



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
KENYA
UNDERFUNDED EMERGENCY ROUND II 2014**

RESIDENT/HUMANITARIAN COORDINATOR

Ms. Nardos Bekele-Thomas

REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

An After Action Review of the CERF Under-Funded allocation was conducted by OCHA with Sector Leads, NGO partners and program officers on 7 December, 2015. This generated comments by respective sector leads and agency focal points on the inclusivity and correctness of the data that is presented.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The draft CERF Under-funded report was shared with Kenya Humanitarian Partners Team, including the Heads of Agencies, whose agencies benefited from the CERF Funds on 5 January 2016. Comments and inputs were incorporated.

I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$) | | |
|--|---|-------------------|
| Total amount required for the humanitarian response: | | |
| Breakdown of total response funding received by source | Source | Amount |
| | CERF | 10,005,413 |
| | COUNTRY-BASED POOL FUND (if applicable) | N/A |
| | OTHER (bilateral/multilateral) | N/A |
| | TOTAL | 10,005,413 |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$) | | | |
|--|----------------|-------------------------------|-------------------|
| Allocation 1 – date of official submission: 29 August 2014 | | | |
| Agency | Project code | Cluster/Sector | Amount |
| UNICEF | 14-UFE-CEF-121 | Water, Sanitation and Hygiene | 1,500,001 |
| UNICEF | 14-UFE-CEF-122 | Nutrition | 1,000,001 |
| UNICEF | 14-UFE-CEF-123 | Education | 746,325 |
| UNICEF | 14-UFE-CEF-124 | Protection | 250,000 |
| UNICEF | 14-UFE-CEF-125 | Health | 197,426 |
| IOM | 14-UFE-IOM-036 | Non-Food Items | 2,000,000 |
| WFP | 14-UFE-WFP-064 | Food Aid | 4,002,109 |
| WHO | 14-UFE-WHO-063 | Health | 309,551 |
| TOTAL | | | 10,005,413 |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|--|-------------------|
| Type of implementation modality | Amount |
| Direct UN agencies/IOM implementation | 6,520,307 |
| Funds forwarded to NGOs for implementation | 3,278,319 |
| Funds forwarded to government partners | 206,787 |
| TOTAL | 10,005,413 |

HUMANITARIAN NEEDS

Kenya faces a number of critical humanitarian challenges, including, drought, flash floods inter-communal conflicts, security related incidents and the related/resulting population displacement. Influx of refugees from neighbouring countries, particularly Somalia and South Sudan also remains among the main drivers of humanitarian crisis in the country.

After two successive poor rainfall seasons (2013 October to December short rains, and 2014 March to May long rains), there was a negative impact on the food security and nutrition situation in arid and semi-arid lands (ASAL). According to the multi-sectoral, multi-agency long rains assessment report released by Government on 15 August 2014, some 1.5 million needed immediate food assistance. That represented an increase from 850,000 people in September 2013. Nearly half a million children were affected by severe and moderate acute malnutrition. A nutrition survey conducted in 2014 across arid and semi-arid counties found a significant deterioration of the nutrition situation compared to the same time in 2013, with levels of acute malnutrition ranging between “critical” to “very critical”. The deterioration was attributed to severe food insecurity due to the negative impacts of the erratic 2014 rainy seasons, coupled with extremely high levels of chronic vulnerability.

Vulnerable communities already affected by conflicts in some ASAL areas, including Marsabit, Wajir and Mandera counties, were double affected. Certain areas in the counties of Wajir and Mandera had earlier on in the year witnessed conflicts between pastoralist communities leading to deaths as well as displacement of over 125,000 people. Other parts of the country such as Lamu, Tana River and Baringo also witnessed conflicts triggering internal population displacement. In January 2014, inter-communal conflicts displaced over 200,000 people, mostly in northern Kenya. The majority of the people affected by the food security situation are from the ASAL areas and are largely pastoralists and agro-pastoralists. The most vulnerable among them remain children and the elderly with high rates of malnutrition.

The prevalence of global acute malnutrition (GAM) in the counties of Wajir, Mandera, Lamu, Marsabit, Turkana, Baringo, Tana River, Samburu, Garissa, West Pokot and Isiolo were well above the 15 per cent “critical” threshold. Maternal mortality rates in some of the ASAL counties, especially the county of Mandera are the highest in the world with Maternal Mortality Ratio (MMR) of 3,795 per 100,000 live births, a rate that surpasses wartime Sierra Leone (2,000 deaths per 100,000 live births). An interagency rapid assessment conducted from 19 to 30 June 2014 in Mandera identified huge humanitarian needs, particularly in the areas of food, NFIs, Health, shelter and WASH. In Wajir County, where there were an estimated 84,000 IDPs, critical humanitarian assistance was also needed.

On the other hand, the Education Sector in Kenya continued to be susceptible to various emergencies including drought, flooding, disease outbreaks such as Cholera, terrorism and regular inter-ethnic conflicts affecting mainly the arid and semi-arid counties of Northern Kenya. By June 2015, the number of school children affected by disasters has increased to approximately 400,000, up from about 250,000 in September 2014, around the time the CERF funding was approved. The affected children required psychosocial support at various levels; teaching and learning materials; additional learning spaces; additional classrooms; WASH facilities and recreational materials.

II. FOCUS AREAS AND PRIORITIZATION

The identification and prioritization of the various programmes for the CERF funding were based on the below assessments and information by the various agencies and the inter-sector working groups.

Education: The programme prioritized school going children aged 4-17 (primary and secondary) in six targeted counties, including Mandera, Marsabit, Lamu, Turkana, Baringo and Wajir, for critical education interventions. These counties often experience multiple hazards, including inter-ethnic conflicts, terrorism, drought and seasonal flooding, resulting in internal displacement, food insecurity, high malnutrition rates, lack of access to schooling and child protection concerns. In addition, these counties have some of the lowest education indicators in the country occasioned by a myriad of longstanding socio-economic and cultural barriers that have adversely affected access and delivery of quality education.

At the programme design stage, UNICEF facilitated an assessment to identify the educational needs, response coverage and gaps. This involved conducting key informant interviews with members of the affected population who provided views on priorities for education in emergency situations and required interventions. Knowledge generated from the sectoral assessment was used to inform the project design. Community involvement in planning and monitoring of the project from the initial implementation stage eventually led to programme sustainability upon the end of the programme.

The Education Sector prioritized the following interventions based on the needs identified by the affected communities:

- All school-aged girls and boys affected by emergencies in target areas accessed education during emergencies through provision of additional temporary learning spaces.

- Psycho-social support for students in Mandera, Marsabit, Baringo, Samburu, Wajir, Lamu counties.
- Strengthened capacity of the of education stakeholders in the affected Counties to advocate and demand for Education in Emergencies (Minimum standards of INEE), conflict resolution and peace building.
- Education Sector coordination was enhanced among key partners in the affected counties with clear linkages to multi-sectoral interventions.

Nutrition: The *long rains* assessment results released in August 2014 indicated the number of people requiring immediate food assistance had increased from 1.3 million in February to 1.5 million in August 2014. The combination of drought and inter-communal conflicts further increased the vulnerability of the people living in arid counties in northern and eastern Kenya, and significantly reduced their purchasing power.

The results of the June 2014 nutrition surveys also indicated a deteriorating nutrition security status due to the negative impacts of the 2014 long rains season (April-June), the underperforming 2013 short rains (Oct-Dec) coupled with extremely high levels of chronic vulnerability.

Some of the key identified vulnerabilities included as follows.

- An increase in the number of households requiring food assistance from 1.3 million in February to 1.5 million in August 2014.
- Poor food consumption at household as reflected by the nutrition surveys.
- Displacement of over 125,000 people during the inter-communal conflict in Wajir and Mandera thereby disrupting access to basic health, food and nutrition services.
- High morbidity rates, with a quarter of the children assessed in the nutrition surveys having reported to have fallen ill in the two weeks prior to the survey.
- Coverage of the critical preventive health services, particularly, Vitamin A supplement, zinc supplement during diarrheal episodes and support to protection of Maternal Infant and Young Child Nutrition remained significantly low due to limited capacities, underreporting and a higher priority for emergency services and campaigns.

The Nutrition Sector continues to use the National Nutrition Action Plan 2013-2017 Strategic Objective Four, to guide on effective disaster preparedness, response and management of nutrition emergencies. The nutrition response aimed to minimize the consequences of drought and conflict on the health and nutritional status of young children especially those under five years of age as well as pregnant and lactating mothers, while also contributing to the reduction of morbidity and mortality in both boys and girls, including those living among the urban poor and displaced populations through preventive and curative actions.

Health: The Ministry of Health weekly surveillance bulletins and disease-specific risk analysis were used to guide the country health humanitarian team in the planning, prioritization and implementation of response to the priority humanitarian needs of communities living in priority drought-affected counties of Turkana, Garissa, Wajir, Mandera, Marsabit, Isiolo, Tana River and Lamu counties. Disease outbreaks, including Cholera outbreak that had not been anticipated were responded to through an integrated service delivery to reach vulnerable children with key lifesaving interventions which were more cost-effective.

UNICEF used CERF funds to support the Government in coordination and resource mobilization at national, county and sub-county levels in the procurement and distribution of vaccines, Kala azar medicines, and interagency kits, and dissemination of key messages to communities on key life-saving interventions. Also under health response, World Health Organization (WHO) also received the CERF funding in the last quarter of 2014, at a critical time, to address the emergence of a cholera and acute watery diarrhoea outbreak in the country, particularly in Wajir County. WHO mobilized the CERF funds to provide orientation for affected counties in disease outbreak investigation and preparedness and multi-stakeholder response planning. Funds were also provided to the counties for rumour and alert investigation as well as supply of essential drugs (300,000 people for 3 months) and laboratory reagents for the peripheral facilities. Over 50 rumours and alerts were investigated timely within 48 hours.

Child protection: The CERF-funded project was designed to provide time-critical assistance for affected persons to access basic child protection services to avert maiming, death, rape, and psychological trauma related to conflict and drought-related rapid displacement as well as to protect the dignity of the affected populations. While the effects of drought can be slow onset, grave child protection concerns occur to directly affect the wellbeing of children who become part of displaced communities and street children populations. The project adopted a rights-based approach and humanitarian principles, specifically targeting the most vulnerable groups to disaster impacts and promoted empowerment and protection of women and girls. The project provided capacity building programs for Community Health Workers (CHW) to care for survivors of sexual abuse, including provision of immediate onsite clinical examination, free rape intake forms, PEP administration. It also aimed at strengthening the referral pathways and ensuring adequate psychosocial support to conflict-

affected communities, especially to those children who have experienced violence and witnessed violent acts, killing, or maiming. The CERF funding was therefore used to support the child protection sector response plan.

WASH: The emergency response for WASH sector as outlined in the 2014 Humanitarian Action for Children in Kenya targets 200,000 disaster affected persons with a special focus on the most vulnerable individuals to the disaster impacts i.e. children, women, elderly and persons with disabilities. The needs assessments informing this programme included the Multi-sector Kenya Food Security assessments, whose findings were presented on 15 August 2014; Multi-sector KIRA assessments conducted by a multi-agency team in Mandera between 19 and 30 June 2014; KRCS situation reports following attacks by gunmen in Lamu and Tana River counties from mid-June 2014; The Ministry of Health and partners' nutrition survey in ASAL counties between May and June 2014 which were used to identify areas most affected by malnutrition and related caseloads.

Due to inter-communal conflict and insecurity in parts of Marsabit, Mandera, Wajir, Baringo, Turkana, Tana River and Lamu counties, water supply infrastructure was damaged and population displaced. Therefore, there was an urgent need to provide safe water, hygiene and sanitation services for the displaced populations to prevent outbreak and transmission of diarrheal diseases. There was also a need to repair the damaged public water supplies to restore damaged water and sanitation facilities at schools and health centres in conflict affected areas where calm had been restored and the people are returning to their home.

Food Aid and Nutrition: WFP identified the priorities for the CERF funds as follows:

- i) Meet the immediate food gaps of food insecure people in Garissa, Marsabit, Mandera, Samburu, Turkana and Wajir, through General Food Distributions (GFD); and
- ii) Provide ready-to-use supplementary foods (Plumpy'Sup) to children aged 6-59 months identified with moderate acute malnutrition. The children were located in the counties of Garisa, Marsabit, Mandera, Samburu, Turkana and Wajir and Baringo.

As a result of increase in the number of people in need of relief assistance in most of the targeted counties, WFP reached significant higher number of beneficiaries through GFD than initially planned. This follows the results of the food security assessments done in February 2015 which established an increase in malnutrition cases in the affected counties. While food security improved in part of arid lands, they worsened in others. The counties of Baringo, Mandera, Samburu, Turkana and West Pokot recorded substantial improvements after a good rainfall season. Garissa, Isiolo, Marsabit and Wajir, on the other hand, experienced an increase in the number of people in need of food assistance through August 2015. WFP's response was a strategic objective aimed at saving lives and protecting livelihoods in emergencies and those at risk. The CERF funds were part of a multi-donor action for the intervention. WFP collects food security and outcome monitoring (FSOM) data thrice in a year (May, September and December) to help address food insecurity problems across the country.

In WFP's CERF-funding proposal, it was indicated that 40,000 children and women would be provided with specialised nutrition products; however, the inclusion of women was an error because the ready-to-use supplementary foods (Plumpy'Sup) which were purchased were only used in children. The correct target number of beneficiaries has been 25,000 children, of which WFP had reached 24,000.

