RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS KENYA RAPID RESPONSE CONFLICT-RELATED DISPLACEMENT 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 did not take place after the end of the CERF project. This is because the CERF project was part of a larger ongoing refugee response in Kakuma camp in Kenya. The CERF grant helped ongoing activities to scale up to address the needs of the influx of new refugees from South Sudan. In addition, a Joint Assessment Mission (JAM) is scheduled during the first half of 2016 to review the refugee response.

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 ☐

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: $61,355,370		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	9,006,478
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	N/A
	OTHER (bilateral/multilateral)	15,799,819
	TOTAL	**24,806,297**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 11-Nov-14			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	14-RR-CEF-100	Health	406,388
WHO	14-RR-WHO-078	Health	500,103
IOM	14-RR-IOM-044	Multi-sector refugee assistance	200,029
UNFPA	14-RR-FPA-047	Protection (Sexual and/or Gender-Based Violence)	400,029
UNICEF	14-RR-CEF-160	Protection (Child Protection)	200,000
UNICEF	14-RR-CEF-159	Nutrition	500,001
UNHCR	14-RR-HCR-048	Multi-sector refugee assistance	2,000,181
WFP	14-RR-WFP-082	Food Aid	4,799,747
Sub-total CERF Allocation			**9,006,478**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	7,434,880
Funds forwarded to NGOs for implementation	1,540,308
Funds forwarded to government partners	31,290
TOTAL	**9,006,478**

HUMANITARIAN NEEDS

Kenya is one of the countries affected by the ongoing conflict in South Sudan, which started in mid-December 2013. Kakuma Camp, which was established in 1992, was originally designed for about 100,000 people, but by the end of October 2014 the camp had grown to nearly 180,000 people of which the largest group (49.2 per cent) was South Sudanese. Between January and March 2014, about 350 people arrived daily in Kakuma camp. This number dropped to 50 people a day around August, possibly due to the rains, and it was expected the number would go up again during the dry season. At the time of the rapid response request in October 2014, some 48,000 refugees (of which 67 per cent were children, often unaccompanied or separated) had newly arrived at Kakuma Camp, in Turkana County, and a further 30,000 were expected in 2015.

On 1 August 2014, the Government of Kenya formally declared prima facie refugee status for new South Sudanese asylum seekers. New arrivals were thus protected under national laws without going through the refugee status determination process. The Government has an encampment process in place. Under its wider anti-terrorism operation Usalama Watch, the Government had strengthened its policy by relocating urban refugees into camps. This policy made refugees completely dependent on humanitarian assistance as their movement or ability to seek employment is strictly limited.

Turkana is one of Kenya's most marginalized counties, with very low social services access and indicators. Host populations were already facing acute needs, particularly food, nutrition and WASH, due to recurrent droughts and communal conflict. With the new arrivals, in October 2014 Kenya was home to some 535,000 refugees. As such, the new arrivals were putting additional pressure on an already overstretched resilience of both existing refugees in Kakuma and the host population surrounding the camp. As financial and human resources were strained, the humanitarian community was concerned it could not meet the needs of the new influx of people. CERF funding allowed agencies to address the most urgent and immediate needs of the new arrivals, thus relieving some of the pressure on Kakuma camp.

II. FOCUS AREAS AND PRIORITIZATION

Several assessments formed the basis of the prioritization process for the CERF grant. These included rapid assessments led by UNHCR with active participation of UNICEF, WFP, IRC, the Ministry of Health and other partners. For nutrition, the Kakuma 2013 Nutrition SMART Survey was used for baselines on prevalence of acute malnutrition. A coverage survey was conducted in July 2014 with technical lead of Action Contre la Faim (ACF) and guidance from UNHCR and WFP. In the summer of 2014 a Joint Assessment Mission (JAM) was undertaken in Kakuma camp. The JAM reiterated the findings of previous assessments that food assistance was required to sustain most refugees, considering the encampment and restricted movement policy for refugees by the Government.

WFP's Food Security and Outcome Monitoring (FSOM) of September 2014 found that despite regular food assistance 15 per cent of refugees were severely food insecure and 28 per cent moderately food insecure. Over 90 per cent of families in Kakuma could not support themselves with a minimum healthy food basket. The new arrivals also caused deterioration in the nutrition status of people in the camp, with Global Acute Malnutrition (GAM) rates for most newly arrived refugee children above emergency thresholds.

As a significant proportion of arrivals were children (67 per cent of new arrivals), nutrition and protection were immediate concerns. The proportion of children identified with severe acute malnutrition had increased over the last months of 2014 (going up from 5.2 per cent in 2012 to 7.9 per cent), indicating a worsening condition in South Sudan and thus of the new arrivals. Regular nutrition screenings at the reception centre indicated that the GAM rates for most new refugee children were above emergency thresholds. However, the 2014 JAM found that malnutrition was even higher in host communities, with GAM rates ranging between 17.4 and 28.7 per cent. There was a serious shortage of Ready to Use Therapeutic Foods (RUTF) to treat all acutely malnourished new arrivals. The assessment also identified 720 cases of children suffering from psychological distress, 155 cases of children having experienced some form of violence or abuse, 94 cases of abduction, 30 cases of rape and 17 teenage pregnancies.

Health interventions were also based on the health evaluation called "Prioritization Strategy Document June 2014" and the Kenya Weekly Disease Epidemiological bulletin. Even though overall a downward trend could be seen in Kenya since the 2011 crisis, Crude Mortality Rates had increased in Kakuma Camp between 2011 and 2013 from 0.17 to 0.22/1000/month. The increase was attributed to high incidences of malaria, deterioration of services due to inadequate funding and the subsequent increase in maternal mortality. The JAM found that acute respiratory infections, watery diarrhoea and malaria persisted as the highest contributors to morbidity, in particular during rainy seasons. The majority of those requiring health interventions were women and children. There were concerns that arriving refugees might bring some diseases with them, as there were reported cholera, hepatitis E virus (HEV), measles, visceral leishmaniosis (Kala-azar) outbreaks in South Sudan at the time and vaccination coverage for measles, meningitis and yellow fever very low.

