



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
KENYA
RAPID RESPONSE
CONFLICT-RELATED DISPLACEMENT**

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.

The United Nations Children's Fund (UNICEF) and United Nations High Commissioner for Refugees (UNHCR) conducted an After Action Review from 25th to 26th Sept 2014. This was a joint mission to Kakuma refugee camp where the CERF funding was utilized to implement education response programmes. UNICEF Kenya office and regional office; and UNHCR Kenya office and regional office were the main organizations involved in this 'After Action Review'. Other agencies carried out their own internal evaluations.

- 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

This report has been shared with the Inter-sector Working group and reviewed by the RC but it has not as yet been discussed with the HCT as HCT agencies are members of the ISWG. As agencies were working in Kakuma, they were complementary in their activities which meant there was collaboration and information sharing between different sectors.

- 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

This report has been submitted to the RC's office. After comments and feedback from CERF secretariat, the document will be shared with sectors, implementing agencies, their partners for final review and revision and with the Government of Kenya (NDMA and NDOC).

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: \$12,508,461		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,628,600
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	N/A
	OTHER (bilateral/multilateral)	340,981
	TOTAL	4,969,580

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 12-Feb-14			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-005	Education	217,344
WHO	14-RR-WHO-007	Health	251,352
WFP	14-RR-WFP-006	Food	1,512,669
IOM	14-RR-IOM-005	Multi-sector	363,714
UNHCR	14-RR-HCR-005	Multi-sector	1,782,553
UNICEF	14-RR-CEF-010	Health	232,257
UNICEF	14-RR-CEF-012	Protection/Human Rights/Rule of Law	268,711
TOTAL			4,628,600

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,813,701
Funds forwarded to NGOs for implementation	1,706,215
Funds forwarded to government partners	108,684
TOTAL	4,628,600

HUMANITARIAN NEEDS

On December 15th 2013, violent clashes broke out between competing factions within the Sudan People's Liberation Movement/Army (SPLM and SPLA) in Juba, leaving some 650,000 South Sudanese internally displaced. Among these were some 74,000 who had sought security in the compounds of the United Nations Mission in South Sudan (UNMISS). The conflict also forced over 100,000 South Sudanese refugees to flee their homes and to cross into Ethiopia, Kenya, Sudan and Uganda. The majority of the refugees are women and children.

By the end of November 2013, more than 45,000 South Sudanese refugees and asylum-seekers had been registered in Kenya, including over 10,000 in Kakuma. After renewed clashes in mid December, an additional 15,400 South Sudanese had crossed into Kenya, through Nadapal, the only official border crossing point between Kenya and South Sudan, located in the north-western county of Turkana.

In accordance with Kenya's Contingency Plan for South Sudan, at the first sign of a surge in new arrivals, the Government of Kenya, UNHCR and partners increased border protection monitoring and jointly coordinated a humanitarian response ranging from a favourable, protection-sensitive screening and admission policy, to initial protection and relief emergency services.

At that point in time, the total number of new refugees from South Sudan was expected to rise to 20,000 by the end of March 2014. The numbers of unaccompanied and separated children, estimated at 11,000 prior to the influx, was particularly high and was of major concern with 71 per cent under the age of 18. By February 2nd 2014, a total of 1,852 separated children (1,090 male/762 female) and 219 unaccompanied minors (138 male/81 female) had been registered.

With the influx, cases of measles were recorded in and outside the camps. The cumulative number of suspected measles cases in the camps is 132. The outbreak posed a major challenge and needed to be contained at its earliest stage. In the months of December 2013 and January 2014, an increase in admissions had been noted by the nutrition sector which necessitated urgent supplementary feeding to avoid a further deterioration of the nutrition status.

Turkana County was, at that point, experiencing a decline in both food security and nutrition. Although the October to December 2013 short rains in the pastoral areas had led to temporary improvement of pasture and water conditions, these are fast deteriorating. Furthermore, Turkana had in the early part of the year been affected by locusts which had effectively been brought under control but had by then devastated pasture, browse and crops in the agro-pastoral livelihood zone, leading to an escalation of conflict over scarce resources and an inflow migration from South Sudan.

II. FOCUS AREAS AND PRIORITIZATION

In response to the refugee influx from South Sudan, UNHCR, partners and Government of Kenya mounted a coordinated inter-agency response that planned for simultaneous actions on three fronts: at the Nadapal border point, at the reception centre and at the new site in Kakuma 4, the newest camp in Kakuma. At the Nadapal border point, refugees were to undergo security screening by the Kenya Police and medical screening/vaccinations by MSF Belgium and the Ministry of Health. They were then given BP 5 high energy biscuits provided by WFP and then underwent pre-registration by DRA. IOM then provided onward transportation to the reception center in Kakuma 2 an old camp which had space to accommodate the new arrivals.

To inform the CERF prioritization, a Multi-agency Kakuma Initial Rapid Assessment was conducted from January 13th-16th 2014. Partners involved included National Drought Management Authority, Kenya Red Cross, Merlin, World Vision, International Rescue Committee, UNICEF and Ministry of Health. Regular MUAC surveillance data from the National Drought Management Authority was also informed the prioritization of projects for this CERF grant.

Priorities identified for response included:

- Child protection needs through education and individual case management;
- Transport support which was necessary for the daily operations between the border in Nadapal and the Kakuma camp;
- Provision of basic life-saving services, including water and sanitation, shelter at the new site at Kakuma and NFIs for new arrivals.
- Support for provision of food for the newly arrived refugees
- Start of measles vaccination activities and scale up capacity at Lopiding hospital

- Support for critical elements of supplementary feeding for Pregnant and Lactating Women and to scale up outreach activities in the wider Turkana County

Implementing agencies were able to respond to the above needs through projects that they identified through their CERF proposals.