Shelter/NFI: In this sector, IOM targeted a total of 12,250 households and 93,800 individuals; 60 percent women (56,000) and 40 percent men (37,800), identified through a vulnerability identification criteria derived from the already existing assessment findings. Like in many conflicts, the most affected groups were the women, children and the elderly who in many occasions lose their husbands and young men in the attack or in defence. In Lamu County, the attacks were reported to target men including destruction of property. This had left the women and children traumatized, insecure, homeless and more vulnerable. In the implementation process, needs of single female-headed households, orphans, the elderly and persons with disabilities were given the priority. The NFI kits were tailored to meet the specific needs of the children, women, and the elderly and disabled persons.

III. CERF PROCESS

To validate the CERF process at all levels, a sectoral assessment was undertaken to identify the needs, coverage and gaps in response. This involved conducting key informant interviews with members of the affected population who provided views on priority projects in emergencies interventions. Knowledge generated from the sectoral assessment was used to inform the design of the projects to be undertaken.

In the Education sector, for example, the School Management Committees (SMCs) as key members of the affected communities were deeply engaged at the onset and were involved in decision making processes during the implementation of the education project. The Education Foundation Database (EMIS) data 2013 reveals that the target project areas have some of the lowest education indicators in the country and have been incessantly prone to conflicts. Due to limited education investments in the target counties for many years,

CERF programme aimed at addressing some of the consequences of this low investment as manifested in the socio-economic and cultural barriers limiting children from accessing quality education especially during emergencies.

Throughout the CERF process, all sectors, including Health, WASH, Education, Food Aid, Protection etc engaged stakeholders/beneficiaries in constant consultations during the project design to confirm the needs of the affected population and response requirements through focus group discussions and interviews (individual and key informant). The affected populations were informed of their entitlements at the start of the project, and are involved in implementation and monitoring of project activities.

Women, girls, boys and men were engaged in decision-making processes during implementation to ensure their priorities, agenda, issues, individual concerns and needs were sufficiently addressed. The project also ensured application of gender equality principles promoting the empowerment and protection of men, women, boys and girls.

Kenya's strong humanitarian leadership capacity and well-established coordination systems enabled line ministries/departments and other partners to respond quickly to emergencies in every part of the country where they existed.

UNICEF and WHO engaged the government at national and county levels and generated data used to prioritize and implement key life-saving interventions that were supported by CERF funds mainly for health projects. To foster visibility in the counties, most of the funds were disbursed through the Government for implementation of key life-saving interventions through integrated outreach services and for orientation of health workers and community health workers on key lifesaving interventions. The most cost-effective strategies were used to integrate interventions in order to reach the most vulnerable children, both boys and girls, and the most vulnerable women (pregnant/lactating) were prioritized.

UNICEF supported county governments to preposition mass media key messages on disease epidemics and key lifesaving interventions, which led to CERF funds being used for dissemination of key messages to communities by community health workers. As a result, increased awareness by communities on prevention and control of key epidemics and availability of key lifesaving interventions were achieved. This consequently led to increased demand, access and utilization of key interventions by communities, which in turn reduced morbidity and mortality.

IV. CERF RESULTS AND ADDED VALUE

The CERF grant contributed to the improved coordination among the humanitarian community within nutrition sector and within other sectors, including government counterparts who were part of humanitarian coordination activities. The improvement was evident from the agreement of the immediate priorities needed for continued emergency response, and for early interventions in critical areas. The process and use of the CERF grant for response was also regularly communicated and discussed at all levels, including at technical forums both at national and county levels and at the Kenya Humanitarian Forum (KHF) as well as the Inter-sector working groups.

The CERF funding had also helped all sectors achieve the intended results of alleviating the suffering of the affected populations. For example, the Nutrition projects reached a total of 23,291 severely malnourished boys and girls, 47,764 moderately malnourished boys and girls and 18,606 moderately malnourished pregnant and lactating women in the Arid and Semi-Arid Land (ASAL) counties and Dadaab refugee camp by end of June 2015. In addition, a total of 110,683 children were supplemented with Vitamin A in the second semester of July to December 2014 and 193,905 children supplemented in first semester of January to June 2015 in the targeted ASAL counties. The funds for ASAL response were transferred through a contract with the Kenya Red Cross society.

The vitamin A supplementation coverage in Dadaab refugee camp, for example, ranges from 91.8 percent in Ifo2 Camp to 99.5 percent in Kambios Camp based on the nutrition survey conducted in September 2014. Through the support from the CERF grant, UNICEF provided technical support and nutrition supplies for the scale up of nutrition interventions in the ASAL and Dadaab refugee camp. This is in addition to support for coordination and information management both at national and county levels to inform preparedness and response.

In the Health Sector, CERF funds also enabled immediate procurement and rapid response to disease outbreaks, which led to saving lives. Implementation of the lifesaving interventions also strengthened systems for routine service delivery through training of key county and sub-county health management teams, and community health volunteers, who delivered key routine services, thus improving resilience of communities to consequent shocks.

The CERF funding also came at a critical time when there was the emergence of cholera and acute watery diarrhoea outbreak in the country, several counties, including Wajir County. The World Health Organization (WHO) mobilized the CERF funds to quickly provide orientation for affected counties in disease outbreak investigation and preparedness and multi-stakeholder response planning. Funds were also provided to the counties for rumour and alert investigation as well as supply of essential drugs (300,000 people for 3 months) and laboratory reagents for the peripheral facilities. Over 50 rumours and alerts were investigated timely within 48 hours of reporting.

Over 162, 000 girls and 126,000 boys under 18 years of age benefitted directly from screening, public health education and awareness creation, outbreak investigation, treatment for common illnesses as well as cholera and acute watery diarrhoea outbreak and immunization services.

The CERF funding was also used to ensure enhanced Child Protection in emergencies in Turkana, Wajir, Garissa and Mandera counties to supplement county governments' emergency response efforts to conflict affected communities. UNICEF procured dignity kits that contain essential items for women and girls, which positively impacted on their well-being, esteem, dignity and freedom of movement. As the needs for these kits were high in Turkana and among IDPs in Mandera and Wajir counties due to drought and inter-ethnic conflict, UNICEF contracted International Rescue Committee (IRC) in Turkana and Kenya Red Cross Society in Mandera to provide essential services to these communities. The CERF funding was therefore crucial in scaling-up essential child protection services including access to Gender Based Violence (GBV) and dignity kits (for boys and girls), capacity development to train police officers, medical practitioners, women, teachers and community leaders on caring for survivors of sexual assault/abuse and technical support/ oversight to psychosocial programming and family reunification. The CERF grant also accelerated availing of partner's logistical support and human resources to respond to the protection needs of vulnerable women and children in Turkana, Wajir, Mandera and Garissa counties.

The country had witnessed widespread floods affecting vulnerable populations in particularly in Nairobi and Mombasa slums, in the Nyando basin of Nyanza and parts of the Rift Valley region. Through CERF projects, UNICEF provided technical support to the cholera and flood emergency response, enhanced section coordination at national and county levels and provided timely emergency WASH supplies. Considering these unanticipated beneficiaries and the planned interventions for the second tranche to partners, the total beneficiaries significantly increased and surpassed target. From the initial CERF assessments done in education, the Education Sector and partners mapped out the most affected locations/school communities in the target counties (Mandera, Marsabit, Baringo, Samburu, Wajir and Lamu) and identified the most appropriate psychosocial interventions among the affected communities. CERF contributed to more knowledge on the existing gaps and emergency education needs in the affected counties. The collaboration of the implementing partners, including Ministry of Education Science and Technology, in the development and adoption of field assessment tools has also worked well and can be expanded to other projects in the future.

In the Food Aid Sector, project funds were also released in time to provide immediate assistance. An initial commitment from CERF enabled WFP to take an advance from internal borrowing mechanisms prior to receipt of CERF funds. This ensured that WFP was able to begin planning for response early enough. The food was purchased from the WFP's Global Commodity Management Facility (GCMF). The GCMF is a strategic, organization-wide, demand-driven global approach to purchase food in advance of programmes' needs and requests. It enabled WFP to purchase food most commonly distributed in a region or transport corridor in anticipation of requests from WFP country offices. This reduced delivery time and shortened response time as well as enabling purchase of food when the market conditions were most favourable.

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

| Total number of individuals affected by the crisis: 1,449,618 | | | | | | | | | |
|---|--------------|--------------|----------------|-------------|------------|----------------|-----------------|---------------|----------------|
| Cluster/Sector | Female | | | Male | | | Total | | |
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| Water, Sanitation and Hygiene | 0 | 55,000 | 55,000 | | 45,000 | 45,000 | 19,500 | 100,000 | 100,000 |
| Nutrition | 260,040 | 23,548 | 283,588 | 271,230 | 0 | 271,230 | 531,270 | 23,548 | 554,818 |
| Education | 5,000 | 0 | 5,000 | 5,000 | 0 | 5,000 | 10,000 | 0 | 10,000 |
| Protection | 2,500 | 0 | 2,500 | 7,500 | 0 | 7,500 | 10,000 | 0 | 10,000 |
| Health | 80,640 | 15,000 | 95,640 | 63,360 | 0 | 63,360 | 144,000 | 15,000 | 159,000 |
| Non-Food Items | 37,350 | 18,650 | 56,000 | 26,600 | 11,200 | 37,800 | 63,950 | 29,850 | 93,800 |
| Food Aid | 180,642 | 120,428 | 301,070 | 154,651 | 66,279 | 220,930 | 335,293 | 186,707 | 522,000 |

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

The targeted beneficiaries at all sectors, including the Shelter/Non-Food-Items Sector, were identified through a vulnerability identification criteria derived from already existing assessment findings (KIRA assessment) conducted with the involvement of county governments and other stakeholders. International Organization for Migration (IOM) analysis of the KIRA report found out that the most affected group by the conflict were mainly women, children and the elderly who in many occasions lost their husbands and young men. In Lamu, the attacks in June-July 2014 were reported to target men and many resulted in the destruction of property. This left the women and children traumatized, insecure, homeless and more vulnerable.

UNICEF's Nutrition Sector also put the beneficiary estimation based on the different outputs as below:-

- The number of children treated (27,038) for severe acute malnutrition and disaggregated as 12,167 female and 14,871 male
- The number of children (84,868) and pregnant and lactating women (23,548) treated for moderate and Acute Malnutrition
- The number of (419,364) children reached with preventive interventions (twice yearly Vitamin A supplementation).

In the Education Sector, the project reached out to a total of 10,000 children from the refugees, IDPs and host communities while in the Food Aid Sector the people reached (food aid) were based on reports received from partners during the implementation period (October – June 2015). They represent the highest number of beneficiaries reached under GFD and nutrition in the targeted counties. To avoid double counting, the number of children under 5 reached through the targeted supplementary feeding has not been included because their families were also part of GFD.

At the time the proposal for Education Sector was being developed, UNICEF projected that 10,000 direct beneficiaries were disaggregated as: Refugees (500); IDPs (8,000); Host community (500) and other people (1,000). However, it is important to note that the IDPs in Rhamu, Mandera County, have been integrated with host communities before the programme implementation start, thus causing a constraint in the available social services, including the limited educational facilities in the Rhamu Sub-County. Nonetheless, the project still reached out to a total of 10,000 children (refugees, IDPs, host communities; parents, School Management Committees, (SMCs), teachers and local communities). Other beneficiaries included 2,197 SMC members, 264 teachers and 72 Education Officers at the sub-county levels.

The Health Sector under the World Health Organization (WHO) received CERF funding in the last quarter of the year 2014 and a very critical time, when most funds for the year had been depleted and at the emergence of cholera and Acute Watery Diarrhoea outbreak were reported in the country. WHO mobilized the funds to quickly provide orientation for affected counties in disease outbreak investigation and preparedness and multi-stakeholder response planning. Funds were also provided to the counties to supply essential drugs to cover 300,000 people for 3 months and laboratory reagents for the peripheral facilities. Over 50 rumours and alerts were investigated timely within 48 hours. Over 162, 000 girls and 126,000 boys under 18 years of age directly benefited from screening, public health education and awareness creation, outbreak investigation, treatment for common illnesses as well as cholera and acute watery diarrhoea outbreak and immunization services.

For the Food Aid Sector, the beneficiaries were identified though the Long Rains Assessment, Short Rains Assessment and KIRA (see "Humanitarian Needs section). The number of people reached ("Food Aid") is based on reports received from partners during the implementation period (October–June 2015). They represented the highest number of beneficiaries reached under GFD and nutrition in the targeted counties. To avoid double-counting, the number of children under 5 reached through the targeted supplementary feeding has not been added to the General Food Distribution (GFD) beneficiaries because the children are already counted in families receiving GFD.

| TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING² | | | |
|---|---------------------------------|----------------------------|------------------|
| | Children (< 18) | Adults (≥ 18) | Total |
| Female | 464,792 | 141,418 | 606,210 |
| Male | 405,815 | 115,637 | 521,452 |
| Total individuals (Female and male) | 870,607 | 257,055 | 1,127,662 |

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

The CERF performance was measured through the achievements of the various sector-led projects and they are as follows:

Protection: The protection project contributed to the resilience and protection of disaster-affected communities particularly in Wajir, Garissa, Mandera, Lamu and Marsabit Counties by the provision of 300 transitional shelters, distribution of 8,650 Non-Food Items (NFIs) and rental support to 860 households. The semi-permanent structures provided them with protection from the situation of sleeping in the open and reduced the psychological harm and trauma among the affected people. The disabled individuals; widows; girls, the elderly and disabled-headed households as well as households who registered losses due to the existing conflicts were prioritized for assistance. The NFIs were also given to the displaced families with basic survival items through a standardized kit, including jerry cans, sleeping mats and blankets and utensils.