Despite ongoing efforts, sanitation and shelter needs for new refugees in Kakuma were very high, covering 33 and 52 per cent respectively. Kakuma Camp was very overcrowded: it was originally designed for 100,000 people, and with the new arrivals was hosting nearly 180,000 refugees in October 2014.

Displacement heightens women and girl's vulnerability to sex and gender based violence (SGBV), with an average of 26 cases reported monthly, of which only four are attended at health facilities. About 15 per cent of the new refugee population constitute people with specific needs, including separated children, unaccompanied minors and child-headed households and single parents.

III. CERF PROCESS

In 2014, Kenya was the sixth largest recipient of CERF funds with a total amount of $23.6 million. Of these, $13.6 million were for rapid response. This rapid response allocation was the second in 2014, (the first of $4.6 million was approved in February), and it was part of a regional CERF allocation for the ongoing crisis in South Sudan and its impact on neighbouring countries. Following the Emergency Relief Coordinator's decision to allocate $9 million from the CERF rapid response window for Kenya, OCHA Eastern Africa convened a meeting of the Inter-Sector Working Group to discuss priority sectors and apportionment of the CERF grant. UNHCR-led inter-agency sector coordination meetings also discussed priority interventions, including in light of anticipated priorities for the 2015 Regional Response Plan for Refugees. The proposal from these discussions fed into an RC-chaired Kenya Humanitarian Partnership Team (KHPT) meeting that took place on 3 November 2014. During this meeting, the participants discussed and agreed on final priority sectors and apportionment, which guided this CERF proposal.

The KHPT agreed that the highest priority was to maintain food security and nutrition for refugees in Kakuma. Refugees are restricted to the camps and are not allowed to work outside of them. This lack of integration leaves refugees totally dependent on humanitarian assistance, including for basic food needs. However, due to funding shortfalls the refugees were faced with severe ration cuts from mid-November 2014. Even with the CERF allocation, only 50 per cent rations could be provided until in-kind contributions were expected in February 2015. This is why the KHPT decided to allocate USD$ 4.8 million out of $9 million to food assistance.

Other KHPT-prioritized sectors include nutrition, shelter and sanitation, health and protection, based on the assessment findings and funding gaps. The grant targeted new refugees hosted in Kakuma Camp and anticipated arrivals. However, WFP's general food distributions will also reach other refugees in the Kakuma Camp.
The priority activities were as follows:

- General food distribution to about 150,000 refugees residing in Kakuma camp;
- Response to acute nutrition needs of some 19,064 mostly refugee children in Kakuma and anticipation of further new arrivals
- Provide latrines, shelter and transportation services for at least 15,000 new expected refugees and asylum seekers fleeing the conflict in South Sudan in the first half of 2015 (30,000 new refugees were projected to arrive in Kenya in 2015)
- Provide critical healthcare services for 75,000 refugees. Key activities include screenings of new arrivals, primary health care activities, and containment of the increasing cases of malaria, diarrhoea diseases, acute respiratory diseases, and reproductive health.
- Protection for 24,000 children with acute protection concerns, including psychosocial distress, trauma and SGBV.

While the KHPT agreed on the priority sectors according to existing needs, all sectors ensured that the refugee community was involved in the identification of the most vulnerable among the refugee population, in particular Pregnant and Lactating Women and children under five. Measures were also taken to ensure assistance only reached those who needed, for example through a biometric fingerprint identification system. Within the Health Sector, WHO, UNICEF and UNFPA coordinated to avoid overlap and maximize efficiency. WHO focused on general health services, UNICEF on vaccinations, health promotion and maternal, new born and child health services while UNFPA focused activities that addressed SGBV.

Most of the CERF recipient agencies confirm that the CERF grant has complemented other funding and in some cases has led to further funding.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis: 165,000									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (below 18)	**Women** (above 18)	**Total**	**Boys** (below 18)	**Men** (above 18)	**Total**	**Children** (below 18)	**Adults** (above 18)	**Total**
Health	24,000	20,957	**44,957**	15,500	6,643	**22,143**	44,957	22,143	**67,100**
Multi-sector refugee assistance	5,427	3,393	**8,820**	6,633	2,547	**9,180**	12,060	5,940	**18,000**
Protection	9,140	2,837	**11,977**	11,949	13	**11,962**	21,089	2,850	**23,939**
Nutrition	2,781	7,549	**10,330**	2,621		**2,621**	5,402	7,549	**12,951**
Food Aid	36,469	30,087	**66,556**	45,157	32,235	**77,392**	81,626	62,322	**143,948**

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

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (below 18)	**Adults** (above 18)	**Total**
Female	36,469	30,087	**66,556**
Male	45,157	32,235	**77,392**
Total individuals (Female and male)	81,626	62,322	**143,948**

[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 grant has made an impact on the lives of South Sudanese refugees in Kakuma camp, directly improving living conditions and life-saving social services. Some key achievements due to the CERF funding are:

- 143,948 refugees received food assistance through general food distributions, out of a 150,000 planned.
- 100 per cent of all new refugee arrivals were provided health screening, treatment and vaccinations.
- There was no stock-out for essential drugs and emergency supplies for communicable diseases control.
- 49,274 children under 15 were vaccinated against measles (82 per cent of the targeted 57,000 children)
- 1,356 Pregnant and Lactating mothers had access to ante-natal care (48 per cent of the planned 2,850)
- 980 Pregnant and Lactating mothers received education on infant and young child feeding in emergencies.
- 40,830 children under five were screened for acute malnutrition, of which 102 were referred for treatment
- In total, 5,402 malnourished children and 7,549 malnourished women were reached with treatment.
- There was no stock-out for therapeutic feeding supplies and micronutrients
- 2,250 families (9,000 persons) provided with durable shelter. This assistance constitutes 45 per cent of households that will be provided with shelters in 2015 and has ensured that they will live in adequate dwellings.