III. CERF PROCESS

Initial discussions over the need for a CERF rapid response grant request emerged from discussions among the partners involved in multi-sector response for refugees (Government of Kenya, supported by UNHCR with a consortium of partners, including UNICEF, WFP and NGOs), the partners involved in emergency health response (Ministry of Health, WHO, UNHCR, UNICEF) and between sector coordinators on the deteriorating situation in Turkana.

These elements were then jointly discussed at a meeting of the Inter-Sector Working Group on Friday 31 January 2014 and were then followed up by consultations with the Kenya Humanitarian Partnership Team (HCT equivalent comprising UN agencies, donors, the Kenya Red Cross Society and NGOs) in early February 2014. The outcome of these discussions was the agreement that a CERF rapid response request was urgently needed to help respond to the most urgent life-saving gaps in relation to the refugee influx, to mount a rapid response to the measles outbreak, and to address critical issues related to gap in supplementary nutrition supplies and outreach in the wider county. Partners agreed that whilst the food security situation was of serious concern in many parts of the country, any large-scale retargeting or scale-up of partner support would be informed by the preliminary report of the Short Rains Assessment which was carried out from 3rd – 14th February 2014 and coordinated by the National Drought Management Authority .

Gender considerations were factored in right from the assessment stage where data collected was disaggregated by sex. Specific needs of vulnerable men, women and children were also identified. The adoption of IASC Gender marker by agencies meant that the agency proposals adhered to the requirements of the gender marker.

The emergency humanitarian response to the refugee influx was led and coordinated primarily by the Government of Kenya, supported by UNHCR with a consortium of partners, including UNICEF, WFP, the Norwegian Refugee Council (NRC), the International Rescue Committee (IRC), the National Council of Churches of Kenya, the Lutheran World Federation (LWF), the Jesuit Refugee Service (JRS), Don-Bosco, World Vision (WV), the Refugee Consortium of Kenya (RCK) and FilmAid International. The CERF grant request in support of the refugee influx was jointly developed by key agencies delivering the response on the ground, i.e. UNHCR, WFP, IOM, and UNICEF. UNHCR as the mandated refugee agency has coordinated the response and the CERF request at the Kakuma level where the key decisions as regards priority sectors/actions were made in the inter-agency working group.

The coordination of the CERF inputs on response to measles was led by WHO in conjunction with UNHCR and UNICEF and in consultation with the Ministry of Health. The submission was discussed and developed over several inter-agency consultative meetings and emphasized the most urgent elements of the measles response in Kakuma camps, at the border and in the surrounding Turkana West sub-county.

The components of the nutrition submission were coordinated under the leadership of UNICEF and in consultation with WFP. In the current emergency, information from the field, monitoring and surveillance data, mass nutrition screening combined with the measles outbreak and the refugee influx into the country led the inter sector to determine that rapid response was required.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 160,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Education	8,424	4,819	13,243
	Health	89,400	79,878	169,278
	Food	20,718	19,906	40,624
	Multi-sector	26,133	24,832	50,965
	Protection/Human Rights/Rule of Law	8,222	14,438	22,660

BENEFICIARY ESTIMATION

The estimated number of beneficiaries reached far exceeded the total number of beneficiaries that were planned for in the CERF funding as indicated in Tables 4 and 5 above. IOM moved more refugees from Nadapal border to the refugee camps than the number projected and anticipated at the time when the proposal was initially written. For the health sector, a measles risk analysis and use of country proportion of children under the age of fifteen years led to an estimation of 118,000 children, while the proportion for pregnant/lactating women was 4 per cent. The number of refugees eventually targeted for food assistance was based on the number of new arrivals who received cooked meals provided by WFP at the reception centres. Since beneficiaries of nutrition and education programme are also GFD beneficiaries, their numbers have been omitted to avoid double counting. The education cluster used the 'Education Management Information System- (EMIS)', which collects information on student enrolment disaggregated by age and gender to estimate beneficiary numbers. To avoid double counting, physical visits to various classrooms were conducted by implementing partners to validate the enrolment data that was being collected and recorded through class registers.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	88,800	138,661
Male	71,200	113,135
Total individuals (Female and male)	160,000	251,796
Of total, children <u>under</u> age 5	75,477	199,828

CERF RESULTS

Partners were able to:

- Newly arrived refugees were received and quickly moved from Nadapal to Kakuma Refugee Camp
- Support the increased enrolment of children into school through provision of education supplies as well as supporting the recruitment of teachers and school management committees
- Case management structures were restructured in order to meet the needs of unaccompanied minors and separated children
- Children were vaccinated against measles, technical medical support was provided
- Refugees received food on time through a newly established food distribution point

Sector Specific Results

Education: The CERF funding led to enhanced access to quality education services for 13,243 children from the refugee community, an increase from the original target of 4,000 learners as specified in the CERF application. CERF funding was utilized for the implementation of the following activities: setting up of double shift temporary learning centers (tented and semi-permanent classrooms) within safe and protected area in Kakuma refugee camp; provision of educational supplies; hiring of teachers/ caregivers for the temporary learning Centers; teacher training; and provision of psycho-social support to children and refugee teachers.

Health: CERF funds facilitated the health sector to procure measles vaccines and to support advocacy, communication and social mobilization for increased vaccination and other lifesaving interventions. The response also included technical support to the county through provision of an epidemiologist and nurses to carry out screening and vaccinations by WHO. Due to the supply lead time, and the urgency to carry out the campaigns to reduce the level of suffering of communities and consequent deaths, UNICEF negotiated with the Kenyan Ministry of Health national level to loan UNHCR and Turkana County government vaccines from the routine stocks to ensure rapid response was carried out as per drawn timeline. As a result, 112,291 refugee and host community children were reached with lifesaving measles vaccines and 12,000 pregnant/lactating women received lifesaving services including antenatal care, which prepared them for safe delivery, and handling their new-borns respectively. Almost 95 per cent of the population received information about the vaccination campaign from various channels.