Nutrition: The nutrition project reached a total of 19,691 severely malnourished boys and girls, 40,589 moderately malnourished boys and girls and 23,148 moderately malnourished pregnant and lactating women in the Arid and Semi-Arid Land (ASAL) counties and Dadaab refugee camp by end of April 2015. In addition, a total of 110,683 children were supplemented with Vitamin A in the second semester of July to December 2014 in the targeted ASAL counties, including Mandera, Samburu, Turkana, Wajir, Baringo, Pokot counties. The funds for ASAL response were transferred through a contract with the Kenya Red Cross society.

The vitamin A supplementation coverage in Dadaab refugee camp ranges from 91.8 in Ifo2 Camp to 99.5 percent in Kambios Camp based on the nutrition survey conducted in September 2014. Through the support from this CERF grant, UNICEF provided technical support and nutrition supplies for the scale up of nutrition interventions in the ASAL and Dadaab refugee camp. This is in addition to support for coordination and information management both at national and county levels to inform preparedness and response

WASH: The project reached a total of 62,213 children, women and men by the end of March 2015 when the first tranche was liquidated; the second tranches were transferred progressively to the partners from April 2015. There was cholera outbreak in the country from January 2015 that started with Nairobi County and quickly spread to parts of Nyanza and coast region. The cholera outbreak was also reported in other part of the country where 11 counties, including Wajir County were affected. According to a situation report by the Ministry of Health on 26 May 2015, a total of **3,486** cases and **71** deaths with case fatality rate of **2.0 percent** were reported nationally, including in parts of Nairobi, Nyanza, coast, Central and Rift valley regions. The country also witnessed widespread floods affecting vulnerable populations in particularly in Nairobi and Mombasa slums, in the Nyando basin of Nyanza and parts of the rift valley. Through CERF projects, UNICEF provided technical support to the cholera and flood emergency response, enhanced section coordination at national and county levels and provided timely emergency WASH supplies. Considering the unanticipated beneficiaries and the planned interventions for the second tranche to partners, the total number of beneficiaries significantly increased and surpass target.

Education: Some of the planned project interventions such as the provision of temporary learning facilities, psychosocial support and additional teaching and learning supplies was not been fully achieved. This is because of the delayed disbursement of project funds to IPs who were identified through a lengthy process after the initial three IPs pulled out citing increased insecurity in target counties and the short implementation period. However, implementation went beyond June 2015 in order to reach the planned target beneficiaries and UNICEF solicited for a No-cost Extension for the project.

Some of the initial project activities that have already been concluded included:

- A total of 24 (50 percent female) teachers were trained on peace education and education in emergencies and they have in turn been able to reach out to 600 (250 female) children in their respective schools with peace education.
- Rapid assessment on number of out of school children and their education needs was conducted in Baringo, Mandera, Wajir and Turkana Counties and assessment reports are being analysed. Lack of sufficient humanitarian access due to inter-ethnic conflicts and terrorism has adversely affected completion of the needs assessments. Some target schools for instance in Kapedo Ward in Turkana East Sub County were not accessible. The target counties of Marsabit, Baringo, Mandera, Lamu and Turkana are geographically vast, with spots of continuing conflicts and widespread drought in most counties.
- Nine sites for the temporary learning centres have been identified and confirmed by county education stakeholders in Baringo, Turkana and Marsabit counties. In Mandera and Wajir, they have been identified but not yet confirmed by the stakeholders. The implementing partners, World Vision and ROAD, have already agreed and the type of temporary structures and procurement of the same is underway.
- Psychosocial needs assessment tools were jointly developed by the World Vision and ROAD with support from Ministry of Education Science and Technology (MoEST) and UNICEF. Enumerators were then selected and trained to collect the data that will inform the type and nature of psychosocial support relevant to the needs to the target population. Assessments have successfully been conducted in Baringo, Turkana and Marsabit and are ongoing in Mandera and Wajir counties.

- A total of four education stakeholders meetings were held in Baringo, Marsabit, Turkana and Mandera Counties. Education stakeholders understand the project interventions committed to support successful implementation of the project while contributing to the decisions regarding prioritization of beneficiary needs for support. The forums were able to discuss and mutually agree on the sites for the construction of temporary learning facilities and other project interventions with input from the beneficiaries.

Health: CERF funds, together with funds from Government of Japan, and Swedish government (SIDA) enabled UNICEF to support delivery of lifesaving interventions which led to a total 150,799 out of 159,000 (95%) targeted vulnerable children and women accessed essential maternal, new-born and child health services and received antibiotics with the following results:

- A total of 4,775 were treated for cholera
- A total of 5,000 long-lasting insecticide treated nets were distributed targeting a total of 12,500 beneficiaries
- Three complete interagency medical kits were provided to 120,000 beneficiaries while 7,000 beneficiaries (mostly children under 18 years of age and women) were targeted with 35,208 zinc tablets and 36,000 sachets of ORS to treatment life-threatening ailments.
- A total of 40 community health units were created through training of 700 community health workers on key health practices, management of mild dehydration using ORS, referral of complicated cases to health facilities and outreach sites for further management.

UNICEF made these achievements through support to oversight in coordination, procurement of assorted commodities, and orientation of county and sub-county health management teams, key health workers, and community health workers on emergency preparedness and response, focusing on key disease epidemics. The project prioritized county-based key risks, mapping resource needs and implementation of key response activities. Additionally, UNICEF supported conducting of integrated outreach services as a delivery mode for package of key lifesaving interventions, including management of diarrhoea, delivery of basic emergency obstetric care to pregnant women, ante-natal and post-natal care, and prevention of mother to child transmission of HIV/AIDS, treatment of complicated measles cases, management of Kala Azar and dissemination of advocacy, communication and social mobilization messages, targeting vulnerable communities that live very far from health facilities and the displaced to deliver key life-saving interventions including management of minor illnesses.

Shelter/Non-Food- Items Sector: In the NFIs sector, the project contributed to building the resilience and protection of disaster-affected communities particularly in Wajir, Garissa, Mandera, Lamu and Marsabit Counties by provision of 300 transitional shelters, distribution of 8,650 NFIs and rental support for 860 households. The semi-permanent shelter structures provided them with protection from the situation of sleeping in the open and reduced the psychological harm and trauma among the affected. The disabled individuals; widows; child, female, elderly and disabled-headed households as well as households who registered losses due to the existing conflicts were prioritized for assistance. NFIs were also given to the displaced families with basic survival items with standardized kits, including jerry cans, mats and blankets as well as utensils.

Food Aid and Nutrition: As a result of increase in the number of people requiring relief assistance in most of the targeted counties, WFP reached significant higher number of beneficiaries through General Food Distribution (GFD) than planned. This was mainly because food security assessments in February 2015 established that a seven percent (7%) increase from August 2014. While food security improved in part of arid lands, they worsened in others. Baringo, Mandera, Samburu, Turkana and West Pokot recorded substantial improvements after a good rainfall season. Garissa, Isiolo, Marsabit and Wajir, on the other hand, experienced in the number of people in need of food assistance through August 2015. WFP's response was in line with its strategic objective of saving lives and protecting livelihoods in emergencies and protecting those at risk through the multi-donor action CERF funds. WFP collects food security and outcome monitoring (FSOM) data thrice in a year (May, September and December). May is the lean season in parts of the country. Only 48 percent of the GFD households had an acceptable Food consumption Score (FCS) in May 2015. This is a reflection of the reduced food rations given by WFP because of funding challenges as well as the different severity in the overall food security situation during the lean season.

In the CERF proposal, WFP indicated that 40,000 children and women would be provided with specialised nutrition products. However the inclusion of women was an error because the ready-to-use supplementary foods (Plumpy'Sup) that were purchased were only used in children. The correct target should therefore have been 25,000 children, of which WFP reached 24,000. Overall, most of the health education sessions were held before the start of food distribution at the clinics and the beneficiaries who reached late therefore missed the sessions.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The CERF funding was used to ensure enhanced rapid response to time-critical nutrition needs in Kenya. CERF funding was received in October 2014 which enabled UNICEF to support the critical nutrition response through an existing Kenya Red Cross Society contract. The CERF fund was therefore crucial in scaling-up essential nutrition essential services between October 2014 and May 2015.

Through this CERF grant, UNICEF also supported partners in providing mentoring, monitoring, logistical support and human resources to the public health system to respond to the nutritional needs of vulnerable women and children as well as ensuring that the supplies for the treatment of severe acute malnutrition were available in all the counties. In the Education Sector, the selection of implementing partners especially in the targeted ASAL counties of Mandera, Wajir, Lamu, Turkana, Baringo and Marsabit counties was delayed due to the limited number of agencies working on education in the ground. Some of the agencies that had been identified at the design phase of the programme pulled out due to insecurity and UNICEF had to identify other partners to work with them.

On the side of the shelter sector, shelter kits and NFIs were also distributed to the targeted beneficiaries fairly timely based on the KIRA assessment.

The Food Aid project funds were also released in time to provided immediate emergency assistance. An initial commitment from CERF enabled WFP to take an advance form internal borrowing mechanisms, prior to the official confirmation and eventual receipt of CERF funds. This ensured that WFP was able to begin planning for response early enough. The food was purchased from the WFP's Global Commodity Management Facility (GCMF). The GCMF is a strategic, organization-wide, demand-driven global approach to purchase food in advance.

CERF funds also allowed the Shelter/None-Food Item (NFIs) sectors respond to the immediate needs of the displaced persons through provision of semi-permanent shelter and NFI kits after the inter-communal conflicts in Mandera, Marsabit and Wajir counties. CERF also significantly contributed to rapid and effective responses to displacement crisis in Kenya through strengthened and enhanced response through the provision of accurate and up-to-date information gathered through IOM's Displacement Tracking Matrix (DTM). In order to ensure sustainability of the CERF funded initiatives, IOM projects created synergies with its other projects funded by Swedish International Development Cooperation Agency (Sida) and the Government of Japan in some of targeted areas. It strengthened cooperation with the county governments and humanitarian actors in the targeted areas.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

CERF funds for the Health Sector were, in most cases, disbursed on time and hence the response to emergency was timely. All CERF funds were disbursed between December 2014 and March 2015 as advance to Kenya Red Cross Society in an existing contract, which covered program implementation between December 2014 and June 2015. The funds were utilized to respond to the health crisis in Mandera which saw closure of 21 health facilities (out of total 57 facilities) and 80 health workers abandoned the county due to insecurity. In addition, The CERF projects responded to the needs of the conflict and drought affected people particularly during the dry lean period of the January to March 2015.

In the Child Protection Sector, the protection projects supported the timely protection of women and children against violence and exploitation by making water and sanitary facilities accessible at safe distances; increasing access to safe water to school children, making schools remain open and operational; preventing displacement of populations, prevent loss of livelihoods such as loss of livestock through rehabilitation and sustaining of the operation of boreholes as well as timely response to women and children affected by diseases including cholera and /or Acute watery Diarrhoea (AWD) through technical support to partners, county Governments and supplies provision to beneficiaries immediate procurement and dispatch of nutrition supplies was also ensured.

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

The CERF grant also allowed WFP to fill gaps during a very critical period when food security and nutrition status in parts of Kenya were worsening, yet resources from other donors were not sufficient. Although CERF funds helped to assist the displaced persons, IOM reported that there are still gaps in shelter needs.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

IOM used CERF funds to help share the results of Displacement Tracking Matrix (DTM) among the Inter-Sector Working Group (ISWG) as well as government counterparts and donors. This resulted in mobilizing further resources to support DTM and response to the findings. In the nutrition sector, the implementing partners identified the funding requirements and strategies to be used for critical areas, engaging UNICEF, OFDA, DFID and ECHO for potential funding. The Government of Japan donated over US\$750,000 to emergency education needs/gaps in other counties among the beneficiaries to meet emerging and ever increasing emergencies in the education sector. Other donors also came on board on time to support other critical sectors such as Child Protection Sector which pulled in Japan International Cooperation Agency (JICA) and ECHO to provide emergency funding to facilitate timely interventions.

The CERF grant demonstrated to other major donors that the United Nations was using whatever tools available to help address underfunded emergencies in Kenya. WFP acknowledged that the demonstrated commitment by donors was instrumental in securing more funding from international donors in 2014 and early 2015, though not enough to fully meet the food assistance requirements identified in the long and short rains needs assessments.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF grant contributed to the improved coordination among the humanitarian community within the various humanitarian sectors, including nutrition, WASH, Health, Food Aid, Protection, Education and Shelter and NFI as well as within other sectors, including government counterparts who coordinate humanitarian activities. The improvement in coordination was also evident from the agreement of the immediate priorities needed for continued emergency response, and for early action in critical areas. The process and use of the CERF grant for response was also regularly communicated and discussed at all the inter-sector working groups both at national and county levels and at the Kenya Humanitarian Forum (KHF). This helped improve and strengthen the coordination mechanisms to respond to the emergencies. The Food Security Sector used existing inter-agency coordination structures at the national and county levels during interventions. In most cases, there were more interactions and consultation between agencies and their sectors to discuss best ways to use available funds to respond to the needs in worst affected counties.