- 3,254 people supported on SGBV-related issues through comprehensive case management, psychosocial support, dignity kits and skills building activities. An additional 13,104 community members, religious leaders and refugee leaders were reached through awareness campaigns.
- 20,685 children with various protection concerns were reached, including 1,307 Unaccompanied and Separated Children (873 boys, 434 girls), 18,335 children (10,404 boys, 7,931 girls) that were visited and their protection concerns addressed/referred for medical, psychosocial and legal support, and 560 children (369 boys, 191 girls) were placed under foster care.
- 1,674 people were provided with transport from Nadapal border point to the Kakuma reception center.
- 8,500 refugees were provided with family latrines.

Overall, some 143,948 out of the 165,000 people targeted were reached. Most of the target numbers were estimates, based on the number of new arrivals expected, which turned out to be somewhat lower.

In general, the CERF supported the humanitarian community to ensure time-critical delivery of assistance and helped to garner further funding for the Kakuma operation. The health interventions resulted in improved awareness of the refugee community on key epidemics, delivery of lifesaving interventions and increased access to health services. There was a minimum loss of death and strengthened systems-coordination, capacity and infrastructure for immunization. WFP's Food Security and Outcome Monitoring (FSOM) carried out in May 2015 found that only 13 per cent of households were severely food insecure. This was a reduction in comparison to the 18 per cent of food insecure households in December 2014. Further, the May 2015 FSOM found that only 10 per cent of the refugee households had a poor food consumption score, a significant reduction from 19 per cent in December 2014.

CERF's ADDED VALUE

This specific CERF grant was received in the month of November last year for the period December 2014 to May 2015. It came at a critical time, in November, when most funds for the year had been depleted and no other funds were available to rapidly procure lifesaving commodities. The CERF grant allowed rapid response to time-critical needs in Kakuma camp, such as food distributions, nutrition and health activities. The availability of the funds within the first month of implementation in 2015 before any other funding was available ensured predictability of resources for continued response to the South Sudanese situation. The CERF for instance, supported 45 per cent of total households identified for shelter assistance in 2015. It has improved sanitation in the part of the camp where South Sudanese refugees reside allowing UNHCR to mobilize resources from donors to address gaps in other sectors in need of assistance. Refugee wait times at the border were reduced and transportation to Kakuma swift. WFP was able to turn back ration cuts, ensuring the provision of full food rations through May 2015 thanks to CERF and other donors. This was particularly important, as not only was the lack of food potentially life-threatening, it would have also put at risk the stability of Kakuma Camp, which was already fragile after clashes in late October and early November between different communities. Resources were rationally allocated for maximum impact, with no overlaps in services and with appropriate division of responsibilities. The CERF grant also created further in-country awareness for the need for further resources. Funding was received among others from USAID/OFDA, Government of Japan, SIDA, ECHO.

The CERF grant helped facilitate coordination among the humanitarian community, proof of which was in the agreement on priority activities and early action requirements.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

See above.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

See above.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

[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.).

See above.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

See above.

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

Encouraged more agencies' involvement at the country level – Kenya not being an emergency or humanitarian response country, most UN agencies work in development and UNHCR struggles attracting them to the humanitarian response and transitional activities in the refugee context.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
N/A	N/A	N/A

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-	Responsible entity
There is need to strengthen partnerships and networking with other implementing agencies in service delivery for UASCs in Kakuma refugee camp. This partnership has been quite critical during the high influx of unaccompanied children.	Review CP inter-agency response plan with more empahsis on UASC	UNICEF/UNHCR/LWF and Kakuma CP Working Group
There is need to provide material support to foster parents for the wellbeing of fostered children	Come up with clear prioritisation criteria for foster parent assistance	UNICEF/UNHCR/LWF and Kakuma CP Working Group
In accordance with Standard Operating Procedures on Alternative Care, parents with large families, single women and men are usually excluded from the list of potential foster parents. . However, experience has shown that these categories of people are often willing to foster children and subsequently, it would be beneficial if fostering was based on an individual's willingness rather than their vulnerability status.	Review SOPs on Alternative Care Arrnagements	UNICEF/UNHCR/LWF and Kakuma CP Working Group
Planning and coordination of key lilfesaving interventions improved between refugee camp service provider and Turkana West sub-county	Kakuma refugee camp and Turkana West sub-county are encouraged to invest in joint planning and regular coordination; The same team encouraged to invest in mapping of resources, Both team encouraged to invest in	Turkana County Department of Health, Wurkana West sub-county, UNHCR Kakuma and IRC

	contingency plans; Both teams encouraged to invest in advocacy	
Negative cultural practices hinder uptake of nutrition services	Collaboration of nutrition with Communication for Development (C4D)/ behavioural change experts to address cultural barriers, create demand for nutrition services and improve infant feeding practices.	UNICEF/UNHCR/IRC
Need to have more presence in Kakuma of UN organizations involved in the response	Permanent presence during implementation and monitoring is crucial.	UN agencies
Coordination more effective if done at the Kakuma level where humanitarian action is taking place	Encourage decision making at the camp level	UN agencies
More consultations needed if UN agencies are to engage UNHCR partners in Kakuma to implement their projects	This is important so as not to affect other on-going protection and assistance programmes	UN agencies/ UNHCR