Food Assistance: Because the number of new arrivals was double from what was estimated at the time of writing the proposal, WFP had to prioritise the funds to purchase the most urgent food items. The funds were therefore used under the following programme activities: (i) general food distribution; (ii) targeted supplementary feeding and (iii) complementary feeding for pregnant and lactating women. Specifically, the following results were achieved:

- Provided general food rations to 40,624 beneficiaries, which met at least 2,100 kcal/person/day. The food was distributed either at the reception centres as cooked meals or in the form of dry rations at the food distribution centres. The biometrics fingerprinting system ran smoothly in every food distribution centre, checking the identity of all food collectors. This improved targeting and controls, yielding substantial cost efficiencies.
- Scaled-up and enhanced ongoing nutrition programmes, including the establishment of an additional clinic in the settlement area for new arrivals. The children with moderate acute malnutrition reached in the clinics included from the new and old settled families. They received ready-to-use supplementary foods.

Multi-sector(IOM): 19,965 asylum seekers were transported from the border area of Nadapal to UNHCR reception centre in Kakuma. They were provided with water and energy biscuits while on transit to Kakuma. UNHCR and the Department of Refugee Affairs were supported in the initial registration process at the border. Some medical emergency cases were dealt with in coordination with IRC and the medical team in Nadapal

Multi-sector(UNHCR): One borehole was drilled and commissioned to serve the new refugee population residing in Kakuma 4 during the period under review. A total of 2,000 latrines were constructed for the new arrivals in the camps and 120 sanitation kits distributed to refugees to assist them in camp cleanliness activities. Regular project monitoring was done through regular visits by the Senior Public Health Officer, the Senior Programme Officer, and the Assistant Rep. Programme Representative as planned in addition to other support missions carried out by UNHCR Branch Office Nairobi staff.

Child Protection: This CERF contribution made it possible to restructure case management in Kakuma which resulted in expectations being exceeded in terms of meeting the needs of the existing and incoming children with acute protections concerns.

CERF's ADDED VALUE

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

YES PARTIALLY NO

CERF funds enabled agencies such as IOM to continue with on-going transportation, which significantly decreased the refugee waiting time. This improved IOM's capacity to transport more refugees in a more efficient manner which alleviated the suffering and enhanced the much needed protection of the refugees upon crossing the South Sudan-Kenya border. The availability CERF funds enabled accelerated setting up of the functioning emergency schools to cater for the new arrivals. Health sector carried out measles vaccination campaigns within a shorter period. WFP was able to fast track the purchase and delivery of food through their "Forward Purchasing Facility". Food was delivered on time to Kakuma.

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

YES PARTIALLY NO

The CERF funds enabled agencies to respond in a timely way to the immediate needs of the newly arrived refugees. The health sector successfully carry out vaccinations which led to halting transmission of measles due to high vaccination coverage. WFP was able to provide cooked meals for refugees on arrival at the Nadapal border since most of them were tired and hungry (and the children malnourished) after trekking long distances from their home villages in South Sudan. CERF funding was therefore crucial in saving their lives by meeting the immediate food and nutrition needs.

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

YES PARTIALLY NO

CERF funds covered critical gap for agencies between the start up or continuation of their operations and receipt of funds from other donors'. This enabled them to begin some level of response. In the education sector, for example, the partners leveraged their own resources to complement the activities that were supported under CERF. World Vision Kenya, an education implementing partner, through its National Emergency Fund, received USD 50,000 to cement the 10 semi-permanent classrooms that were constructed through CERF and also constructed a VIP latrine. Through their support office in Australia they also received USD 50,000. These funds were used in the construction of 6 extra classrooms and a 4-door VIP latrine at Hope primary school.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Assistance to refugees in Kenya is long-standing, with well-defined and structured coordination mechanisms. The CERF funding however, enhanced the coordination amongst UN agencies because before funds were allocated, agencies had to discuss and agree on all the gaps, needs and priorities. This contributed to the success of the response. CERF funding also led to improved inter and intra-sectoral collaboration. Linkages between different sectors such as education WASH and Nutrition was also strengthened.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

As a result of CERF support, Kenyan humanitarian community further engaged in assessments that led to drafting of the sector prioritization document, which is in use to date.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Timely release of CERF funds led to rapid response, that consequently translated to minimal loss of life	CERF Secretariat should continue to disburse funds in a timely manner so that agencies can cater to the urgent needs of people in need	CERF Secretariat
Purchasing buses instead of renting	Purchasing rather than renting buses would have allowed greater flexibility and sustainability for the operation and over time, a more cost effective option	CERF Secretariat
The weather conditions in Kakuma camp are dry and dusty thus there is need to consider construction of semi-permanent classrooms as opposed to tents	Prioritise allocation of funds to allow construction of semi permanent classrooms	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Sector coordination needs to be strengthened beyond response period	Support for a strong coordination mechanism	County government and UNHCR, WHO, UNICEF
Existing Refugee Education Strategy should be revised to incorporate influx	Agencies engaged in education activities need to review the refugee education strategy to ensure contingencies are put in place for refugee influxes	UNHCR, UNICEF, Education implementing partners
Transition rates from primary to secondary very low in refugee education	Through an organised coordination mechanism, agencies should engage the the Ministry of Education to discuss the development of a refugee education policy	UNHCR, UNICEF
Most special needs children are retained at home due to cultural reasons	Programmatic approach to address children with special needs	UNICEF, UNHCR
Emergency schools established with limited WASH facilities	Education and WASH sectors to have inter sector consultations when writing proposals so that WASH interventions are included in Education sector response	Education and WASH partners
Chalks provided were dusty and had negative health implications on students	Prioritise allocation to fund dustless chalk that is also durable	Education sector