V. LESSONS LEARNED

| TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u> | | |
|--|---|-----------------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| Delay in transfer of payments to NGO partners was noted to negatively impact implementation of projects | Fast tracking of Programme Cooperation Agreements with partners will be concluded to ensure a quick transfer of resources. | UNICEF and CERF secretariat |
| Lengthy processes led to delay of start of the project activities both within INGOs and local NGOs and other partners. | Review process within NGO partners in regards to emergency response | UNICEF and NGO partners |
| The sustained partnership with the Kenya Red Cross Society mandated by the government as the first responder in emergencies enhanced timely and coordinated nutrition response in emergencies. This partnership has been quite critical especially in counties where access to | There is need for a Business Continuity Plan for Mandera County where basic health services were continuously hampered by insecurity. | UNICEF/MoH |

| | | |
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| essential nutrition services were hampered by insecurity | | |
| Negative cultural practices hindered uptake of nutrition services | There is need to enforce nutrition services with the help of Communication for Development (C4D) to allow behavioural change experts to address social, behavioural and cultural barriers in a bid to create demand for nutrition services and improve infant feeding practices. | UNICEF and Ministry of Health (MoH) |
| Weak management of Ready to Use Therapeutic Food (not integrated into GoK supply chain) is subject to risk of losses | There is need to fast-track the integration of nutrition supplies including RUTF into Government supply chain system to benefit infants and combat malnutrition | UNICEF and MoH |
| Unbalanced inter-communal programme interventions can further divide communities. In a situation of intercommunity conflict, each and every intervention undertaken must have inter-community considerations. Scale up of interventions through increased funding is crucial. | Ensure balanced intercommunal programme interventions especially among neighbouring communities to enhance harmony and safeguard "cause no harm principle". For instance, the Baringo County education stakeholders' forum made a decision to have two project sites, one for the Ilchamus community and the other for the Tugen community to avoid sentiments of discrimination. | ALL INGOs |
| National and county governments' willingness to provide Free School Lunch is an important incentive for school enrolment and learners retention in all the ASAL counties where the project was implemented. | Lobby governments at all levels (National and Counties) to support the School Feeding Programmes (SFP). For instance, with World Vision's lobbying activities to the county, the Deputy County Commissioner of Baringo North committed his office to provide the lunches to primary schools in the intervention area to drive up regular school attendance. It is evident that engaging with the political leaders and other local leaders can influence decisions for resource allocations for children. | Government of Kenya and World Food Programme. |
| There is a need to strengthen the engagement of community structures such as leaders, community workers, traditional elders, women and youth groups in GBV programming to positively influence the social and cultural determinants of violence against women and girls. | The IRC and KRCS will hold daily health talks at the CRH to sensitize the public on GBV and the services available at the Turkana Wellness Centre. | IRC and KRCS |
| Delay of the start of the project activities due to long finance disbursement process even within the international NGOs | Review processes within NGO partners to emergency response mode in order to reduce some of the bureaucracies, while maintaining highest compliance and accountability. | UNICEF and NGO All partners |
| Conducting frequent targeted sessions with key actors within Lodwar District Hospital (LDH) increased the uptake and usage of knowledge gained as it translated to improved services for survivors in various departments especially the laboratory department where specimens sent from Turkana Wellness Centre | The IRC will hold one Continuous Medical and one case conference for targeted protection actors such as the police, judiciary, social workers, health workers | IRC |
| Weak coordination was observed in response to cholera outbreaks | The need to have a strong coordination mechanism both at national and county levels. | Ministry of Health (MoH) |

| | | |
|--|---|-----|
| Weak capacity of county health teams in responding to epidemics. | Roles of national and county MOH should be clearly defined to ensure lives are not lost due to gaps resulting from the 100 percent devolution of health sector. | MoH |
|--|---|-----|

VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | | | | |
|--|---|----------------|---|---|---------------|---------------|
| CERF project information | | | | | | |
| 1. Agency: | UNICEF | | 5. CERF grant period: | 13.10.14 – 30.06.15 | | |
| 2. CERF project code: | 14-UFE-CEF-121 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Water, Sanitation and Hygiene | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Emergency WASH assistance for disaster affected communities | | | | | |
| 7. Funding | a. Total project budget: | US\$ 4,790,541 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 2,251,201 | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | US\$ 816,414 | |
| | c. Amount received from CERF: | US\$ 1,500,001 | ▪ <i>Government Partners:</i> | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| <i>Children (below 18)</i> | 29,595 | 24,220 | 53,815 | 19,500 | 4,657 | 24,157 |
| <i>Adults (above 18)</i> | 25,405 | 20,780 | 46,185 | 34,217 | 30,234 | 64,451 |
| Total | 55,000 | 45,000 | 100,000 | 53,717 | 34,891 | 88,608 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | Number of people (Reached) | | | |
| <i>Refugees</i> | | | N/A | | | |
| <i>IDPs</i> | 40,000 | | 30,300 | | | |
| <i>Host population</i> | 20,000 | | 15,000 | | | |
| <i>Other affected people</i> | 40,000 | | 43,308 | | | |
| Total (same as in 8a) | 100,000 | | 88,608 | | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | There is no significant discrepancy between planned and beneficiaries reached | | | | | |

| CERF Result Framework | | | |
|------------------------------|--|---------------------------------|---|
| 9. Project objective | Prevent and control outbreak of diarrheal diseases and contribute to improved nutrition of children in particular, and population in general facing humanitarian crisis in Kenya | | |
| 10. Outcome statement | Reduced cases of diarrheal and improved nutrition status for the children and women affected by conflict and drought | | |
| 11. Outputs | | | |
| Output 1 | 100,000 children, women and men in humanitarian crisis access sufficient water of appropriate quantity and quantity for drinking, cooking and maintaining personal hygiene | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of children, women and men facing humanitarian crisis provided with access to at least 7.5 litres of clean water per day | 100,000 | 80,743 |
| Indicator 1.2 | Number of functional water supplies constructed/rehabilitated, and providing safe water supply for people affected by humanitarian crisis | 16 | 80,743 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Provision of equipment and fast moving spares parts for water systems | County Government, KRCS & NGOs | CARE, Kenya Red Cross, County Water Department |
| Activity 1.2 | Repair, upgrading, construction or maintenance of water systems | County Government, KRCS & NGOs | CARE, Kenya Red Cross, Norwegian Refugee Council (NRC), County Water Department |
| Activity 1.3 | Provision of water storage and distribution facilities | County Government, KRCS & NGOs | CARE, GOAL and Kenya Red Cross |
| Output 2 | 15,000 children and women and men in humanitarian crisis access appropriate toilets and hand washing facilities that are secure, sanitary, user friendly and gender appropriate | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Number of children, women and men provided with access to hygienic latrines for safe disposal of excreta; | 15,000 | 24,157 |
| Indicator 2.2 | Number of latrine stances provided for schools and health facilities; | 120 | 24,157 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Construction of shared & disaggregated latrines for the displaced families; | County Government, KRCS & NGOs | Kenya Red Cross, ACF, GOAL |
| Activity 2.2 | Construction or maintenance of latrines at schools and health centres with hand washing facilities | County Government, KRCS & NGOs | Kenya Red Cross, ACF, GOAL |
| Activity 2.3 | Provision of sanitation kits (2 wheel barrows, 2 | County | CARE, GOAL, |

| | | | |
|----------------------------|--|------------------------------------|----------------------------------|
| | brooms, 2 hoes, 2 rakes) for displaced population and institutions. | Government, KRCS & NGOs | Kenya Red Cross |
| Output 3 | 100,000 children, women and men in humanitarian crisis receive critical WASH related information to prevent illness, especially diarrhoeal | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | Percentage of childcare givers that receive hygiene information pertaining to hand washing and safe household water treatment & storage | 70% of women and child care givers | 60% |
| Indicator 3.2 | Number of disaster affected persons that receive hygiene messages pertaining to prevention of diarrheal diseases. | 100,000 | 88,608 |
| Indicator 3.3 | Number of women and children provided with access to adequate supplies of soap for personal hygiene and hand washing. | 50,000 | 88,608 |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Training for 200 hygiene promoters | County Government, KRCS & NGOs | Kenya Red Cross, CARE, ACF, GOAL |
| Activity 3.2 | Conduct hygiene promotion through schools & health facilities to reach at least 100,000 persons in the disaster affected areas | County Government, KRCS & NGOs | Kenya Red Cross, ACF, GOAL |
| Activity 3.3 | Dissemination of IEC materials (100,000 pamphlets, posters, including printing & artwork costs) | County Government, KRCS & NGOs | Kenya Red Cross, NRC |
| Activity 3.4 | Distribution of WASH supplies (chlorine tablets, PUR, jerry cans, soap, test kits) | County Government, KRCS & NGOs | CARE, Kenya Red Cross, GOAL |

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The following lessons from the implementation process were documented by independent quality assurance Consultant:

- If an intervention reflects the felt needs of the community, their mobilization and readiness to participate in the project is easy and self-motivating. The adoption of latrines by the Kaisari village community in Lamu, community participation in the management of water facilities in Odorpoi in Turkana West County are some cases worth pointing out.
- Quick responsiveness of the CERF project was essential in the restoration of human dignity that had impacted negatively by conflicts that affected the project areas. The interventions supported resettlement of the victims by provision of basic sanitation and livelihood necessities, thus saving lives of the victims.
- Relevant skills and experience of the implementing partners significantly supported delivery of the project's outputs as envisaged in the CERF. Commonality of CERF activities with the institutions' mission and functions was arguably the dominant plank in the implementation of the project.
- The hygiene promotion training conducted in schools' hygiene clubs changed the attitude of learners who are driving the promotion of hygiene among fellow students. This has increased awareness in schools and stimulated positive hygiene practices at home
- Implementation of short-term emergency projects requires stringent planning capacity and efficient organization of the available resources

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The statements below explain the process on accountability to affected populations. The Statement is an excerpt from the Report of the Quality Assurance Consultants that reviewed the process and implementation of the CERF funded projects

Participatory approach in monitoring and implementation of the CERF project was applied throughout the fieldwork exercise. Identification of the specific project beneficiaries was essentially done by the communities of the selected village facilitated by representatives of the implementing organization and those from the county governments. Criteria used included the most vulnerable households as described by the locals, households that had not benefited from WASH items before, among other considerations. Critical consideration for public institutions (mainly for health and education) was as per established degree of need as contained in the assessment reports and in case special request was made by the county leadership. Security situation was also prerequisite consideration as such institutions were considered where community members were returning home after peace had been restored.

On designs for water and sanitation physical works, the implementing partner organization prepared them including the Bill of Quantities (BQs) and specifications and presented to the county government line ministries for discussion, validation and approval.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Yes, the project has been evaluated. Detailed evaluation report attached separately.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | | | | |
|--|--|----------------|---|---|----------------|----------------|
| CERF project information | | | | | | |
| 1. Agency: | UNICEF | | 5. CERF grant period: | 15.10.14 – 30.06.15 | | |
| 2. CERF project code: | 14-UFE-CEF-122 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Nutrition | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Emergency nutrition response and continued acceleration of the reduction of the burden of under nutrition with increasing resilience in Kenya | | | | | |
| 7. Funding | a. Total project budget: | US\$ 9,277,963 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 6,010,137 | ▪ NGO partners and Red Cross/Crescent: | | US\$ 469,486 | |
| | c. Amount received from CERF: | US\$ 1,000,000 | Government Partners: | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (below 18) | 260,040 | 271,230 | 531,270 | 132,820 | 132,140 | 264,960 |
| Adults (above 18) | 23,548 | 0 | 23,548 | 18,606 | 0 | 18,606 |
| Total | 283,588 | 271,230 | 554,818 | 151,426 | 132,140 | 283,566 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | | Number of people (Reached) | | |
| Refugees | | | | 0 | | |
| IDPs | | | | 0 | | |
| Host population | | | | N/A | | |
| Other affected people | 554,818 | | | 283,566 | | |
| Total (same as in 8a) | 554,818 | | | 283,566 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | Long distances to health facilities, lack of qualified staff and repeated insecurity in at least 25% of the UNICEF targeted counties remained the major supply-related bottlenecks. UNICEF, in collaboration with Ministry of Health (MoH) and partners, responded to this through technical and financial support for nutrition outreach activities and Vitamin A mass campaign in at the targeted counties aimed at increasing access to essential high impact | | | | | |

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| | <p>nutrition services.</p> <p>Piloting of the scalability model and integration of nutrition commodities into the government-led pipeline were also strategies to reduce the risk associated with interruptions in service delivery with more flexible and responsive programmes. Further, thefts of RUTF at facility level were a challenge and while amounts have reduced from previous years, risk management efforts by UNICEF and partners increased given the protracted insecurity in certain high burden counties, especially Mandera County.</p> |
|--|---|