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF WHO	**5. CERF grant period:**	02.12.14 – 01.06.15 (UNICEF) 09.12.14 – 08.06.15 (WHO)
2. CERF project code:	14-RR-CEF-100 14-RR-WHO-078	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Health		
4. Project title:	Emergency Health Response for South Sudan Refugees in Kenya		

7.Funding			
	a. Total project budget:	US$ 8,496,505	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$ 2,558,810	▪ *NGO partners and Red Cross/Crescent:* US$ 0
	c. Amount received from CERF:	US$ 906,491 (UNICEF: 406,388; WHO: 500,103)	▪ *Government Partners:* US$ 31,920

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)	35,000	25,000	60,000	24,000	15,500	44,957
Adults (above 18)	8,000	7,000	15,000	20,957	6,643	22,143
Total	43,000	32,000	75,000	44,957	22,143	67,100

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	75,000	51,353
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	75,000	67,100
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 slight difference in number of people reached is due to the lower number of new arrivals in the camp.	

CERF Result Framework			
9. Project objective	To contribute to reduction of morbidly and mortality among South Sudan refugees and host communities especially vulnerable boys and girls, and pregnant women		
10. Outcome statement	30,000 new refugees (including children and women) have screened and have access to primary health care upon arrival at the entry point		
11. Outputs			
Output 1	30,000 new refugees including children have screened and have access to health services on arrival		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	New refugee arrivals screened, treated and vaccinated upon entry	100%	100%
Indicator 1.2	24 hour life-saving health services available upon entry	100%	100%
Indicator 1.3	Morbidity and mortality rates due to communicable disease outbreaks among new refugees reduced to or below international emergency accepted standards	80%	80%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Hire 10 nurses (unemployed) for twenty four hour screening, case management and vaccination at Nadapal entry point	WHO and County Health Team	100%
Activity 1.2	Procure essential drugs, consumables and basic equipment for at least 7,000 new refugees Nadapal health post screening point	WHO	100%
Activity 1.3	Logistics support for Nurses at the point of entry (lighting, stationery, basic examination kits etc.)	WHO	100%
Output 2	75,000 refugees (old and new) have access to life saving health services for epidemic diseases		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Planned Essential drugs and other emergency supplies for communicable diseases control for refugees available	0% stock out	0% stock out
Indicator 2.2	Infectious diseases laboratory diagnostics and basic equipment for IRC for refugees available	0% stock out	0% stock out
Indicator 2.3	Percentage of County and sub county health workers given orientation	80% CHWs	100%
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Re-orientate County and sub county team to provide technical support to health partners in the refugees camps (e.g. disease outbreak investigation and confirmation and ante natal and emergency obstetrics care).	60%	100%

Activity 2.2	Provide financial and logistics support to County and Sub county team to re-orientate health partners in the refugee camps.	90%	100%
Activity 2.3	Procure and transport essential drugs and supplies, laboratory reagents, consumables and basic diagnostic kits for IRC (5,000 refugees and (at least 150 new arriving refugees) at Lopiding hospital for infectious diseases and emergency obstetrics care etc.	WHO	100%
Output 3	Support County Health team to respond to disease rumours, alerts and disease outbreaks		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Monthly monitoring and reports available	100%	100%
Indicator 3.2	Technical Guidelines and tools available to partners	100%	100%
Indicator 3.3	Refugee (new and old) disease outbreak investigated and responded to within 48 hours	100%	100%
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Provide Technical guidelines and disease outbreak investigation and reporting tools, ante natal care to County and sub county team, health sector partners in the refugee camp	WHO and MOH	100%
Activity 3.2	Provide logistics support (fuel, lunch allowance etc.) for County and sub county health teams for regular technical support to partners	WHO	100%
Activity 3.3	Support monthly coordination meetings in the refugee camp	WHO	100%
Output 4	60,000 refugees Children under fifteen are provided booster vaccines against measles and polio		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Percent of children under 15 receive polio and measles vaccines	95% of the 60,000 (57,000 children under fifteen)	49,294 (82%)
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Procurement of BCG, DPT, TT, measles, and polio vaccines and interagency kits	UNICEF on behalf of UNHCR/IRC	UNICEF on behalf of UNHCR/IRC
Activity 4.2	Distribute vaccines to Kakuma-UNHCR and host community in readiness for vaccination	UNHCR/IRC	UNICEF to Kakuma, then UNHCR and IRC within Kakuma
Output 5	Awareness created among 75,000 refugee population (Children and women) on polio and measles for optimal access to vaccination, an essential life-saving health services		
Output 5 Indicators	**Description**	**Target**	**Reached**
Indicator 5.1	Percent of the target population and their caregivers receive information on polio, measles vaccination	95% (71,250)	95% (71,250)

	and life-saving services		
Indicator 5.2	Percent of pregnant lactating women access ante-natal care	95% (2850)	48% (1,356)
Indicator 5.3	Percent of communities accessing life-saving interventions (ORS)	95% (71,250)	65% (46,213)
Output 5 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 5.1	Produce key messages on healthy behaviour by communities on polio, measles, diarrhoea, pneumonia, meningitis and the importance of early seeking health services, including immunization	UNICEF together with UNHCR/IRC and MOH	UNICEF
Activity 5.2	Disseminate key messages using evidence based channels of communication on healthy behaviour by communities, polio, measles, and the importance of early seeking health services, people living with HIV/AIDS and immunization using preferred channels of communication	UNHCR/IRC and MOH-supported by UNICEF	MoH / IRC
Output 6	At least 95% of communities (children and women) access basic essential community based maternal, new-born and child health services and receive antibiotics, ORS, Ringers lactate, malaria drugs and ITNs (through community health volunteer)		
Output 6 Indicators	**Description**	**Target**	**Reached**
Indicator 6.1	Percent of community health volunteers able to provide high impact life-saving preventive and promotive interventions (ORS, referral of complicated cases for care)	95%	95%
Output 6 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 6.1	Support creation of 200 community health volunteers units through sensitization on key health practices, management of mild illnesses including dehydration using ORS and referral of complicated cases to health facilities and outreach sites for further management.	UNHCR/IRC, MOH and with technical guidance of UNICEF	MoH / IRC
Activity 6.2	Support conduct of community based life-saving interventions through 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,	UNHCR/IRC and MOH with technical guidance of UNICEF	MoH / IRC