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	06.03.2014 - 05.09.2014
2. CERF project code:	14-RR-CEF-005	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Education		
4. Project title:	Mitigating and preventing the adverse impacts of disaster on children by engaging them in educational and recreational activities		
7. Funding	a. Total project budget:	US\$ 445,185	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 217,344	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 130,480
	c. Amount received from CERF:	US\$ 217,344	▪ <i>Government Partners:</i> Nil
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,000	8,424	<p>The difference is as a result of, continued increase in the number of children enrolled in the school.</p> <p>After the South Sudanese influx, many learners including school going and over-age sort admission at the emergency schools. The over-age learners have taken up space in the schools thus causing congestion in the classrooms. As of August 2014, a total of 4,433 (1382 girls) over-age learners (14 and above) were enrolled in the two emergency schools supported through CERF funding. Out of the 2,645 children enrolled in pre-school, 796 (364 girls) are over-age (more than 6 years).</p> <p>There is no provision of Accelerated Learning Programmes (ALP) in the camp to cater for the over-age learners. Language barrier for some children is also affecting access to quality education. For instance, the majority of learners especially in pre-school and lower primary are conversant with only Sudan languages or Arabic, whereas English or Kiswahili are the only languages of Instructions used in classrooms as per the Ministry of Education, Kenya regulations. Moreover text books are written in English or Kiswahili and this poses a big challenge in transaction of the curriculum. Though majority of the teachers are from South Sudan, not all understand the different languages spoken by South Sudanese refugees.</p>
b. Male	2,000	4,819	
c. Total individuals (female + male):	4,000	13,243	
d. Of total, children <u>under</u> age 5	n/a	n/a	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To protect the children, including girls, from exploitation and abuse; To mitigate the adverse effects of disaster To normalize their routine by engaging them in teaching-learning activities To save the precious academic weeks and months 			
10. Original expected outcomes from approved CERF proposal			

<ul style="list-style-type: none"> • 4,000 children of pre-primary and primary school age (50% girls) will be enrolled to benefit from Education and recreational services; • 4,000 children will benefit from the psycho-social support through teachers / caregivers; • 4,000 children will have information about necessary services available in the camp; • 80 teachers will be trained in the use of Education in Emergencies material in a child friendly way 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • The project has led to increased school enrolment and retention in 4 Kakuma Refugee camp site. Overall the school has enrolled 13,243 learners (4,819 girls), since it began. In 3rd term alone (beginning September 2014) the school enrolled an additional 834 learners (514 boys and 320 girls) and this is attributed to the construction of semi-permanent classrooms as opposed to the tents. • Education supplies were provided to the learners. The total costs of supplies procured for this response was USD 56,299 and this includes ECD kits procured at a cost of USD 42,400 and Education kits procured at a cost of USD 13,899. • 76 teachers have been recruited and underwent induction training on emergency education • 2 awareness campaigns have been conducted to sensitize children on the services available in the camp; including education • 4 school Management Committee were established and play an active role in education related issues • 13, 243 learners have also benefitted from psycho-social support 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Access to quality education is being hampered by congested classrooms. The current project is providing learning opportunity to learners more than planned. Available resources have been overstretched as a result of enrolling 13,243 learners as compared to 4,000 learners targeted. Although double shift classes were introduced for lower primary classes (std 1-3) as a strategy to manage high enrolments, the challenges of handling large numbers remain high.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): n/a</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>Gender mainstreaming was ensured during initial rapid assessments, planning, implementation and monitoring of Education in Emergencies activities. For example: the planning and decision making especially in the temporary learning centres was made by a committee with equal representation of men and women from the community; A gender disaggregated reporting was done to monitor and ensure gender inequalities are sufficiently addressed; and WASH sector was advised on setting up separate toilets and washing facilities for girls and boys.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Although the evaluation was not carried out, monitoring visits revealed significant gaps and proposed recommendations that were related to the following areas:</p> <ul style="list-style-type: none"> • Issues relating to Policy, legal and institutional frameworks for Refugee education • Issues relating to Out of School Children • Issues relating to Quality education through improving learning outcome and child friendly school system • Issues relating to Education in Emergencies, Peace building and disaster risk reduction • Issues relating to Early Childhood development • Issues relating to Partner's Capacity 	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:	[12.02.2014 – 11.08.2014]
2. CERF project code:	14-RR-CEF-010	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input type="checkbox"/> Concluded
4. Project title:	Response to Drought Emergency, Disease Epidemics including Measles in Turkana County		
7. Funding	a. Total project budget:	US\$ 500,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$ ▪ Government Partners: US\$57,684
	b. Total funding received for the project:	US\$ 480,123	
	c. Amount received from CERF:	US\$ 232,257	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	78,375	75,164	The Ministry of Health, WHO and UNICEF used the following to estimate the beneficiary population: since there was a measles outbreak, the majority were children aged under fifteen, while pregnant lactating women were also at risk of contracting epidemic diseases, and were also not accessing basic maternal, newborn and child health services. Therefore, measles risk analysis and use of country proportion of children under fifteen years led to estimation of 118,000 children, while the proportion for pregnant/lactating women is 12,000 (4 per cent).
b. Male	51,625	49,127	
c. Total individuals (female + male):	130,000	124,291	
d. Of total, children <u>under</u> age 5	62,842	112,291	
9. Original project objective from approved CERF proposal			
To contribute to reduction of morbidity and mortality of children and pregnant and lactating women of Turkana County occasioned by South Sudan refugee influx.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • At least 95 per cent of children under fifteen are vaccinated against measles; • To create awareness in 95 per cent of the target population and their caregivers with information on measles vaccination • At least 80 per cent of communities (children and women) access essential maternal, newborn and child health services and receive antibiotics, ORS, Ringers lactate, malaria drugs and ITNs 			
11. Actual outcomes achieved with CERF funds			
<p>CERF funds contributed implementation of lifesaving interventions with success through support of UNICEF. UNICEF support included procurement of vaccines, sensitization of opinion leaders and community health volunteers, design of and dissemination of advocacy, communication and social mobilization messages that educated community members-refugees and host community on measles and epidemic diseases and the need to change behaviour and access essential lifesaving services in order to reduce chances of measles and other epidemic diseases outbreaks..</p> <p>A total of 112,291 (95 per cent) refugee and host community children under fifteen were vaccinated against measles. This was made possible by creating awareness by various channels of communication including dissemination of messages by health</p>			

