activities. Essential diagnostic reagents, drugs and others available for prompt deployment for management and control of outbreaks.	WHO deployed technical support teams to the affected districts during the period. Hired 30 temporary health workers for the north east and 15 for the eastern provinces. Organized a multi-sectoral partners forum to develop the cholera control strategy in a one day workshop. Orientation conducted for local government authorities, district commissioners, line ministries and partners on disaster and cholera response for all the districts in the Rift Valley province. Printing and dissemination of technical guidelines for cholera treatment, disease surveillance, outbreak investigation and response) to the affected district health team, district hospitals and health centres. WHO and MoH conducted emergency training for least 5 DHMT, 8 district hospital and clinicians (all about 150) at the health centres in the eight districts. Emergency disease surveillance system established in the affected districts. Operational funds were made available to the affected districts Cholera rumours were responded to by the DHMTs promptly. Partners coordination forums chaired by the local authorities were established and received financial support. Coordinated partners response to outbreaks (WHO, UNICEF, MSF, MERLIN, KRCS, in the various districts). Procured essential drugs, reagents and logistical support to the Nyanza, coastal, eastern and RV provinces.	Availability of the CERF funds made it possible for timely response. It served also as the basis to request for resources from other partners to fill in the gaps. Government had to issue supplementary budget for continuation of the started activities.	Health sector partners conducted joint assessments, had sector daily or weekly meetings depending on the situation. Production of weekly surveillance reports and the health and nutrition sector meetings.	Special attention was paid to the community members who had always been ignored in the planning and implementation of similar projects. For the first time local authorities and line ministries were brought together for a multi-sectoral response planning and implementation for the Rift Valley and north eastern provinces

Nutrition	**09-CEF-038-B** **Scale-up critical nutrition interventions in drought affected areas (KEN – 09/H/20823/ 124)**	$895,537	$2,300,000	33,000 children under 5 years and 11,500 pregnant and lactating women	50% of moderately malnourished children below 5 years old as well as pregnant and lactating mothers have access to treatment in targeted areas 50% of severely malnourished children below 5 years old have access to treatment in all the ASAL districts At least 80% of moderately malnourished patients that are admitted for treatment recover At least 75% of severely malnourished patients that are admitted for treatment recover	Target districts: Marsabit, Turkana and West Pokot 38% of moderately malnourished children accessed treatment in the 3 target district. Lowest coverage in Marsabit (20.36%) mainly due to pipeline break of CSB. The overall 2009 coverage for arid districts was 45%. All ASAL districts (21) 67.2% of severely malnourished children were reached in the three target districts. Low coverage in West Pokot (26.1%) is attributed to late programme start up. Turkana attained over 100% coverage. In arid districts, about 55 % of severely malnourished children accessed treatment. In the 3 target districts, 84% of moderately malnourished children were cured. The recovery rate for all arid districts was 69.4% for children under 5 years and 80% for pregnant and lactating women. 82.5% of those admitted for treatment of severe malnutrition were cured/recovered in the 3 target districts. The recovery rates for all arid districts were 69.4%.	Rapid allocation of CERF funds allowed the partners (UN and NGOs) to begin supporting the MOH to upscale nutrition services immediately after the needs were identified.	District nutrition officers from the districts compiled data from the health facilities and sent them to the Division of Nutrition and UNICEF (Nairobi) through their respective provincial nutrition officers.	This program focused on meeting the needs of under 5 year and pregnant and lactating women who are the most vulnerable in the community.

WASH	**09-CEF-038-C GoK/UNICEF Drought Intervention Project (KEN-09/H/20823/ 124)**	$1,300,000	$13,835,364	480,000 (35,000 children under 5 – 225,000 women)	480,000 vulnerable populations in drought affected areas have improved access to safe and sustained water supplies At least 40 boreholes/water point schemes constructed, repaired or rehabilitated At least 200 shallow wells with hand pumps repaired/rehabilitated Water storage & distribution facilities installed at 100 health centres/schools 4,000 households equipped & using effective household water treatment techniques	At least 285,000 vulnerable people have improved access to safe sustained water supply through the following interventions: Rehabilitation of 28 motorised boreholes supplying safe water to 152,500 people. 6 new boreholes drilled & equipped supplying safe water to 13,500 people. 6 handpump water supply schemes rehabilitated supplying safe water to 1,500 people. Water storage tanks installed at 30 schools, health centres & IDP sites.(at least 7,500 people). 2,000 households have received ceramic water filters & demonstrations in their use providing safe water to 10,000 people. 20,000 households affected by emergency have received water storage & household water treatment materials including water quality testing kits & have received instruction in the use of household water treatment technologies providing safe water to 100,000 people affected by emergencies.	The CERF funding came at a critical time after the failure of the long rains season and has enabled UNICEF to mobilize the WASH sector to address priority drought issues as well as the cholera outbreak which has affected many districts.	The emergency field officer & WASH specialist are working with Water Service Boards to conduct field visits to project sites and monitor progress.	The general population has benefited from the project – with reduced work load for woman who are the ones who are predominantly responsible for collection of water. Improved capacity for women to make informed choices regarding household water treatment & use.

Rapid response allocation to support food assistance, December 2009

sector	CERF project number and title (if applicable, pls provide CAP/Flash Project Code)	Amount disbursed from CERF (US$)	Total Project Budget (US$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Food	**09-WFP-077** **Protracted relief and recovery operation for population affected by drought in Kenya**	$5 million	$474,275,049	Cereal component of food ration for 1.1 million beneficiaries in arid districts provided for one month	Maintain or improve nutritional status of most vulnerable populations	Through provision of some 11,000 mt of food commodities, some 807,000 most vulnerable beneficiaries in arid districts were provided with food rations for one month, bridging a critical funding gap in January 2010.	Maize was purchased regionally to bridge a critical funding gap in arid districts.	Distribution and post-distribution monitoring is carried out by WFP staff at all the locations of implementation, with support from cooperating partners in post distribution monitoring. 10% sample is monitored every month for all the activities.	Women are particularly encouraged to represent their communities in relief committees, and to register as heads of households. Generally, women represent at least 50% of members in relief committees and the majority of HH heads are women.

Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded	Date Funds Forwarded
OXFAM	Livestock	09-FAO-021	50,000	21 October 2009
CODES	Livestock	09-FAO-021	50,000	21 October 2009
VET WORKS	Livestock	09-FAO-021	50,000	21 October 2009
VSF-B Garissa	livestock	09-FAO-021	50,000	21 October 2009
VSF-B East Pokot	Livestock	09-FAO-021	50,000	21 October 2009
VSF-Suisse	Livestock	09-FAO-021	100,000	10 February 2010
KLIFT / GOK	Livestock	09-FAO-021	58,458	25 February 2010
Tufts University	Livestock	09-FAO-021	50,000	26 February 2010
ACTED	Agriculture	09-FAO-021	30,000	15 January 2010
Catholic diocese of Embu	Agriculture	09-FAO-021	45,000	26 October 2009
CED Mwingi	Agriculture	09-FAO-021	45,000	26 October 2009
ACTION AID	Agriculture	09-FAO-021	45,000	26 October 2009
Samaritan's Purse	Nutrition	09-CEF-038-C	186,955	1 April 2010 (reimbursement)
Samaritan's Purse	Nutrition	09-CEF-038-C	60,102.54	1 May 2010 (reimbursement)
GTZ	Nutrition (refugees)	09-CEF-001	47,681.67	7 April 2009
IRC	Nutrition (refugees)	09-CEF-001	23,388.46	9 April 2009
ACF	Nutrition	09-CEF-029-B	131,599.18	15 July 2009
Samaritan's Purse	Nutrition	09-CEF-029-B	66,442.69	31 July 2009 (reimbursement)
Mercy USA	Nutrition	09-CEF-029-B	64,162.51	1 July 2009 (reimbursement)
Food for the Hungry Kenya	Nutrition	09-CEF-029-B	68,101.04	31 July 2009 (reimbursement)
Family Health international	Nutrition	09-CEF-029-B	62,822.22	14 August 2009
Merlin	Nutrition	09-CEF-029-B	50,285.29	31 July 2009
World Vision International	Health	09-WHO-026	100,000	26 March 2010
Oxfam GB	WASH	09-CEF-038-B	136,992.87	16 February 2010
Islamic Relief	WASH	09-CEF-038-B	87,392.72	5 February 2010
Cooperazinoe Internazionale (COOPI)	WASH	09-CEF-038-B	97,185.18	11 December 2009
German Agro Action (GAA)	WASH	09-CEF-038-B	87,999.92	29 January 2010
NRC	Multi-Sector	08-HCR-044	282,949	21 July 2009
IRC	Multi-Sector	08-HCR-044	67,000	20 July 2009
GTZ	Multi-Sector	08-HCR-044	180,000	13 August 2009
SCUK	Multi-Sector	08-HCR-044	20,000	21 August 2009
CARE	Multi-Sector	08-HCR-044	60,300	13 August 2009
LWF	Multi-Sector	09-HCR-019	441,455	31 August 2009
NCCK	Multi-Sector	09-HCR-019	358,218	20 September 2009
NRC	Multi-Sector	09-HCR-019	260,337	30 July 2009
LWF	Multi-Sector	09-HCR-023	317,748	30 September 2009
NCCK	Multi-Sector	09-HCR-023	365,000	30 September 2009
IRC	Multi-Sector	09-HCR-023	265,100	20 September 2009
GTZ	Multi-Sector	09-HCR-023	79,000	13 September 2009

Annex 2: Acronyms and Abbreviations

ACF	Action Contre la Faim (Action Against Hunger)
ACTED	Agency for Technical Cooperation and Development
ASAL	Arid and semi-arid lands
CARE	Cooperation for Assistance and Relief Everywhere
CARE	CARE International
CED:	Care for Environment for Development
CERF	Central Emergency Response Fund
CSB	Corn Soya Blend
EHRP	Emergency Humanitarian Response Plan
FDP	Food Advisory Committee
FHI	Family Health International
FHK	Food for the Hungry Kenya
GAM	Global Acute Malnutrition
GFD	General Food Distribution
GOK	Government of Kenya
GTZ	German Technical Cooperation
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)
HIS	Health Information Systems
ICU	Islamic Courts Union
IOM	International Organization for Migration
IRC	International Rescue Committee
IRC	International Rescue Committee
IYCF	Infant and Young Child Feeding
LWF	Lutheran World Federation
LWF	Lutheran World Federation
MOH	Ministry of Health
MSF- F	Médecins Sans Frontières – France
MSF- S	Médecins Sans Frontières – Spain
NCCK	National Council of Churches of Kenya
NFI	Non Food Items
NRC	Norwegian Refugee Council
NTF	Nutrition Technical Forum
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
OTP	Outpatient Therapeutic Care programme
SCUK	Save the Children United Kingdom
SFP	Supplementary Feeding Programme
SRA	Short Rain Assessment
TFG	Transitional Federal Government
TFP	Therapeutic Feeding Programme
UN	United Nations
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's fund
UNOCHA	Office for the Coordination of Humanitarian Affairs
VAS	Vitamin A supplementation
WASH	Water Sanitation and Hygiene
WESCOORD	Water and Environmental Sanitation Coordination
WFP	World Food Programme
WHO	World Health Organization