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 was implemented as planned although after the planning for implementation of lifesaving interventions, evidence showed the Turkana County Ministry of Health and IRC required more of support for the procurement of vaccines and cold chain equipment support to better achieve the expected outcomes.

IRC and UNHCR also advised UNICEF to transfer funds earmarked for both refugee and host community programming through Turkana County bank account. This decision was made as a result of IRC not being able to receive funds directly from UNICEF due

to expiry of Programme Cooperation Agreement (PCA) which UNICEF earlier used to engaged IRC in programming for refugee community programming. UNICEF sent this proposal to CERF, but CERF rejected it. As a result, a total of USD 211,013.88 (including PSC amount of US$ 26,586.13) was used for procurement, while US$ 195,374.12 was not utilized.

UNICEF therefore had to use other funding sources to bridge the gap in funding and supported both refugee and host community programming. This caused delay in implementation of lifesaving interventions for both refugee and host community population. It also means there is a balance of CERF funding unspent.

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

UNHCR, WHO, UNICEF, International Rescue Committee and Turkana County Department of Health used evidence generated from health data and community views in their response planning. Community health volunteers represented community interests at the time of planning, and implementation of the activities. UNICEF also supported a qualitative study in Turkana, whose findings were used to design messaging on key life interventions, and the channels used to disseminate the messages. WHO regularly collected coverage information and financial reports from the County health team. WHO deployed a dedicated staff to monitor project implementation and support the County Health team to identify gaps and providing solutions.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
There are regular evaluations carried out by the health sector annually through various means. These also include this project.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	IOM	**5. CERF grant period:**	28.11.14 – 27.05.15
2. CERF project code:	14-RR-IOM-044	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Multi-sector refugee assistance		☒ Concluded
4. Project title:	Emergency transportation assistance for South Sudanese asylum seekers arriving in Kenya		

7.Funding			
	a. Total project budget:	US$ 450,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$ 450,029	▪ *NGO partners and Red Cross/Crescent:* US$ 0
	c. Amount received from CERF:	US$ 200,029	▪ *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)	3,000	3,000	6,000	424	758	1,182
Adults (above 18)	4,500	4,500	9,000	228	264	492
Total	7,500	7,500	15,000	652	1,022	1,674

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	15,000	1,674
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	15,000	1,674

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	According to the UN country team projection, 15,000 where expected to seek asylum in Kenya during the first half of 2015. IOM developed the budget based on this projection. However only 1,674 asylum seekers arrived that required transportation.

CERF Result Framework			
9. Project objective	To ensure that arriving asylum seekers are provided with prompt humanitarian assistance		
10. Outcome statement	Protection of arriving South Sudanese asylum seekers is improved by reducing transit time to the reception and assistance services available in Kakuma.		
11. Outputs			
Output 1	Asylum seekers arriving from South Sudan have access to safe, timely, and dignified transport from Nadapal border point to the Kakuma reception centre.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of arriving asylum seekers provided with transportation services, disaggregated by sex and vulnerability status.	15,000	1,674
Indicator 1.2	Average wait time for transportation services.	Less than 24 hours.	Less than 15 hours
Indicator 1.3	Number of vulnerable asylum seekers provided with food and water.	15,000	1,674
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Operate daily convoy from Nadapal to Kakuma.	IOM	IOM
Activity 1.2	Maintain manifest records for each convoy.	IOM/UNHCR	IOM/UNHCR
Activity 1.3	Distribute food and water to vulnerable asylum seekers.	IOM	IOM
Activity 1.4	Arrange for police escort for each convoy.	IOM	IOM
Activity 1.5	Maintain fleet capacity for the duration of the project.	IOM	IOM
Activity 1.6	Coordinate all activities with UNHCR and local and national government authorities.	IOM	IOM

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 reduced number of beneficiaries reached was due to the inaccurate projection of refugees influx made by the UN Country Team. This resulted in reduced activities and lower expenditure. The unspent balance has been refunded to CERF.
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
IOM ensured accountability to the affected populations by providing transportation services in a timely manner and providing beneficiaries and stakeholders with accurate and timely information on the scheduling of transportation services to the extent possible.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
This project is of short duration, with limited budget, and is part of a larger inter-agency	EVALUATION PENDING ☐

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.	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	28.11.14 – 27.05.15
2. CERF project code:	14-RR-FPA-047	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Sexual and/or Gender-Based Violence		☒ Concluded
4. Project title:	GBV Response and Prevention in Kakuma Refugee Camp		

7.Funding

a. Total project budget:	US$ 620,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 475,029	▪ *NGO partners and Red Cross/Crescent:*	US$ 250,000
c. Amount received from CERF:	US$ 400,029	▪ *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)	1,000		1,000	402	2	404
Adults (above 18)	3,000		3,000	2,837	13	2,850
Total			4,000	3,239	15	3,254

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	3,800 women and girls	3,085
IDPs		
Host population	200 women and girls	169
Other affected people		
Total (same as in 8a)	4,000	3,254

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 project reached 3,254 direct beneficiaries, through comprehensive case management, psychosocial support, dignity kits, and skills building activities. The initially planned target of 4,000 direct beneficiaries was not reached due to the change in influx pattern, and the number of new arrivals from South Sudan declining. Additional beneficiaries, including community members, religious leaders, and refugee leaders were also reached through various activities during community awareness campaigns which comprised of films, drama, International Women's Day celebrations, block-to-

	block talks, among others. The project reached a total of 16,358 individuals (female & male) through direct and indirect support.