<p>workers, community health volunteers and opinion leaders. As a result of the successful campaign, outbreaks of measles was halting transmission of the measles outbreaks.</p> <p>A total of 124,291 (95 per cent) children (118,000) and pregnant/ lactating women (12,000) benefited from behaviour change messages which enabled them to go and receive lifesaving interventions using the commodities that were procured by UNICEF. The, 12,000 pregnant and lactating women, who are 4 per cent of the population received life-saving interventions including antenatal care, which prepared the women for safe delivery, and handling their new-borns.</p> <p>The objective of humanitarian response was achieved, thus far, no measles outbreaks, which translates to survival of children, and contributing to realization of rights of children. As a result of the success, measles outbreaks stopped in refugee and host community population</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There was no major variation between planned and actual outcome	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): Although Kenya did not have CAP in 2014, the gender marker was used to code humanitarian projects, of which health sector coding was 2a-gender mainstreaming. Gender roles of men, women, both boys and girls were analysed and applied as appropriate to influence successful response to emergencies.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The component was not included in the proposal. An evaluation would not have been ideal, considering the short time frame of the project to show meaningful impacts. However, health sector routine monitoring and risk analysis, including surveillance has shown the impact of the campaign as evident by halting transmission of measles outbreaks.	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:	[06.03.2014 – 05.09.2014]
2. CERF project code:	14-RR-CEF-012	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection/Human Rights/Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project title:	Child Protection Case Management in Kakuma		
7. Funding	a. Total project budget:	US\$ 463,276	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 366,888	▪ NGO partners and Red Cross/Crescent: US\$ 153,332
	c. Amount received from CERF:	US\$ 268,711	▪ Government Partners: US\$ 0.00
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	7,000	8222	The numbers reflected to the left are those children who received direct follow-up care and home visits (10,201 male/6,250 female) and the 6,209 children (4,237 males/1972 females) who received Best Interest Assessments (BIAs) upon arrival. The under-5 numbers reflects 373 (216 male/157 female) children who received Best Interest Assessments (BIAs) and 329 (201 male/128 female) who received follow-up care.
b. Male	7,000	14,438	
c. Total individuals (female + male):	14,000	22,660	
d. Of total, children <u>under</u> age 5	700	702*	
9. Original project objective from approved CERF proposal			
Children with acute protection concerns, including unaccompanied and separated children, are identified, and supported by a functioning Case Management system.			
10. Original expected outcomes from approved CERF proposal			
Note that Outcomes and Indicators are based on “Scenario 1” – an influx of 20,000 refugees before the end of 2014.			
Outcome 1: 100% of unaccompanied children receive a first-day BIA upon presentation at the Child Protection Office; the waiting time for a Best Interest Assessment (BIA) processing time is reduced for an estimated 4,500 children from 150 days to 43 days in six months from project onset. All unaccompanied minors receive same day BIA.			
Outcome 2: All case files for children undergoing BIA and follow up (estimated 7,800) are entered into the Child Protection Information Management Systems (CPIMS) within six months of project onset. Indicator: 100% of BIAs and follow-up cases are entered into the CPIMS within 43 days or three months of project onset.			
Outcome 3: Separated and unaccompanied children are placed in a supportive and protective environment. Indicator: 500 additional foster families are identified and trained within six months of project onset to accommodate a potential influx of 1000 unaccompanied minors.			
11. Actual outcomes achieved with CERF funds			
This CERF contribution made it possible to restructure case management in Kakuma; a restructuring which resulted in expectations			