CERF Result Framework

| | |
|-----------------------------|---|
| 9. Project objective | To improve the nutritional status of the most deprived populations (women and children) in ASAL counties and enhance their resilience to shock. |
|-----------------------------|---|

| | |
|------------------------------|---|
| 10. Outcome statement | <p>Improved nutritional outcome for children under 5 years of age and pregnant and lactating women. Additionally, the project reached a total of 264, 960 children under the age of 18 out of which 132,820 were girls in the Arid and Semi-Arid Land (ASAL) counties and Dadaab refugee camp. In addition, a total of 110,683 children were supplemented with Vitamin A in the second semester of July to December 2014 in the targeted ASAL counties. The funds for ASAL response were transferred through a contract with the Kenya Red Cross society.</p> <p>The vitamin A supplementation coverage in Dadaab refugee camp ranges from 91.8 percent in Ifo2 Camp to 99.5 percent in Kambios Camp based on the nutrition survey conducted in September 2014. Through the CERF grant, UNICEF provided technical support and nutrition supplies for the scale up of nutrition interventions in the ASAL and Dadaab refugee camps. This is in addition to support for coordination and information management both at national and county levels to inform preparedness and response.</p> |
|------------------------------|---|

11. Outputs

| | |
|-----------------|---|
| Output 1 | <p>The CERF funding was used to ensure enhanced rapid response to time-critical nutrition needs in Kenya. CERF funding was received in October 2014 which enabled UNICEF to support the critical nutrition response through an existing Kenya Red Cross Society contract. The CERF fund was therefore crucial in scaling-up essential nutrition essential services between October 2014 and May 2015.</p> <p>Through this CERF grant, UNICEF also supported partners in providing mentoring, monitoring, logistical support and human resources to the public health system to respond to the nutritional needs of vulnerable women and children as well as ensuring that the supplies for the treatment of severe acute malnutrition were available in all the counties.</p> |
|-----------------|---|

| Output 1 Indicators | Description | Target | Reached |
|---------------------|---|--|---|
| Indicator 1.1 | 80 (%) percent of health facilities conducting systematic screening for acute malnutrition and provide management of acute malnourished cases in targeted counties. | 80% | ASAL: 69% Dadaab: 100% |
| Indicator 1.2 | Performance indicators for management of acute malnutrition maintained within the sphere standards | Above 50% for coverage rates, 75% recovery rates, less than 15% defaulter rates and less than 10% and 3% death rates for severe and moderate malnutrition respectively | <p><u>Severe Acute Malnutrition treatment</u></p> <ul style="list-style-type: none"> - October -December 2014: Cure rate 71.0%, defaulter rate 14.4% and death rate of 1.1%. - January – June 2015: Cure rate 90.9%, defaulter rate at 14.4% and death rate of 1.8%. <p><u>Moderate Acute Malnutrition treatment</u></p> <ul style="list-style-type: none"> - October -December 2014: cure |

| | | | |
|----------------------------|--|---------------------------------|---|
| | | | rate 78.1%, defaulter rate 10.8% and death rate 0.2%. January – June 2015: cure rate (76.9%), death rate (0.1%) and defaulter rate (12.1%). |
| Indicator 1.3 | Therapeutic supplies and micronutrients (Vitamin A and iron folate) supplies adequate and in place in all targeted district | 100% | Therapeutic supplies for treatment of severe acute malnutrition were adequate and in place in 100% of the ASAL counties and in Dadaab Refugee Camp Vitamin A and iron folate supplies were adequate and in place in 50% of the ASAL counties and in Dadaab Refugee Camp. |
| Indicator 1.4 | Percentage of children aged 6-59 months who receive vitamin A supplements twice yearly. | 80% | ASAL July – Dec 2014: 26% ASAL Jan – June 2015: 46% Dadaab Refugee camp: 91.8% to 99.5% (September 2014 Survey) Vitamin A supplementation through health facilities remains constrained partly due to reduced demand , restricted access to services and inadequate reporting |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Technical support to MoH and NGOs for continued scale up of the full package of high impact interventions at health facility and community level, ensuring the implementation of standard practices, and support of county health systems. This will include screenings and support for inpatient and outpatient treatment for severe acute malnutrition as well as community mobilization/outreach to ensure communities can identify cases and access the services and surveillance to provide time critical information for identification of areas of urgent need. | TdH and KRCS | UNICEF provided continuous technical support to MoH and partners through the Nutrition specialist in Garissa and Turkana zonal offices and the nutrition support officers based in the counties. Technical oversight was also provided by the national level Emergency nutrition specialist, MIYCN specialist, information officer and the Nutrition sector coordinator. |
| Activity 1.2 | Micronutrient supplementation to children below 5 years of age | TdH and KRCS | Vitamin A supplements were provided to children below 5 years of age achieving a coverage of 26% in July – Dec 2014 and 46% in Jan – June 2015 for ASAL counties. Coverage in Dadaab Refugee camp was 91.8% to 99.5% based on the September 2014 Survey Vitamin A supplementation through health facilities remains constrained partly due to reduced demand , restricted access to services and inadequate reporting |
| Activity 1.3 | Provision of anthropometric equipment for | UNICEF | Therapeutic supplies for treatment of |

| | | | |
|----------------------------|---|---------------------------------|--|
| | health facility and therapeutic foods and solutions (i.e. F-75, F-100, RUTF, ReSoMal) for severely malnourished children below five years old | | severe acute malnutrition and anthropometric equipment were adequate and in place in 100% of the ASAL counties and in Dadaab Refugee Camp |
| Output 2 | Provision of support to infant and young child feeding in emergencies (IFE). | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | 80% of 0-6 months children exclusively breastfeed | 60% | According to the recent Kenya demographic health survey, a significant improvement of exclusive breast-feeding rates from 32% to 61% was recorded. These improvements in exclusive breast feeding rates demonstrate that investments in promotion and support to counselling have delivered results, with even higher rates (up to 70%) reported up to three months following birth |
| Indicator 2.2 | 80% of pregnant women supplemented with iron folate | 80% | Iron folate supplementation for pregnant women coverage was variable across counties with the lowest coverage in Mandera North at 24.9% and the highest in Turkana at 79.6%. The coverage varies depending on availability of supplies, sensitization of Health Workers and behaviour change communication promotion. |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Protection, support and promotion of early, exclusive and continued breastfeeding, through support to mothers. Establish and operationalize mother support groups (MSGs). | NGOs and Kenyan Red Cross | UNICEF: As at June 2015 UNICEF in collaboration with partners supported training and sensitization of a total of 131 health workers from Baringo, Wajir, Mandera, and Tana River on social and behaviour change communication (SBCC). In addition, as part of the strategy to enhance capacity of MOH to deliver high quality MIYCN services at the community, UNICEF supported training of 77 MOH and implementing partner's staff and 80 lead mothers on MIYCN. Delivery of Key MIYCN messages aimed at influencing behaviours of caregivers, key influencers and opinion leaders to adopt appropriate Infant and young child feeding and care practices was conducted through various platforms including community conversation/dialogue sessions, radio sports in Wajir and Garissa counties. |

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| | | | Knowledge, Attitude and MIYCN practices assessment tool for Kenya was finalized. |
| Activity 2.2 | Disseminate messages on MIYCF host population; Identify and train women groups on IYCF; Conduct an assessment of infant feeding situation, define key implementation strategies and develop a road map for Implementation to guide partners on the ground | NGOs and Kenyan Red Cross | UNICEF has continued to provide both technical and financial support in the review, design, dissemination, implementation and monitoring of key strategic MIYCF policies, guidelines, strategies and action plans both at national and county level, geared towards enhancing access of rights holder's to community based nutrition services The trained staff have been instrumental in supporting counties to conduct MIYCN formative assessments and facilitating development of MIYCN SBCC strategies.. Significant progress has been made towards addressing poor MIYCF feeding practices in the Country by supporting Turkana, Mandera, Wajir, Tana river and Baringo counties to develop county specific complementary feeding action plans |
| Activity 2.3 | monitoring and policy action for prevention of uncontrolled breast milk substitute donation and distribution | NGOs and Kenyan Red Cross | Monitoring of violation of breast Milk Substitute (regulation and Control) act, 2012 was undertaken with support from champions in the counties, Government arms, INGOs. Cases of violation were noted and reported to the national Infant and Young child feeding committee. |

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Long distances to health facilities, lack of qualified staff and repeated insecurity in at least 25% of the UNICEF targeted counties remained the major supply-related bottlenecks. UNICEF, in collaboration with MoH and partners, responded to this through technical and financial support for nutrition outreach activities and Vitamin A mass campaign in at the targeted counties aimed at increasing access to essential high impact nutrition services.

Piloting of the scalability model and integration of nutrition commodities into the government-led pipeline were also strategies to reduce the risk associated with interruptions in service delivery with more flexible and responsive programmes. Further, thefts of RUTF at facility level continued to be a challenge and while amounts have reduced from previous years, risk management efforts by UNICEF and partners increase given the protracted insecurity in certain high burden counties (eg Mandera County).

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNICEF supported the improvement of community resilience through empowerment of communities, specifically women and children's nutrition and health related knowledge and practices through evidence-informed behaviour and social change communication interventions. It is anticipated that this will in turn lead to enhanced individual and collective behaviour change at household and community levels leading to improvements in child care practices, demand creation, utilisation of integrated health, and nutrition as well as WASH services.

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| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| Evaluation was not included at the proposal stage, however monitoring to enhance quality assurance was undertaken throughout the project period. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|---|---|--------------|---|---|--------------|---------------|
| 1. Agency: | UNICEF | | 5. CERF grant period: | 20.10.14 – 30.06.15 | | |
| 2. CERF project code: | 14-UFE-CEF-123 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Education | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Mitigating and preventing the adverse impacts of conflict and drought induced disasters on children | | | | | |
| 7. Funding | a. Total project budget: | US\$ 746,325 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 697,500 | ▪ NGO partners and Red Cross/Crescent: | | US\$ 313,461 | |
| | c. Amount received from CERF: | US\$ 697,500 | ▪ Government Partners: | | US\$ 96,787 | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (below 18) | 5,000 | 5,000 | 10,000 | 5,183 | 7,459 | 12,642 |
| Adults (above 18) | | | | N/A | N/A | N/A |
| Total | 5,000 | 5,000 | 10,000 | 5,183 | N/A | 12,642 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | | Number of people (Reached) | | |
| Refugees | 500 | | | 745 | | |
| IDPs | 8,000 | | | 11,897 | | |
| Host population | 500 | | | Part of IDPs, not segregated | | |
| Other affected people | 1,000 | | | Part of IDPs not segregated | | |
| Total (same as in 8a) | 10,000 | | | 12,642 | | |
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | | | The total number of beneficiaries is higher than planned and since there are still some tents distributed to be fully utilized in the first quarter of 2016 – the final beneficiaries that will be reached will be higher than 12,642 so far reached. The learners that had been displaced at the time of the intervention had been integrated to the host communities that provided them with safe environment (in places where they had fled to during conflicts in target counties). | | | |

| CERF Result Framework | | | |
|------------------------------|--|---|--|
| 9. Project objective | The humanitarian needs of highly vulnerable populations affected by Conflict and drought are met through life-saving assistance and protection as per national and international standards | | |
| 10. Outcome statement | Enhanced access to and provision of quality education for all school age boys and girls in emergency hit areas. | | |
| 11. Outputs | | | |
| Output 1 | 10,000 school-aged girls and boys affected by emergencies access education during emergencies | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of boys and girls accessing schools in a safe environment during emergencies | 100% (5000 girls and 5000 boys) | ROAD: 8,583 (40% girls) WVK: 3,314 (48% girls) Refugees, 745 (35% Female) Total: 12,642 |
| Indicator 1.2 | Availability of sex disaggregated data on number of children reached with emergency recreational and education supplies | 100% (5000 girls and 5000 boys) | ROAD – 8,583 (40% Girls) WVK – 3,314 (48% Girls) Refugees 745 (35% Female) Total = 12,642 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Setting up of Temporary Learning Centers | World Vision Kenya (WVK) and Rural Organization for Advocacy and Development (ROAD) | ROAD & World Vision Kenya, a total of 18 twin (36) temporary learning spaces were constructed in each of the 6 target counties of Baringo, Turkana, Mandera, Marsabit, Lamu & Wajir & benefiting 3,960 (40% Female) learners directly. |
| Activity 1.2 | Provision of educational supplies such as Education Kit, ECDE Kit, Recreational Kits, story books to be used by children in the affected schools and schools hosting displaced learners | | ROAD & WVK distributed a total of 89 tents, 220 educational kits, 200 recreational kits and 200 ECD kits benefiting a total of 7,237 (2,786 Girls) learners in target schools in 6 counties above |

| | | | |
|----------------------------|--|--|--|
| Output 2 | 5,000 school children benefit from psycho-social support programs | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Availability of sex disaggregated data on number of children reached with psycho-social support programs | 100% | 7,031 learners reached (2,447 girls) in target schools in 6 counties by ROAD & WVK |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Provision of psychosocial support to children, teachers and parents who have been affected by conflict. | World Vision Kenya (WVK), Rural Organization for Advocacy and Development (ROAD) and Ministry of Education (MoEST) | 7,031 learners reached (2,447 girls) in target schools in 6 counties by ROAD & WVK |
| Output 3 | Enhanced capacity of the education system in the affected counties to advocate and address Education in Emergencies, conflict resolution and peace building | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | Number of education stakeholders with knowledge of education in emergencies | 70 Education in Emergencies focal persons | By MoEST - 90 (17% Female) Education Officials trained by Ministry of Education |
| Indicator 3.2 | Number of volunteers/teachers, parents and SMC sensitized on peace building and resilience | 200 volunteers/teachers and 2000 parents and SMC members | ROAD – 41 teachers; 600 SMC/parents WVK – 73 teachers & 989 SMC/parents |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Build capacity of various education stakeholders to advocate for education in emergencies, peace building and resilience | Ministry of Education Science and Technology (MoEST); Rural Organization for Advocacy and Development (ROAD) and World Vision Kenya (WVK) and Lutheran World Federation (LWF). | By MoEST - 90 (17% Female) Education Officials trained by Ministry of Education LWF – Upstream Capacity building and strengthening of Refugee Education guidelines. |
| Activity 3.2 | Introducing peace education (including drama, songs and poetry) in schools and public forums as well as establishment of peace clubs in schools to promote a culture of peace and co-existence | | ROAD - 9 peace clubs with 369 (50% female) learners. World Vision – 19 peace clubs about 380 members(50% |

| | | | |
|--------------|--|--|---|
| | | | Female) Total =749 (50% Female) peace club members in 28 school based clubs |
| Activity 3.3 | Introducing peace education (including drama, songs and poetry) in schools and public forum as well as establishment of peace clubs in schools to promote a culture of peace and co-existence. | | ROAD – 18 dialogue forums and one Radio based sensitization on Star FM radio – reached about 600 parents. WVK – 5 dialogue forums with 989 parents reached |