CERF Result Framework			
9. Project objective	To support the recovery and resilience of 4,000 women and girls who have experienced or are at risk of gender based violence n Kakuma Refugee Camp.		
10. Outcome statement	Risks to GBV are reduced and response pathways strengthened to promote women and girls' protection, recovery and resilience in Kakuma Refugee Camp		
11. Outputs			
Output 1	Survivors of GBV have access to quality information and services.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of survivors accessing quality services in a timely manner.	600 women and girls	416 GBV survivors received comprehensive services. Of these 93 were sexual violence survivors who received clinical care for sexual assault survivors (CCSAS) within the 72-hour timeframe. Professionally trained counsellors offered psychosocial care and support to the survivors, and three survivors were referred to the Safe Haven for protection and continuous therapeutic services.
Indicator 1.2	GBV one-stop Support Centre is fully equipped and functional.	- 1 SGBV one-stop Support Centre constructed and equipped. - Commodities in 2 clinics and one-stop Support Centres - Dignity kits for up to 2,000 women and girls	- One SGBV one-stop centre constructed and equipped. In addition the grant was utilized to refurbish two additional safe spaces for vulnerable women and girls and GBV Survivors. - Procured and distributed the following commodities: *30 Rape Treatment kits *10 Treatment of sexually transmitted infections kits *10 Suture of tears (vaginal & cervical) and vaginal examination kits - 3,254 dignity kits distributed to GBV survivors and other vulnerable women and girls
Indicator 1.3	Number of persons trained in CCSAS	- 2 trainings - 40 persons	- 2 trainings conducted -24 individuals (clinicians, case workers and police, protection and legal aid personnel) were trained on Clinical Care for Sexual Assault Survivors (CCSAS). Additional 62 staff members were trained on GV basic concepts, survivor-centred approach & referral pathways.
Indicator 1.4	Number of staff trained in the clinical care for rape survivors	13 staff	17 staff trained in clinical care for rape survivors and providing the service.
Indicator 1.5	Multi-sectoral coordination mechanism functional	- monthly coordination meetings (6) -Stakeholder consultations (2) -40% improvement in data collection and management	- 5 GBV Working Group Coordination meetings held. - SGBV actors further conducted four Safe Haven meetings to discuss safe shelters, two meetings on the development of the Information Sharing Protocol (ISP) and the standard operational procedures (SOP) for referral pathways. - The meetings enhanced coordination, data

		-SGBV sub-cluster Coordinator	collection and management, and strengthened referral pathways among protection partners, thereby enhancing quality of GBV response in the camp. - 1 GBV Coordinator was recruited. Her role has been focused on ensuring better coordination between partners as well as establishing linkages between GBV service providers to improve service provision.

Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Recruit staff for health and GBV activities	IRC	UNFPA/IRC
Activity 1.2	Clinical and psychosocial support for GBV survivors	IRC	IRC
Activity 1.3	Service mapping and capacity assessment	IRC	IRC
Activity 1.4	Train staff on case management and referral pathways for SGBV survivors	IRC	IRC
Activity 1.5	Procure drugs and commodities including rape treatment kits in the Kakuma main hospital and two clinics.	UNFPA	UNFPA
Activity 1.6	Facilitate provision of psychosocial support to survivors of GBV and most vulnerable and at risk new refugee arrivals.	IRC/UNFPA	IRC/UNFPA
Activity 1.7	Refurbish and equip the one-stop Support Centre in the Kakuma main hospital.	IRC/UNFPA	IRC/UNFPA
Activity 1.8	Conduct Training and Capacity building Workshops for service providers	UNFPA/IRC	UNFPA/IRC
Activity 1.9	Conduct coordination meetings and stakeholder consultations for service providers in Kakuma and Nairobi	UNFPA/IRC	UNFPA/IRC

Output 2	Community members mobilised and able to apply BGV risk mitigation strategies to protect women and girls from GBV.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of the population sensitised	40,000 women and girls	The outreach team reached 9,400 women, girls and community members through targeted outreaches.
Indicator 2.2	Number of women-led community initiatives in support of prevention and response to GBV	16 community groups @ 40 women per group	Fourteen women groups (350 women) were taken through specialized sessions on topics such as concepts of GBV, family planning, HIV/AIDS, personal hygiene, referral pathways, post rape care, cycles of Intimate Partner Violence, and understanding case management versus non-food items (NFI) distribution hence addressing the expectations of community members.
Indicator 2.3	Number of men and community/religious leaders who actively support and implement action to end SGBV	220 men/leaders (200 refugee & 20 host community)	203 community and religious leaders were reached through targeted outreaches and provided with information on the different GBV services available in the camp and referral procedures. The awareness creation also engaged these leaders to act as advocates in the dissemination of pertinent messages.
Indicator 2.4	Number of women and girls who can	2,000 women & girls	Economic empowerment being a key component of GBV prevention, 190 women were identified and

	identify at least two women they can turn to for support		formed eight group that underwent group therapy and empowerment sessions. Some of the economic empowerment activities that the women and girls are engaged in include: bakery, embroidery, crocheting, tailoring, small vegetable gardens and hairdressing. Skilled teachers among the refugee community in different parts of the camps were identified and continue to equip the women and young girls with the relevant skills.	
Indicator 2.5	Safety audits and recommendations undertaken	2 audits	2 safety audits conducted and the recommendations continue to be implemented.	
Output 2 Activities	**Description**		**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Conduct IEC and BCC campaigns in Kakuma 1, 2, 3 and 4		IRC	IRC
Activity 2.2	Conduct specialised IEC workshops for 16 women's groups		IRC	IRC
Activity 2.3	Risk mitigation action for SGBV in identified, high-risk locations in Kakuma 1, 2, 3 and 4. (how will this be identified)		IRC/UNFPA	IRC/UNFPA