<p>being exceeded in terms of meeting the needs of the existing and incoming children with acute protections concerns.</p> <p><u>Outcome 1:</u> The objective was to process the BIAs as quickly as possible so that unaccompanied minors, separated children, and children with extreme protection concerns could be assessed and placed in alternative care/receive services as quickly as possible. Initial calculations based on an influx of 4,500 children at a processing capacity of 43 days. This was achieved, but the achievement was slightly delayed so that the achievement was not realized until the period of April – September, when 4,027 children received BIAs after the requisite staff were brought on board, trained, and were able to navigate a learning curve of productively that would allow for same-day assessments to take place. During the six-month period, 6,209 children (4,237 males/1,972 females received BIAs.) All unaccompanied minors who arrived since January (1,179) received same day assessments by the end of the reporting period.</p> <p><u>Outcome 2:</u> With the scale up in personnel and computer systems, the CPIMS data entry team was able to clear the backlog of 3,450 cases and enter the 6,209 cases (referenced above) into the system, exceeding the target of 7,800 by nearly 25 per cent within six months of project onset. With respect to follow-up, all the BIA cases with acute protection concerns received follow-up, but a very significant program results was that related to the ability of the community workers and social workers to carry out follow up on the <i>existing</i> case load as well as the incoming, for a total of 16,451 individual children visited. This was made possible with the CERF supported expansion of community workers in the new Zone 4, but also the addition of motor bikes which made it possible to visit many more children per day. This is a 270 per cent increase in follow-up home visits compared to 6,075 in a similar period in 2013.</p> <p><u>Outcome 3:</u> During the project period, 505 foster parents (141 male/364 female) were trained as foster parents and 545 children (360 male/185 females) were placed in alternative care. (See below for discrepancy and the difficulty in placing the remaining 455 children).</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Although the objective of training 500 foster parents was met, it is much easier to place younger children with foster parents than it is older, adolescent children, particularly adolescent boys. Of the 1,179 children, only 545 were accepted by families. Of this population of children, 171 UAMs (117 males/54 females) continue to live at the reception centre for reasons related to security, i.e., threats of abduction. Adolescent boys prefer to live in “communal” living arrangements rather than in foster families, as foster families view adolescent boys as “troublesome.” For some adolescent boys, they also refuse foster family accommodation because they fear losing their independence.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): Boys and girls are screened using best interest assessment and services/Psycho social support is provided according to sex and age. Potential foster parents are identified and trained from the community for strengthening existing support mechanisms for children at risk.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input checked="" type="checkbox"/></p>
<p>A UNICEF programme evaluation has been carried out to determine whether deliverables have been met. That report is an internal report and not necessarily relevant to the CERF as it covers issues related to timely financial disbursement. LWF has well defined programme processes that are focused to specific thematic areas and target groups including adequate financial and institutional management which enhanced proper utilization of CERF funding as per agreed workplan. That said, Lutheran World Federation (LWF) has submitted its final report for the reporting period. Important to emphasize is that during the reporting period UNICEF was onsite at regular monthly intervals doing programme monitoring and support, including two, two-week workshops with social workers and the child protection team on scaling-up and improving Case Management. The successful scaling up of the Case Management through the CERF has also resulted in Kakuma becoming a testing location for the next generation, web-based CPIMS which will pave the way for digitized case management.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	15.01.2014 – 14.07.2014
2. CERF project code:	14-RR-HCR-005	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Multi-sector		
4. Project title:	Protection and assistance for South Sudanese asylum seekers arriving in Kenya		
7. Funding	a. Total project budget:	US\$ 5,300,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 3,278,846	<ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$1,422,403 ▪ Government Partners:
	c. Amount received from CERF:	US\$ 1,782,553	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	10,400	16,120	A total of 40,000 new arrivals from South Sudan had been received in the camp since December 2013 till mid-July. Since mid-January to Mid-July, a total of 31,000 new arrivals were received in Kakuma camp.
b. Male	9,600	14,880	
c. Total individuals (female + male):	20,000	31,000	
d. Of total, children <u>under age 5</u>	4,340	6,837	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Sufficient and potable water is provided to South Sudanese asylum seekers • Asylum seekers receive adequate sanitation facilities to ensure their dignity and mitigate against disease outbreak • Core relief items are provided to new asylum seekers in order to ensure that they have adequate cooking and domestic items. • To provide emergency temporary shelter to new arrivals 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Persons of concern are provided with 20l/person/day of potable water • Minimum sanitation standards maintained at 1 latrine to 15 persons • Disease mitigation through the hygiene awareness education and provision of sanitation facilities • 100 per cent of the new arrivals are provided with emergency shelter ensuring that refugees are protected from the elements. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • New arrivals had access to 12l/p/day. One borehole was drilled and commissioned to serve the new refugee population residing in Kakuma 4 during the period under review. Also, a 16KM pipeline was constructed as part of the extension of the water reticulation system. • A total of 2,000 latrines were constructed for the new arrivals in the camps. Under the sanitation sector, a total of 15 refuse pits were excavated across the camps in order to ensure that refuse and garbage was properly disposed in an effort to keep the environmental sanitary as well as mitigate against disease outbreak. A total of 120 sanitation kits were distributed to refugees to assist them in camp cleanliness activities. The user latrine ratio for the new arrivals was 1:15.5. • Hygiene awareness activities including one mass awareness campaign, printing and distribution of IEC materials with messages on hand washing, proper use of latrines, cleaning of water storage containers, household compound cleanliness and hygiene in schools were conducted. Indoor household spraying for 8,500 households was also done. 			