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project planned targets were realized but at the time of actual intervention, the beneficiaries who had hitherto been displaced had been integrated into the communities where they had fled to during conflict and no longer in IDP camps.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The project was implemented by the IPs in close cooperation with the county and sub-county directors of the target counties. During the supply of materials (tents) to the refugees in Kakuma and Dadaab, this was done with oversight of UNHCR. Also, an end user monitoring of supplies and programme monitoring by UNICEF staffs was done during the implementation period to check on what the IPs had achieved.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

No Evaluation done.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|---|--------------|---|---|--------------|--------------|
| 1. Agency: | UNICEF | | 5. CERF grant period: | 15.10.14 – 30.06.15 | | |
| 2. CERF project code: | 14-UFE-CEF-124 | | 6. Status of CERF grant: | <input checked="" type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Protection | | | <input type="checkbox"/> Concluded | | |
| 4. Project title: | Child Protection in Emergencies in drought and conflict affected communities | | | | | |
| 7. Funding | a. Total project budget: | US\$ 490,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 250,000 | ▪ NGO partners and Red Cross | | US\$ 137,851 | |
| | c. Amount received from CERF: | US\$ 250,000 | ▪ Government Partners: | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (below 18) | 2,500 | 7,500 | 10,000 | 2,244 | 4,482 | 6,726 |
| Adults (above 18) | | | | N/A | N/A | N/A |
| Total | 2,500 | 7,500 | 10,000 | 2,244 | 4,482 | 6,726 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | | Number of people (Reached) | | |
| Refugees | 0 | | | 0 | | |
| IDPs | 10,000 | | | 6,726 | | |
| Host population | 0 | | | 0 | | |
| Other affected people | 0 | | | 0 | | |
| Total (same as in 8a) | 10,000 | | | 6,726 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | The total number of 6,726 reached out of a target of 10,000 girls and boys combined beneficiaries reached by IRC and KRCS advocacy activities in Turkana and Mandera counties. | | | | | |
| CERF Result Framework | | | | | | |
| 9. Project objective | To support the child protection systems overall ability to respond in drought and conflict affected areas through integration of child protection in emergency response interventions | | | | | |

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| 10. Outcome statement | Children affected by drought and conflict have access to protective services, including GBV service provision, psychosocial support, and family reunification | | |
| 11. Outputs | | | |
| Output 1 | 3,000 children living in drought and conflict affected areas receive GBV and street children outreach services | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Based on historical data, an estimated 3,000 children have direct access to GBV service provision and street children outreach services over the course of the year, including psychosocial support and family reunification | 3,000 direct recipients (estimate 75% of street children are male) | 210 Male = 28 Female = 182 89% of these are children |
| Indicator 1.2 | 60 police officers from each of the six Turkana sub-counties receive training on caring for survivors of sexual assault/abuse | 360 police officers | 290 Male=200 Female=90 |
| Indicator 1.3 | 60 first responders from each of the six Turkana sub-counties are trained in psychosocial support to children | 360 first responders | 300 Male=200 Female=100 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Supply procurement, i.e., GBV and dignity kits (for both boys and girls) | UNICEF and IRC | IRC |
| Activity 1.2 | Train police officers on caring for survivors of sexual assault/abuse | IRC, GBV Wellness Centre, Turkana Child Protection Network, | IRC |
| Activity 1.3 | Training to first responders (Teachers, nurses, community leaders and the Kenya Red Cross) on offering psychosocial support to children | IRC, GBV Wellness Centre, Turkana Child Protection Network, | IRC |
| Output 2 | 7,000 IDP children have access to psychosocial support in conflict affected areas of North, North East, and Eastern Kenya | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | 7,000 IDP children receive psychosocial support services and family reunification | 7,000 direct recipients | 5,926 Boys=4,054 Girls=1,872 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Procurement of supplies for provision of psychosocial support and dignity kits | UNICEF, KRC, and child protection working group members | UNICEF |
| Activity 2.2 | Provision of direct psychosocial programming oversight and family reunification technical expertise | UNICEF, KRC and child protection working group members | KRCS |

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between

| | |
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| planned and actual outcomes, outputs and activities, please describe reasons: | |
| <p>The engagement of various stakeholders during the Kenya Inter-Agency Rapid Assessment (KIRA) by KRCS in Mandera became a rallying call for the participation of other partners, including county government counterparts in advocating and working for the protection of children affected by emergencies. In Turkana, IRC has worked with the Turkana County Government and stakeholders to strengthen outreach services to drought and conflict affected populations in Turkana County. This enabled UNICEF partners to reach more partners than had been projected.</p> | |
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: | |
| <p>The community members were core stakeholders in the planning and implementation of all the activities that took place. KRCS closely worked with the Mandera County children and stakeholders, involved children in various activities, including Psycho-social and therapy sessions like drama, music and play. Community based child protection committees linked to the children department were formed and trained to address child protection concerns. There is need for further support on community managed Disaster Risk Reduction initiatives to build resilience of communities in protecting children during emergencies. IRC works with community health structures in Kakuma health systems that have representation of community members.</p> | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| No Evaluation has been carried out. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|---|----------------|---|---|---------------|----------------|
| 1. Agency: | UNICEF | | 5. CERF grant period: | 15.10.14 – 30.06.15 | | |
| 2. CERF project code: | 14-UFE-CEF-125 | | 6. Status of CERF grant: | <input checked="" type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Health | | | <input type="checkbox"/> Concluded | | |
| 4. Project title: | Response to drought and conflict Emergency, (disease Epidemics including Measles) in northern and Eastern part of Kenya | | | | | |
| 7. Funding | a. Total project budget: | US\$ 5,896,505 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 1,655,350 | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | US\$ 0 | |
| | c. Amount received from CERF: | US\$ 197,426 | ▪ <i>Government Partners:</i> | | US\$ 0 | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | | | <i>Reached</i> | | |
| | <i>Female</i> | <i>Male</i> | <i>Total</i> | <i>Female</i> | <i>Male</i> | <i>Total</i> |
| <i>Children (below 18)</i> | 80,640 | 63,360 | 144,000 | 76,481 | 60,092 | 136,573 |
| <i>Adults (above 18)</i> | 15,000 | | 15,000 | 14,226 | 0 | 14,226 |
| Total | 95,640 | 63,360 | 159,000 | 90,707 | 60,092 | 150,799 |
| 8b. Beneficiary Profile | | | | | | |
| <i>Category</i> | <i>Number of people (Planned)</i> | | | <i>Number of people (Reached)</i> | | |
| <i>Refugees</i> | 31,171 | | | 31,000 | | |
| <i>IDPs</i> | | | | 0 | | |
| <i>Host population</i> | 127,829 | | | 31,000 | | |
| <i>Other affected people</i> | | | | 0 | | |
| Total (same as in 8a) | 159,000 | | | 150,799 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | | | | | | |

CERF Result Framework

| | | | |
|------------------------------|--|--------------------------------------|--------------------------------|
| 9. Project objective | To contribute to reduction of morbidity and mortality of vulnerable children and pregnant and lactating women of northern Kenya counties occasioned by drought emergency and consequent disease epidemics and resource based conflict | | |
| 10. Outcome statement | Morbidity and mortality rates due to communicable disease outbreaks reduced to or below international emergency accepted standards | | |
| 11. Outputs | | | |
| Output 1 | Children under fifteen are vaccinated against measles and polio | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Percent of children under 15 receive measles and polio vaccines | 95% (children under fifteen 135,000) | 54,605 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procurement of measles and polio vaccines | UNICEF on behalf of MOH | UNICEF |
| Activity 1.2 | Distribute vaccines to target areas in readiness for vaccination campaign | MOH | MOH |
| Activity 1.3 | Implement integrated measles and polio campaign | MOH, supported by UNICEF and WHO | MOH/UNICEF/WHO |
| Output 2 | Awareness created among target population and their caregivers on polio and measles for optimal access to vaccination, an essential health services | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Percent of the target population and their caregivers receive information on polio, measles vaccination | 95% | 135,000 |
| Indicator 2.2 | Percent of pregnant lactating women access ante-natal care | 90% | 14,226 |
| Indicator 2.3 | Percent of communities accessing life-saving interventions (ORS) | 80% | 128,607 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Design key messages on healthy behaviour by communities, polio, measles, Kala-azar, and the importance of early seeking health services, people living with HIV/AIDS and immunization | UNICEF together with MOH | UNICEF and MOH |
| Activity 2.2 | Disseminate key messages on healthy behaviour by communities, polio, measles, Kala-azar, , and the importance of early seeking health services, people living with HIV/AIDS and immunization using preferred channels of communication | MOH-supported by UNICEF | MOH with support of UNICEF |
| Output 3 | At least 80% of communities (children and women) access essential maternal, new-born and child health services and receive antibiotics, ORS, Ringers lactate, malaria drugs and ITNs | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | Percent of assorted essential health supplies including Kala Azar drugs procured as part of life saving interventions | 100% | 80% |

| | | | |
|----------------------------|--|---|--------------------------------|
| Indicator 3.2 | Percent of community health workers able to provide high impact life-saving preventive and promotive interventions (ORS, referral of complicated cases for care) | 90% | 90% |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Procure assorted essential health supplies including Kala Azar drugs | UNICEF, on behalf of MOH, because of comparative advantage on procurement and logistics for emergency | UNICEF |
| Activity 3.2 | Support creation of 40 community health units through training of 700 community health workers, on key health practices, management of mild dehydration using ORS and referral of complicated cases to health facilities and outreach sites for further management. | MOH with technical guidance of UNICEF | MOH supported by UNICEF |
| Activity 3.3 | Support conduct of integrated outreach services targeting vulnerable communities that live very far from health facilities and the displaced to deliver key life-saving interventions including management of minor illnesses, ante-natal and post-natal care, PMTCT | MOH | MOH |

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Morbidity and mortality rates in children and women related to communicable disease outbreaks and conflict were reduced as a result of timely implementation of lifesaving interventions. Population immunity to polio and measles was improved, and cholera response efforts were implemented in Turkana County.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Involvement of affected communities in planning and implementation of the interventions ensured they had a voice and contributed to implementation and ownership of the programmes.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

Evaluation was not planned, since the rapid response was for a short period

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|---|--|----------------|--|---|---------------|----------------|
| 1. Agency: | IOM | | 5. CERF grant period: | 15.10.14 – 30.06.15 | | |
| 2. CERF project code: | 14-UFE-IOM-036 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Non-Food Items | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Immediate response to shelter and NFI needs of communities displaced by floods and conflict in Kenya | | | | | |
| 7. Funding | a. Total project budget: | US\$ 3,726,917 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 3,726,917 | ▪ NGO partners and Red Cross/Crescent: | | US\$ 941,937 | |
| | c. Amount received from CERF: | US\$ 2,000,000 | ▪ Government Partners: | | US\$ 0 | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (below 18) | 37,350 | 26,600 | 63,950 | 21,708 | 21,426 | 43,134 |
| Adults (above 18) | 18,650 | 11,200 | 29,850 | 39,891 | 18,983 | 58,874 |
| Total | 56,000 | 37,800 | 93,800 | 61,599 | 40,409 | 102,008 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | | Number of people (Reached) | | |
| Refugees | | | | 0 | | |
| IDPs | 89,600 | | | 102,008 | | |
| Host population | 4,200 | | | 0 | | |
| Other affected people | | | | N/A | | |
| Total (same as in 8a) | 93,800 | | | 102,008 | | |
| <p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p> | | | <p>The reasons why the number of children reached was different from planned is because the implementing partner HelpAge was focused on vulnerable elderly populations rather than children. In addition, the beneficiaries of the Displacement Tracking Matrix (DTM) activity was the head of the each household and 85% of them were male adults above 18 years of age.</p> <p>Host population was not supported by the project funded by CERF because the priority was given to IDPs. However, IOM's other projects funded by Swedish International</p> | | | |