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. Survivors of GBV have access to quality information and services

- Comprehensive case management was offered to 416 GBV survivors (13M, 403F), and of these 93 were sexual violence survivors over 18 years of age (3M, 77F) and below 18 years of age (2M, 11F) who received clinical care for sexual assault survivors (CCSAS) at the clinics and main hospital in the camp. All the 93 clients reported within the 72-hour timeframe. Professionally trained counsellors offered psychosocial care and support to the survivors, and three survivors were referred to the Safe Haven for protection and continuous therapeutic services.
- UNFPA procured and distributed drugs and commodities including rape treatment kits in the Kakuma main hospital and two clinics for clinical management of rape.
- GBV services at Kakuma camp improved through the recruitment of a GBV Officer (1), Psychosocial Officers (2), and Outreach Officers (2); who were supported by 33 refugee incentive staffs.
- Twenty two (10M, 12F) individuals (clinicians, case workers and police, protection and legal aid personnel) were trained on Clinical Care for Sexual Assault Survivors (CCSAS). The training equipped the participants with knowledge and skills in responding to sexual assault survivors. Further, one GBV Officer and clinical staff attended a training of trainers (TOT) session on CCSAS. Additionally, 62 staff members were also trained on GBV basic concepts, the survivor-centred approach and understanding of referral pathways within the community and among the implementing agencies. The trainings have further increased staff knowledge and provision of quality GBV services.
- Through two trained professional counsellors, 216 (13M, 203F) survivors of GBV received psychosocial care. Further, vulnerable women and girls and GBV survivors accessed group psychosocial support through the established women and girls' safe spaces. The psychosocial officers offered one-on-one as well as group therapy in the Kakuma 1 Women's Centre, Kakuma 4 and the most at-risk persons (MARP) in the main hospital. The women also received self-empowering life skills in order to better equip them to reduce their vulnerability to GBV.
- Since January 2015, a total of 3,254 dignity kits were distributed to 3,254 women and girls identified among the new arrivals to the camp as survivors of GBV (1,216) and vulnerable (2,038) based on their assessed needs. The complete kits contained a bucket, underwear, kanga (wrap cloth), bathing soaps, lotion, toothpaste, a pair of sandals and sanitary towels.
- From January to May 2015, five monthly GBV working group meetings were held. The meetings were attended by all GBV

actors in the camp: Lutheran World Federation (LWF), Refugee Council of Kenya (RCK), UNFPA, UNHCR, Danish Refugee Council (DRC), the Government of Kenya, National Council of Churches of Kenya (NCCK), Jesuit Refugee Services (JRS), Kenya Police, and Film Aid International. In addition, the SGBV actors further conducted four Safe Haven meetings to discuss safe shelters, two meetings on the development of the Information Sharing Protocol (ISP) and the standard operational procedures (SOP) for referral pathways. The meetings enhanced coordination and strengthened referral pathways among protection partners, thereby enhancing quality of GBV response in Kakuma camp. Since January 2015, there had been challenges in referring GBV cases that required protection to the safe haven due to congestion. Through the meetings and continuous advocacy and collaboration especially between, UNHCR, UNFPA, IRC and the safe haven management, decongestion strategies for the safe haven were discussed. These strategies included regular counselling with clients to re-evaluate individual situations in the context of time, resources and map out personalized exit strategies. The working group also reviewed the effectiveness of the community referral card and noted that this had not been effectively utilized. The working group therefore completed the new interagency GBV referral pathway, introduced a new hotline number and introduced referral cards.

- In addition, the CERF funding enabled UNFPA establish its presence in Kakuma camp by having a GBV Coordinator based at the camp. The GBV coordinator's role has been focused on ensuring better coordination between partners as well as establishing linkages between GBV service providers to improve service provision. In collaboration with the working group and technical groups, the coordinator has provided technical support in mapping out GBV service providers, conducting needs assessments, updating the referral pathways and SOPs as well as organizing working group meetings both on a monthly and need basis to ensure better coordination of GBV prevention and response activities.