<ul style="list-style-type: none"> All new arrivals were provided with emergency shelter on arrival to Kakuma. Site clearing and plot demarcation for 2000 shelters was done. CERF funding was able to support the construction of 2,000 shelters. All planned NFIs, i.e., 2,500 pieces of plastic sheeting, 2,500 kitchen sets and 16 MT of Soap were purchased and distributed to new arrivals. In addition, 3,750 women benefitted from the distribution of a sanitary kit comprising of pants, pads and additional soap. Regular monitoring for the project was done through regular visits by the Snr. Public Health Officer, the Snr. Programme Officer, and the Ass. Rep. Programme Representative as planned in addition to other support missions carried out by UNHCR Branch Office Nairobi staff. Logistical support through the purchase of fuel and administrative supplies was also done. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The need to operationalize the boreholes by connecting them to the system in Kakuma was a challenge since construction of the elevated water tanks was a lengthy process. However, it is anticipated that the construction would be completed during the third quarter of the year. Once this is connected to the existing reticulation system, it is expected that the amount of water provided to refugees would gradually increase to the minimum rate of 20l/p/day. An additional 19.5km of water piping was also under installation in order to provide coverage to other parts of the camp.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Identification of vulnerable individuals including female single headed households for targeted/expedited assistance has been mainstreamed in the project design.</p> <p>Women and children are provided with assistance on arrival with the identification of children at risk being carried out on arrival through Best Interest Determination (BID) on arrival to Kakuma. UNHCR methodology of age, gender and diversity mainstreaming is executed at all stages of project design and implementation in an effort to ensure that the needs of the persons of concern are met in a timely manner.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
There is no planned evaluation of the project. However, all partners who are provided with funds to implement the project are monitored routinely. UNHCR conducts performance monitoring and links this to the financial report which the partner submits. A financial verification process is also conducted. At the close of the project, UNHCR will also conduct an external audit on all the projects funded by the partner.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	[22.01.2014 – 21.07.2014]
2. CERF project code:	14-RR-IOM-005	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency transportation assistance for South Sudanese asylum seekers arriving in Kenya		
7. Funding	a. Total project budget:	US\$ 1,800,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 613,714	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 363,714	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	7,800	10,013	IOM moved more asylum seekers than the number projected in the initial proposal, which was made possible by increasing the capacity of the fleet by using IOM vehicles.
b. Male	7,200	9,952	
c. Total individuals (female + male):	15,000	19,965	
d. Of total, children <u>under</u> age 5	3,255	4,869	
9. Original project objective from approved CERF proposal			
To improve the timeliness and availability of protection and emergency transportation assistance provided to South Sudan Asylum Seekers in Kenya.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Decrease in the amount of time required for asylum seekers to access protection and emergency assistance upon arrival in Kenya. 15,000 asylum seekers arriving from South Sudan have access to safe, orderly, and humane transport from Nadapal border crossing to Kakuma reception centre. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> All new arrivals provided with same day transportation services Transporting 19,965 asylum seekers from the border area of Nadapal to UNHCR reception centre in Kakuma Providing water and energy biscuits to the new arrivals while they are transported Avoided leaving any of the asylum seeker behind at the border area Supported UNHCR and DRA in the initial registration process at the border Supported some medical emergency cases in coordination with IRC and the medical team in Nadapal 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): Transportation services were provided to all persons requiring assistance.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
This project is of short duration, with limited budget, and is part of a larger inter-agency response. Rather than evaluating small, specific projects, IOM is of the view that a larger overall evaluation of the inter-agency humanitarian response is the most appropriate in this context.	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:	[06.03.2014 – 05.09.2014]
2. CERF project code:	14-RR-WFP-006	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Food Assistance for Refugees		
7. Funding	a. Total project budget:	US\$ 3,200,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 7,275,740	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 1,512,669	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	10,400	20,718	Following the outbreak of violence in South Sudan on 15 December, new arrivals of refugees into Kenya was initially low due to difficulties in travel from the areas of fighting. However, this sharply increased leading to more beneficiaries reached than initially estimated at the time of writing the CERF proposal.
b. Male	9,600	19,906	
c. Total individuals (female + male):	20,000	40,624	
d. Of total, children <u>under</u> age 5	4,340	8,929	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To meet the food consumption needs and minimum nutritional requirements of refugees. To manage moderate acute malnutrition and prevent severe acute malnutrition in pregnant and lactating women and children under 5 through supplementary feeding. 			
10. Original expected outcomes from approved CERF proposal			
<p>Outcome A: Stabilized or improved food consumption over assistance period for the refugees.</p> <p>Indicators:</p> <p>Household food consumption score:</p> <ul style="list-style-type: none"> Target: 80% of households with an acceptable food consumption score (Food Security and Outcome Monitoring (FSOM), WFP) <p>Coping strategy index (CSI):</p> <ul style="list-style-type: none"> Target: <0.2 (FSOM, WFP) <p>Outcome B: A new food distribution point established to serve the refugees in a human environment with all features, including the biometric system working effectively.</p>			
11. Actual outcomes achieved with CERF funds			
<p>Outcome A: Stabilized and improved food consumption for refugees over the assistance period.</p> <p>Household food consumption score:</p>			

- 65 percent of households in Kakuma had an acceptable food consumption score, according to the May 2014 Food Security and Outcome Monitoring report by WFP. Households with acceptable food consumption were lower than in May 2012 (84 percent) and May 2013 (78 percent).

Coping strategy index:

The correct target should have been: **average CSI of target beneficiaries is reduced or stabilized.** The average CSI in the May 2014 FSOM was 17. This was higher compared to May 2012 and 2013, when the CSI in Kakuma was 15 and 12 respectively. The CSI is an index for food consumption related strategies that households used in the past 7 days of the assessment. A higher score denotes that more frequent and/or more severe coping strategies. In Kakuma, households were using the coping strategies more frequently than last two years.

Outcome B: The new food distribution centre was established in Kakuma 4 to serve refugees in a humane environment with all features including the biometric system working effectively.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

WFP collects food security and outcome monitoring (FSOM) data thrice in a year – May, September and December. To address seasonal variations, May to May comparisons are made for the purpose of this report. The apparent deterioration in food security Kakuma as denoted by the two indicators could be attributable to the fact that the newly arrived refugees had almost no other source of food besides what they received from WFP.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a or 2b): Fill in

If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation

The WFP Kenya has analysed, assessed, and addressed gender-related needs of the refugee population. In the programme, women are engaged in positions of leadership and decision making in the food distribution and project committees. Although women represent some 50 per cent of the refugee population, the refugee societies in both Dadaab and Kakuma camps are largely patriarchal, and women have not historically been involved in food distribution and leadership roles. In order to break down the barriers, WFP is working to integrate women into leadership roles, including a 50 per cent representation on the food distribution committees and project committees (both within the camps and in the host community).

Women, men, boys, and girls suffer from a lack of access to food in the camps, and are dependent on WFP to fulfil their nutritional requirements. While women and men collect food in the camps in almost equal numbers, according to WFP's monitoring reports, women are predominately responsible in households for cooking food and for firewood collection.

WFP reaffirms its commitment to work at all levels to ensure gender sensitivity and equality. WFP has further committed to the implementation of the WFP Gender Policy Corporate Action Plan and the new WFP Gender Mainstreaming Accountability Framework (GMAF). WFP has adopted the application of the IASC Gender Marker to assess the gender sensitivity of all project documents and grant proposals, including the resources allocated to gender equality and the empowerment of women. As commitment to accountability to our beneficiaries, WFP in Kenya introduced the Complaints and feedback mechanism, where women and men can call to air their views about the assistance received.