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| | Development Cooperation Agency (Sida) and the Government of Japan were able to reach out host populations. |
|--|--|

| CERF Result Framework | | | |
|------------------------------|---|----------------------------------|---|
| 9. Project objective | To contribute to the resilience and protection of disaster-affected communities in Wajir, Mandera, Lamu and Marsabit Counties. | | |
| 10. Outcome statement | Displaced persons and affected communities have improved living standards. | | |
| 11. Outputs | | | |
| Output 1 | Displaced populations have access to adequate NFIs and better shelter conditions. | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of standard NFI packages procured and distributed by IOM | 3,000 NFIs | A total of 8,650 NFIs procured and distributed. |
| Indicator 1.2 | Number of shelters constructed | 250 transitional shelters | 300 transitional shelters constructed. |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procurement and distribution of 3,000 NFI kits to displaced families | IOM | IOM - 3,450 NFIs procured and distributed in Wajir and Marsabit. HelpAge - 700 NFIs procured and distributed in Mandera. World Vision – 1,500 NFIs procured and distributed in Lamu. Kenya Red Cross Society – 3,000 NFIs procured and distributed in Mandera. |
| Activity 1.2 | Procurement and construction of 250 shelters in the affected areas through cash-for-work | IOM and members of the community | IOM – 250 transitional shelters constructed in Wajir. HelpAge – 50 transitional shelters constructed in Mandera. |
| Output 2 | All sectors have access to accurate and up-to-date information of displacement crisis and have improved capacities for effective response | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | DTM rolled out and operational | 4 counties | 7 counties |
| Indicator 2.2 | Information shared by sectors on the displaced populations | 7 sectors | 7 sectors |
| Indicator 2.3 | Appropriate and immediate response provided to the affected population | 7 sectors | Validation process of DTM is on-going among the Inter-Sector Working Group (ISWG) therefore not officially used for immediate response. |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Engage enumerators in the | IOM | IOM introduced the Displacement |

| | | | |
|----------------------------|---|---|--|
| | four counties to collect disaggregated data on the displaced populations analysed by age sex and vulnerability status using DTM tools | | Tracking Matrix (DTM) with the aim of monitoring and tracking the movement of displaced persons in Kenya. IOM conducted training to enumerators from IOM, Kenya Red Cross Society, World Vision Kenya and Help Age International on data collection using the DTM tool. The pilot survey was conducted in seven counties; Garissa, Turkana, Marsabit, Wajir, Lamu, Mandera, and Uasin Gishu. |
| Activity 2.2 | Analyse the data on the displaced populations disaggregated by age, sex and vulnerability status using DTM tools | IOM | Analysis of the data was carried out by IOM. |
| Activity 2.3 | Dissemination of up to date information on displaced population to all sectors | IOM | Information was shared by IOM to all sectors; Education, Food Security, Health, Nutrition, Protection, Shelter/NFIs and WASH. |
| Output 3 | Shelter/NFI sector partners have improved capacity to use response tools to respond to emergencies and provide lifesaving assistance | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | Number of implementing partners supported to undertake shelter and NFI activities | 3 implementing partners | 3 implementing partners (Kenya Red Cross society, World Vision Kenya and HelpAge International) |
| Indicator 3.2 | Number of agencies and actors sensitized on strengthened response | 120 | 143 |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Provide grants to NGOs to implement shelter and NFI activities | IOM, Kenya Red Cross Society, World Vision Kenya and Help Age International | IOM, Kenya Red Cross Society, World Vision Kenya and Help Age International |

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Below are the main outcomes as per the objectives:

- i) *Response to the immediate needs of the displaced persons through provision of NFI kits and shelter*
 - A total of 300 households were supported through shelter construction in Garissa, Wajir and Mandera and a total of 860 households in Lamu received rental supports.
 - Skills trainings to 229 community members (213 male and 16 female) engaged in shelter construction was undertaken concurrently. These trainings built their capacity and their preparedness in the case of future disasters.
- ii) A total of 8,650 NFI kits were procured distributed to the displaced persons in Garissa, Wajir, Marsabit Mandera and Lamu. *Contribute to rapid and effective responses to displacement crisis through provision of accurate and up-to-date*

information collected and analysed through the DTM.

- At least seven (7) counties were identified for the Displacement Tracking Survey (DTM); Garissa, Turkana, Marsabit, Wajir, Lamu, Mandera, and Uasin Gishu where IOM included sites across Uasin Gishu border with Elgeyo Marakwet.
 - DTM training was conducted for 27 enumerators for data collection of displacement trends.
 - 59 IDP sites were accessed through household registration in 59 sites across these counties.
 - A total of 29,616 head of households were tracked through DTM survey.
 - The results of DTM were analysed and shared among the Inter-Sector Working Group (ISWG) and the technical working group is finalizing the assessment form to be adapted by the sector members.
- iii) *Support the shelter/NFI Sector partners to implement in areas they have presence while improving and building on their capacity to respond to an emergency quickly and efficiently to meet lifesaving needs.*
- Three Shelter/ NFI sector partners (Kenya Red Cross Society, World Vision and HelpAge International) were identified as implementing partners for the project.
 - Kenya Red Cross Society received support to procure and distribute 3,000 NFI kits across in Mandera. World Vision provided rental support to 860 families in Lamu. HelpAge International undertook the construction of 50 shelters and distribution of 700 NFI kits in Mandera. The project was therefore successful by engaging these partners to quickly respond to emergencies and efficiently meet lifesaving needs.
 - The National Shelter and NFI Task Force led by IOM undertook capacity building workshops across the country to enhance the capacity of stakeholders in the national Shelter/NFI sector. The workshops were well attended with a total of 143 participants (109 male and 34 female) from county governments, community representatives and NGOs with roles in disaster management.
 - 6 staff from the 3 implementing partners were part of the DTM training and equipped with data collection mechanisms in emergency situations
 - The results of DTM were shared among the Inter-Sector Working Group (ISWG) and the technical working group is finalizing the assessment form to be adapted by the sector members.
 - Shelter/NFI sector meetings were held monthly to update on the implementation progress and to share information
 - Attended the regular Inter-Sector Working Group meetings to build synergies with other sectors and avoid duplications for effective and efficient support.

In one of the four target locations, Lamu County, where IOM had initially proposed to construct 200 shelters through its implementing partner World Vision Kenya, unforeseen land disputes emerged which complicated the shelter constructions. Disputes between IDPs and a private investor over the true ownership of the land created a lot of confusion between the county government, the private investor and the displaced community. World Vision Kenya tried consulting with various leaders within Lamu county, including the County Commissioner, the County Governor, County Secretary and the Hindi Ward Administrator. This extended to discussions with the chairman of the National Land Commission, but the resolution process became prolonged and a solution was not found. Therefore, the construction of 200 shelters was not feasible within the project duration. IOM requested a re-programming which was approved by the donor.

IOM re-directed the funds to support 860 families in Lamu with a cash/voucher transfer to enable each family to acquire two rooms and pay rent for four months. This change provided temporary shelter and cooking space to the initially targeted IDP population. The proposed change was able to meet the immediate need of the IDPs that had been highlighted in the proposal and achieved the same objectives, though the approach was changed.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

IOM, Kenya Red Cross Society, World Vision Kenya and Help Age International engaged the local authorities and local communities in the planning, implementation and monitoring stages of the project to ensure accountabilities to the project beneficiaries. This was achieved through joint assessments and a series of community consultations. Furthermore, field presence in each targeted county enabled us to identify gaps and to provide solutions on the ground for the affected populations.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

| | |
|---|---|
| While no formal evaluation was planned, IOM used a performance monitoring framework and toolkit to monitor project performance. Regular monitoring of the progress took place, collecting beneficiaries' data and supervision was provided throughout the project period. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|--|------------------|---|---|----------------|----------------|
| 1. Agency: | WFP | | 5. CERF grant period: | 20.10.14 – 30.06.15 | | |
| 2. CERF project code: | 14-UFE-WFP-064 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Food Aid | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Livelihoods protection and assistance to food insecure people in the arid lands of Kenya | | | | | |
| 7. Funding | a. Total project budget: | US\$ 454,061,829 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 298,933,667 | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | US\$ 599,170 | |
| | c. Amount received from CERF: | US\$ 4,002,109 | ▪ <i>Government Partners:</i> | | US\$ 0 | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| <i>Children (below 18)</i> | 141,077 | 130,413 | 271,490 | 180,642 | 154,651 | 335,293 |
| <i>Adults (above 18)</i> | 76,331 | 81,835 | 158,166 | 120,428 | 66,279 | 186,707 |
| Total | 217,408 | 212,248 | 429,656 | 301,070 | 220,930 | 522,000 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | Number of people (Reached) | | | |
| <i>Refugees</i> | | | 0 | | | |
| <i>IDPs</i> | | | 0 | | | |
| <i>Host population</i> | | | 429,656 | | 522,000 | |
| <i>Other affected people</i> | | | 0 | | | |
| Total (same as in 8a) | | | 429,656 | | 522,000 | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | | | The number reached is higher than planned in section 8a because the figures were adjusted upwards to reflect recommendations by short rains assessment in February 2015. In the CERF proposal, it was indicated that 40,000 children and women would be provided with specialised nutrition products. However the inclusion of women was an error because the ready-to-use supplementary foods (Plumpy'Sup) which were purchased were only used in children. The correct target should therefore have been 25,000 children, of which WFP reached 24,000. Overall, most of the health education sessions were held before the start of food distribution at the clinics; beneficiaries who | | | |

| | |
|--|---|
| | reached late therefore missed the sessions. While not included in the proposal, recovery and default rates in the arid lands, the main programme performance indicators, met the Sphere targets of >75 percent and <15percent respectively. |
|--|---|

| CERF Result Framework | | | |
|------------------------------|--|---------------------------------|--|
| 9. Project objective | Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies | | |
| 10. Outcome statement | Stabilized or reduced under nutrition among children aged 6-59 months and pregnant and lactating women | | |
| 11. Outputs | | | |
| Output 1 | Food, nutritional products and non-food items, cash transfers and vouchers distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of women, men, girls and boys who received food assistance (disaggregated by activity; beneficiary category, sex, food, non-food items, cash transfers and vouchers) as a % of planned. | Target: 100% | 121% overall as follows: GFD – 134% (522,000) TSF – 60% (27,276) |
| Indicator 1.2 | Quantity of food assistance distributed, as % of planned distribution (disaggregated by type) | Target: 100% | 115% as follows Cereals – 114% (3,343 mt) RUSF – 119% (300 mt) |
| Indicator 1.3 | Number of health facilities assisted as % of planned. | Target: 100% | 100% -1,069 health facilities |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procurement of food supplies for GFD and Supplementary Feeding Programme (SuFP) interventions | WFP | WFP |
| Activity 1.2 | Dispatch of food to receiving centres for temporarily storage | WFP | WFP delivered the Plumpy RUSF to county headquarters, while partners moved it health centres |
| Activity 1.3 | Delivery of food to Final Delivery Points (FDP) | Cooperating Partners | WFP delivered the cereals to county headquarters, while partners moved it distribution centres |
| Output 2 | Messaging and counselling on specialized nutritious foods and infant and young child feeding (IYCF) practices implemented effectively | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Proportion of women/men exposed to | Target: 100% | 68.8% of the female |

| | | | |
|----------------------------|---|---|--|
| | nutrition messaging supported by WFP against proportion planned. | | and 71.4% male beneficiaries received the nutrition messaging |
| Indicator 2.2 | Proportion of women/men receiving nutrition counselling supported by WFP against proportion planned. | Target: 100% | 87.4% of women/men |
| Indicator 2.3 | Proportion of targeted caregivers (male and female) receiving 3 key messages through WFP supported messaging and counselling | Target: 100% | 42.4% of the female and 66.7% of the male caregivers |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Development of messages and organizing counselling sessions on specialized nutritious foods and infant and young child feeding (IYCF) practices | WFP/ MoH/Cooperating Partners | Ministry of Health (MoH) |
| Activity 2.2 | Delivery of messages on specialized nutritious foods and infant and young child feeding (IYCF) practices during distribution | Cooperating Partners | MOH |
| Output 3 | Adequate food consumption reached or maintained over assistance period for targeted households | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | Household food consumption score, disaggregated by sex of household head (% of households with acceptable food consumption). | Target: 80% | 48% of the GFD households had an acceptable FCS in May 2015 |
| Indicator 3.2 | Daily average dietary diversity, disaggregated by sex of household head Daily average dietary diversity (% of targeted households that consume at least 4 food groups on average per day). | Increase from the September 2014 score of 4.5 | 3.9 (May 2015) |
| Indicator 3.3 | Coping Strategy Index (% of households with decreased coping strategy index). | Target: reduce from the September CSI score of 18.3 | 23.9 (May 2015) |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Food Security Outlook Monitoring (FSOM) | WFP/ Cooperating Partners | WFP/ Cooperating Partners except for Mandera where data collection was done by the Cooperating Partner alone because of insecurity. Monitoring augmented by telephone helpline |
| Activity 3.2 | Food Security Outlook Monitoring (FSOM) | WFP and Cooperating Partners | WFP and Cooperating Partners except for Mandera where data collection was done by the Cooperating |

| | | | |
|----------------------------|--|---------------------------------|---|
| | | | Partner alone because of insecurity. Monitoring augmented by telephone helpline |
| Activity 3.3 | Food Security Outlook Monitoring (FSOM) | WFP and Cooperating Partners | WFP and Cooperating Partners except for Mandera where data collection was done by the Cooperating Partner alone because of insecurity. Monitoring augmented by telephone helpline |
| Output 4 | Food and nutritional products and in sufficient quantity, quality and in a timely manner to targeted beneficiaries | | |
| Output 4 Indicators | Description | Target | Reached |
| Indicator 4.1 | Number of women, men, girls and boys receiving food assistance (disaggregated by activity; beneficiary category, sex, food, non-food items, cash transfers and vouchers) as % of planned | Target: 100% | Please refer to Output 1 – they are similar. This was inadvertently repeated. |
| Indicator 4.2 | Quantity of food assistance distributed, as % of planned distribution (disaggregated by type) | Target: 100% | As above |
| Output 4 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 4.1 | Mobilisation of women, men, girls and boys targeted for food assistance at the Food Distribution Centres | WFP/Cooperating Partners | WFP and Cooperating Partners with support of the government at county and sub county levels |
| Activity 4.2 | Distribution of full food ration through fortnightly GFDs in the form of dry ration at the Food Distribution Centres | Cooperating Partners | Partners conducted monthly food distributions, with the help of relief committee members. No food distributions took place in arid lands in December and January, as per the seasonal livelihood programming calendar |

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

1. The quantity of cereals purchased using CERF funding was more than in the proposal because of cost-efficiency gains of buying through WFP's internal mechanisms. This allowed more people to be reached than initially planned. However, given that WFP continued to experience serious funding gaps in late 2014 and early 2015, the targeted beneficiaries did not receive their rations at the planned level: a normal food basket contains cereals, vegetable oil SuperCereals and pulses but WFP had

to compromise and use reduced rations, and did not always have some food commodities in the food basket during the CERF implementation period (e.g. SuperCereals). This contributed to the targets for the food consumption score and dietary diversity indicators not being reached (another contributing factor was that data was collected in May when it is a lean season in the arid lands).