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

EVALUATION CARRIED OUT

No evaluation was planned or conducted related to the response to the new arrivals from South Sudan. However, in January 2014, WFP conducted an operational evaluation of its entire refugee operation, which served the dual and mutually reinforcing objectives of accountability and learning to inform decision-making. The evaluation report was released in June and found that the overall the programme was relevant, internally and externally coherent, and appropriate. There were some improvements identified for the future, including that WFP should replace a portion of the general food ration with a voucher to give beneficiaries more choice, and to conduct a comprehensive vulnerability assessment to enable differentiated assistance based on vulnerability and not protection status.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	05.02.2014 – 04.08.2014
2. CERF project code:	14-RR-WHO-007	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Measles and health emergency response to influx of refugees into Turkana County and immediate host communities		
7. Funding	a. Total project budget:	US\$ 800,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 680,000	▪ NGO partners and Red Cross/Crescent: US\$0
	c. Amount received from CERF:	US\$ 251, 352	▪ Government Partners: US\$ 51,000
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	78,400	89,400	
b. Male	61,600	79,878	
c. Total individuals (female + male):	140,000	169,278	
d. Of total, children <u>under</u> age 5	62,842	66,200	
9. Original project objective from approved CERF proposal			
Provide support to MOH and partners to interrupt measles transmission, control the outbreak and prevent spread of the wild measles virus among the refugees in the Kakuma refugee camp and host communities			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> County, sub county and refugee camps coordination of health partners improved during the campaign and influx emergency (screening, data collection and health care at Nadapal border post) At least 95 per cent of boys and girls of less than fifteen years are vaccinated against measles in the refugee camps At least 95 per cent of boys and girls of less than five years are vaccinated against measles within the host community of Turkana West sub-county Lopiding hospital supported to respond to the referral health needs of the refugees and host community Response 95 per cent of all alerts and rumours of measles cases investigated within 48hours 100 per cent close contacts traced investigated within 48 hours during campaign 			
11. Actual outcomes achieved with CERF funds			
The CERF funds was used to provide the following lifesaving services: <ul style="list-style-type: none"> All incoming refugees provided with health screening and immunization services at the Nadapal border post The measles supplementary immunization activities were conducted in at the Kakuma refugee camp on 12th – 18th February while the host community campaign was done from 22nd – 26th February 2014. In Turkana West, a total of 98,855 children were vaccinated against a target of 97,128 (coverage 102 per cent), bypassing the 			

<p>target. The coverage in the host community was 70 per cent while that of the refugee camp was 125 per cent. In the refugee camp a total of 25,837 children 6-59 months and 44,586 children 5-15 years were immunized for measles.</p> <ul style="list-style-type: none"> • All potential disease outbreaks, alerts and rumours of measles cases investigated within 48hours were investigated and responded to promptly and large scale disease outbreaks averted. • The transmission of the measles outbreak was halted. • Lopiding hospital was supported with essential supplies and materials to respond to the referral health needs of the refugees and host community • All close contacts traced investigated within 48 hours during campaign 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): Measles outbreaks affected both genders equally. The campaign targeted only children both boys and girls aged less than 15 years.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No external evaluation was planned. However, independent monitoring after the campaign was conducted using the Expanded Program on Immunization standards for campaigns of such nature.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

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-RR-CEF-005	Education	UNICEF	World Vision	No	INGO	\$73,999	1-Apr-14	16-Apr-14	New agreements were made for 2014 CERF fund that expired with the grant.
14-RR-CEF-005	Education	UNICEF	LWF	No	INGO	\$56,481	1-Jul-14	1-Aug-14	
14-RR-WHO-007	Health	WHO	Turkana County Health Team	Yes	GOV	\$51,000	10-Mar-14	12-Feb-14	The activity was pre-financed by WHO.
14-RR-CEF-010	Health	UNICEF	Ministry of Health-County department of Health and IRC	No	GOV	\$57,684	12-Feb-14	12-Feb-14	
14-RR-CEF-012	Child Protection	UNICEF	LWF	Yes	INGO	\$153,332	14-Apr-14	3-Apr-14	Partner pre-financed.
14-RR-HCR-005	Multi-sector refugee assistance	UNHCR	Lutheran Workd Federation	Yes	INGO	\$351,912	23-May-14	15-Jan-14	The partner used funds already provided under the annual programme to prefinance emergency activities
14-RR-HCR-005	Multi-sector refugee assistance	UNHCR	Norwegian Refugee Council	Yes	INGO	\$209,932	27-May-14	15-Jan-14	The partner used funds already provided under the annual programme to prefinance emergency activities
14-RR-HCR-005	Multi-sector refugee assistance	UNHCR	The National Council of Churches of Kenya	Yes	NNGO	\$860,559	13-May-14	15-Jan-14	The partner used funds already provided under the annual programme to prefinance emergency activities

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

4W	Who What Where and When
AAR	After Action Review
IASC	Inter Agency Standing Committee
BIA	Best Interest Assessment
BID	Best Interest Determination
CAP	Consolidated Appeals Process
CERF	Central Emergency Response Fund
CFS	Child Friendly Spaces
CPIMS	Child Protection Information Management Systems
CSI	Coping Strategy Index
EiE	Education in Emergencies
FSOM	Food Security and Outcome Monitoring
GAM	Global Acute Malnutrition
GFD	General Food Distribution
HCT	Humanitarian Country Team
IEC	Information Education Communication
IOM	International Organisation for Migration
IRC	International Rescue Committee
ISWG	Inter Sector Working Group Meeting
ITNs	Insecticide Treated Nets
KEMRI	Kenya Medical Research Institute
KRC	Kenya Red Cross
LWF	Lutheran World Federation
MOH	Ministry of Health
MUAC	Mid Upper Arm Circumference
NCCK	National Council of Churches of Kenya
NDMA	National Drought Management Authority
NGO	Non Governmental Organisations
NRC	Norwegian Refugee Council
ORS	Oral Rehydration Salts
RAT	Rapid Assessment Tool
RCK	Refugee Consortium of Kenya
SRA	Short Rains Assessment
UAMs	Unaccompanied minors
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WVI	World Vision International