2. The performance indicators for the targeted supplemented feeding were maintained within the Sphere standards.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

For General Food Distribution (GFD), gender and protection were integrated into programme design, targeting, cooperating partner selection, implementation and monitoring. WFP liaised with cooperating partners to identify and mitigate protection issues, and maintain beneficiaries' safety and dignity. Mechanisms included a telephone helpline, where beneficiaries or other community members can call for free, to provide feedback or complaints. This ensured accountability at the field level with regular consultations with vulnerable groups and adherence to safe distribution principles.

Targeting for the moderately malnourished beneficiaries was guided by the Integrated Management of Acute Malnutrition guidelines.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

No specific evaluation done.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|--|----------------|---|---|----------------|----------------|
| 1. Agency: | WHO | | 5. CERF grant period: | 20.10.14 – 30.06.15 | | |
| 2. CERF project code: | 14-UFE-WHO-063 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Health | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Response to drought Emergency and disease epidemics in northern Kenya | | | | | |
| 7. Funding | a. Total project budget: | US\$ 3,785,600 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 1,050,000 | ▪ NGO partners and Red Cross/Crescent: | | US\$ 0 | |
| | c. Amount received from CERF: | US\$ 309,551 | ▪ Government Partners: | | US\$ 110,000 | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (below 18) | 168,000 | 132,000 | 300,000 | 158,000 | 119,000 | 277,000 |
| Adults (above 18) | | | | 4,000 | 7,000 | 11,000 |
| Total | 168,000 | 132,000 | 300,000 | 162,000 | 126,000 | 288,000 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | Number of people (Reached) | | | |
| Refugees | | | 00 | | | |
| IDPs | 20,000 | | 14,000 | | | |
| Host population | 50,000 | | 70,000 | | | |
| Other affected people | 230,000 | | 204,000 | | | |
| Total (same as in 8a) | 300,000 | | 288,000 | | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | At least 11,000 adults also benefitted directly from the project funded by CERF through public health awareness and primary health care activities and response to the cholera and acute watery diarrhoea outbreak especially in Wajir County. | | | | | |

CERF Result Framework

| | | | |
|------------------------------|--|---------------------------------|--------------------------------|
| 9. Project objective | To contribute to reduction of morbidity and mortality of vulnerable boys and girls and pregnant women in most at risk counties in northern parts of Kenya currently vulnerable to the effects of drought emergency and consequent disease epidemics and other mass casualty disasters. | | |
| 10. Outcome statement | Morbidity and mortality rates due to communicable disease outbreaks reduced to or below international emergency accepted standards | | |
| 11. Outputs | | | |
| Output 1 | 10 County Health teams and partners promptly confirmed communicable diseases outbreaks and respond in 10 counties | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Case fatality rates due to communicable diseases reduced to international emergency standards | 100% | 80% |
| Indicator 1.2 | Disease rumours, alerts and outbreaks investigated within 48 hours and response action initiated | 100% | 100% |
| Indicator 1.3 | Standard tools and guidelines for disease outbreak response availed in the 10 counties | 100% | 100% |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Twenty (20) county and health facility Technical officers identified and given orientation on prompt outbreak investigation and response in 10 counties. | County Health teams | WHO and County Health Teams |
| Activity 1.2 | Support outreach for primary health care activities in affected communities. | County Health teams | County Health Teams |
| Activity 1.3 | Avail funds and logistics to 10 county health teams for disease outbreak investigation and response activities | County Health teams | WHO County Health Teams |
| Output 2 | Replenish emergency stocks for essential drugs, basic laboratory reagents and materials in 10 county hospitals | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Essential drugs and other emergency supplies at all peripheral facilities | 0% stock out | 80% |
| Indicator 2.2 | Basic laboratory reagents and basic equipment at peripheral facilities | 0% stock out | 100% |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Procure and replenish peripheral health facilities emergency essential drugs stocks in 10 county hospitals | WHO | WHO |
| Activity 2.2 | Procure and replenish basic laboratory reagents and basic equipment at peripheral facilities in 10 county hospitals | WHO | WHO |
| Output 3 | Facilitate multi-partner and coordinated disease outbreak response in Counties | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | Counties have multi-partner disease response plans | 100% | 100% |
| Indicator 3.2 | County level disease outbreak and response data | 80% | 100% |

| | | | |
|----------------------------|---|---------------------------------|--------------------------------|
| | compiled submitted to national level weekly | | |
| Indicator 3.3 | Joint quarterly monitoring conducted | 80% | 60% |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Multi partner mapping, analysis and planning conducted in each county | County health teams | County Health Team |
| Activity 3.2 | Joint monitoring of response activities | County health teams | WHO and County Health Team |
| Activity 3.3 | Produce weekly reports, situational reports and bulletins | MOH and WHO | Ministry of Health (MoH) |

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Even though the project targeted basically children less than 18 years of age, during the period there were cholera outbreaks which affected the total population in the counties of operation. Most of the 11,000 people above 18 years benefitted from the project mainly as people are affected directly or indirectly by cholera or acute watery diarrhoea in the 10 counties.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

At the national level, the existed Health and Nutrition coordination forums used to review the outbreak response planning, implementation and monitoring. The county health teams quarterly monitoring was also conducted at the county levels with the inclusion of all key implementing partners at county level. WHO epidemiologists based in Garissa and Dadaab also provided monitoring visits to the affected areas regularly. All these activities fed into the Weekly Epidemiological Bulletin which was produced and disseminated regularly to all stakeholders.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

No evaluation done

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Implementing Partner Name | Sub-grant made under pre-existing partnership agreement | Partner Type | Total CERF Funds Transferred to Partner US\$ | Date First Installment Transferred | Start Date of CERF Funded Activities By Partner* | Comments/Remarks |
|-------------------|-------------------------------|--------|--|---|--------------|--|------------------------------------|--|---|
| 14-UFE-CEF-121 | Water, Sanitation and Hygiene | UNICEF | Kenya Redcross | | RedC | \$389,369 | 19-Jan-15 | 14-Jan-15 | Support humanitarian WASH actions in Lamu, baringo and Mandera Counties |
| 14-UFE-CEF-121 | Water, Sanitation and Hygiene | UNICEF | ACF | | INGO | \$54,140 | 22-Jan-15 | 10-Jan-15 | Support humanitarian WASH actions in Tana River County |
| 14-UFE-CEF-121 | Water, Sanitation and Hygiene | UNICEF | NRC | | INGO | \$102,828 | 16-Jan-15 | 10-Jan-15 | Support humanitarian WASH interventions in Turkana County |
| 14-UFE-CEF-121 | Water, Sanitation and Hygiene | UNICEF | GOAL | | INGO | \$135,448 | 30-Jan-15 | 20-Jan-15 | Support humanitarian WASH Action in Marsabit County |
| 14-UFE-CEF-121 | Water, Sanitation and Hygiene | UNICEF | CARE | | INGO | \$134,629 | 22-Jan-15 | 14-Jan-15 | Support humanitarian WASH actions in Wajir County |
| 14-UFE-CEF-123 | Education | UNICEF | World Vision Kenya (WVK) | | INGO | \$150,000 | 15-Apr-15 | 10-Apr-15 | Emergency Education Interventions in Turkana, Baringo, Marsabit |
| 14-UFE-CEF-123 | Education | UNICEF | Rural Organization for Advocacy & Development (ROAD) | | INGO | \$109,976 | 27-Apr-15 | 13-Apr-15 | Emergency Education Interventions in Lamu, Mandera & Wajir |
| 14-UFE-CEF-123 | Education | UNICEF | Ministry of Education (MoEST) | | GOV | \$43,311 | 17-Jun-15 | 29-Apr-15 | Emergency Education Interventions in National level & Emergency Prone counties e.g.Turkana, Baringo, Marsabit, Lamu, Mandera, Wajir |
| 14-UFE-CEF-123 | Education | UNICEF | Ministry of Education (MoEST) | | GOV | \$53,476 | 29-Apr-15 | 29-Apr-15 | Emergency Education Interventions in National level & Emergency Prone counties e.g.Turkana, Baringo, |

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| | | | | | | | | | Marsabit, Lamu, Mandera, Wajir |
| 14-UFE-CEF-123 | Education | UNICEF | Lutheran World Federation (LWF) | | INGO | \$53,485 | 22-Sep-15 | 16-Sep-15 | Turkana and Kakuma Refugee camp and Support at national level for refugee education guidelines |
| 14-UFE-CEF-122 | Nutrition | UNICEF | Kenya Redcross | | RedC | \$469,486 | 24-Jul-14 | 24-Jul-14 | Kenya Redcross covered countrywide Emergency preparedness and response |
| 14-UFE-CEF-124 | Child Protection | UNICEF | International Rescue Committee (IRC) | | INGO | \$81,500 | 1-Jul-15 | 1-Jul-15 | IRC carried out support to GBV survivors, including outreach services/awareness creation in Turkana County |
| 14-UFE-CEF-124 | Child Protection | UNICEF | CRADLE | | NNGO | \$7,388 | 13-Jun-15 | 22-Jun-15 | CRADLE advocated and built capacity of stakeholders on protection of children from sexual and gender based violence in Turkana County |
| 14-UFE-CEF-124 | Child Protection | UNICEF | Kenya Red Cross Society | | RedC | \$48,963 | 1-Jul-15 | 1-Jul-15 | KRCS carried out KIRA on effects of conflict on children in Mandera County, provided psychosocial support and capacity building of stakeholders |
| 14-UFE-IOM-036 | Shelter & NFI | IOM | HelpAge International | Yes | INGO | \$191,006 | 1-Dec-14 | 15-Nov-14 | Covering Mandera county |
| 14-UFE-IOM-036 | Shelter & NFI | IOM | World Vision Kenya | Yes | INGO | \$380,369 | 1-Dec-14 | 15-Nov-14 | Covering Lamu County |
| 14-UFE-IOM-036 | Shelter & NFI | IOM | Kenya Red Cross Society | Yes | RedC | \$370,561 | 19-Dec-14 | 15-Nov-14 | Covering Mandera county |
| 14-UFE-WFP-064 | Food Assistance | WFP | Child fund | | INGO | \$8,224 | 10-Nov-14 | 1-Oct-14 | Child fund covered Turkana County |

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| 14-UFE-WFP-064 | Food Assistance | WFP | World Vission | | INGO | \$86,171 | 10-Nov-14 | 1-Oct-14 | World Vision covered Turkana and Baringo counties as well as Moyale sub county |
| 14-UFE-WFP-064 | Food Assistance | WFP | Kenya Redcross | | RedC | \$80,645 | 10-Nov-14 | 1-Oct-14 | Kenya Redcross covered Garissa county |
| 14-UFE-WFP-064 | Food Assistance | WFP | RAMATI | | INGO | \$81,227 | 10-Nov-14 | 1-Oct-14 | RAMATI covered Samburu County |
| 14-UFE-WFP-064 | Food Assistance | WFP | ALDEF | | NNGO | \$159,472 | 10-Nov-14 | 1-Oct-14 | ALDEF covered Wajir County |
| 14-UFE-WFP-064 | Food Assistance | WFP | COCOP | | NNGO | \$132,363 | 10-Nov-14 | 1-Oct-14 | COCOP covered Mandera County |
| 14-UFE-WFP-064 | Food Assistance | WFP | FH | | INGO | \$51,067 | 10-Nov-14 | 1-Oct-14 | FH covered Marsabit County |
| 14-UFE-WHO-063 | Health | WHO | Government of Kenya | | Gov | \$110,000 | 14-Oct-14 | 22-Oct-14 | Funds covered Turkana (excluding Kakuma refugee camp), Garissa including Dadaab and Alinjugur refugee camps, Wajir, Mandera, Tana River, Isiolo and Marsabit Counties Camp |
| 14-UFE-CEF-125 | Health | UNICEF | Government of Kenya | | Gov | \$159,557 | 6-Mar-15 | 15-Mar-15 | Funds covered Garissa (excluding Dadaab refugee camp), Isiolo, Turkana (excluding Kakuma refugee camp), Tana River, and Marsabit Counties |