2. Community members mobilized and able to apply GBV risk mitigation strategies to protect women and girls from GBV

- Block-to-block campaigns were conducted and community group discussions on the importance of reporting all sexual assault cases within 72 hours, understanding GBV and contributing factors, existing services and the referral pathways. The outreach team reached 9,400 women, girls and community members through targeted outreaches. The GBV Program staff attended three community leaders' meetings and shared information on the different GBV services in the camp and referrals. IEC materials with relevant messages based on the knowledge gaps identified were produced and distributed. The IEC materials included banners, stickers and posters. Other activities included public awareness campaigns during the International Women's Day in March that reached about 5,000 women, men and children and the annual sexual assault awareness month (SAAM) in April that reached approximately 16,000 community members. During the SAAM, targeted people at the household level, in the market, and high-traffic areas were engaged with the outreach teams on their perceptions about sexual assault in the community. The campaigns also promoted the GBV services offered in the camp. In addition, intensive awareness creation in the camp that directly engaged community members, religious leaders and other opinion leaders to act as advocates in the dissemination of pertinent messages was initiated. During the awareness campaigns, visibility was enhanced by producing six billboards, staff uniforms (jackets, water bottles and bags), 80 posters, six banners, and 120 t-shirts with various GBV messages.
- Fourteen (14) women groups (350 women) were taken through specialized sessions on topics such as concepts of GBV, family planning, HIV/AIDS, personal hygiene, referral pathways, post rape care, cycles of Intimate Partner Violence, and understanding case management versus non-food items (NFI) distribution hence addressing the expectations of community members. The group workshops were held in the safe spaces for women in Kakuma 1, *Honkong (a spill out of Kakuma 1)* and Kakuma 4 where participants from Kakuma 3 joined. The sessions were helpful and enhanced basic life skills as well as the women's self-esteem.
- CERF funding enabled the establishment of the Kakuma Support Centre in the camp (Kakuma 4). This will be a one-stop centre providing "all-under-one-roof" services with care for sexual assault survivor without exposing them to other service points. In addition, the grant was utilized to refurbish two additional two safe spaces (the Women's Centre in Kakuma 1, and the *Tumaini* support centre which is a renovated area within the main hospital that ensures the dignity and privacy of the survivors). The GBV program is utilizing these safe spaces to provide group counselling, individual counselling sessions, and also for skills building activities and life skills sessions for vulnerable women and girls and GBV survivors.
- In acknowledging economic empowerment as a key component of GBV prevention, 190 women were identified and formed eight groups that underwent group therapy and empowerment sessions. Some of the economic empowerment activities that the women were interested in were: bakery, embroidery, crocheting, tailoring, small vegetable gardens and hairdressing. Skilled teachers among the refugee community in different parts of the camps were identified and continue to equip the women and young girls with the relevant skills for the various initiatives. Materials procured to facilitate the skills-building initiatives include:

a. Farming inputs: seeds of different green vegetables, drip lines for irrigation and knapsack sprayers, with chemicals and fertilizers.

b. Tailoring inputs: 15 tailoring machines, scissors, threads, plain cotton fabric, sewing and crocheting needles.

c. Baking inputs: 3 charcoal ovens and baking tins of assorted sizes and shapes.

- Explanation for discrepancies within the project outcomes:
  - The case management target was 600 survivors but only 416 survivors reported cases to the IRC (January to May 2015). While this was below the target due to delayed handover process from LWF to IRC as the lead agency for GBV in the camp, this, was however a significant increase from the 2014 data where a total of 145 cases were reported for the entire year.
  - Due to the favourable US Dollar exchange rate, the project was able to procure additional dignity kits from the initially planned 2,000 to 3,254 kits thus reaching more GBV survivors and other vulnerable women and girls with the kits.

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

Accountability to affected populations was ensured during project design, implementation and monitoring through various strategies including:

Focused Group Discussions with select women and girls from the 4 camp areas (including survivors of GBV) identified through the refugee workers who had been working with them. The FGD aimed to get their inputs on GBV programming in the camp and their suggestions to activities and services available, in order to ensure the project activities were responsive to their needs.

Community Dialogue/Conversations - These were targeted dialogues with community and religious leaders since they are particularly critical as they are considered shapers and influencers within communities and they are trusted. In addition, they are the custodians of practices that may undermine gender equality and winning their support and understanding was necessary to facilitate the project among the camps communities especially the target vulnerable women and girls.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Formal evaluation was not done although monitoring and support supervision was done throughout the project period that provided the necessary information on the performance of the project. Various tools were put in place and used to collect data on routine basis. The project will be evaluated at the end of 2015 as part of UNFPA routine monitoring and evaluation.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	10.14 – 27.05.15
2. CERF project code:	14-RR-CEF-160	**6. Status of CERF grant:**	☒ Ongoing
3. Cluster/Sector:	Child Protection		☐ Concluded
4. Project title:	Child Protection and GBV focused programming for Adolescents in Kakuma Refugee Camp		

7. Funding

a. Total project budget:	US$ 400,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 479,655	▪ *NGO partners and Red Cross/Crescent:*	US$ 178,866
c. Amount received from CERF:	US$ 200,000	▪ *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)	10,800	13,200	24,000	8,738	11,947	20,685
Adults (above 18)						
Total			24,000			20,685

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	24,000	20,685
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	24,000	20,685

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 number of children reached as of 30 September 2015 is 20,685. The number of beneficiaries reached was lower by 3,315 children. That notwithstanding, the long-term benefits of the activities implemented with CERF funding, such as solar lighting to create safe spaces for children will surpass the initial target of 24,000 beneficiaries.

CERF Result Framework			
9. Project objective	To support the child protection system's overall ability to respond to acute protection concerns, specifically GBV Prevention and Response.		
10. Outcome statement	Children at risk of-, affected-by, or exposed to-, Sexual and Gender Based Violence are able to identify SGBV and have access to specialized support services.		
11. Outputs			
Output 1	Children with acute protection concerns living in Kakuma refugee camp are able to identify GBV and are protected in and by the community		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	An estimated 1,000 children with acute protection concerns (such as UAMs) are able to identify GBV behavior and understand how to protect themselves.	1,000 children	1307 (873 boys, 434 girls)
Indicator 1.2	All youth friendly spaces have GBV referral capacity (Estimated 500 children per youth center/week (estimated 75% male 25% female). The indicator selected, however, is about whether the center has referral capacity, not how many children the centers reach	4 youth spaces	A total of 18,335 children (10,404 boys, 7931 girls) were visited and their
Indicator 1.3	The installation of 8 solar lights provide 3000 children with better protection at night	3,000 children	Solar Lights dealers have been contracted and work expected to start in August. This activity is projected to reach for more than 3,000 children.
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Develop awareness raising and education programs on SGBV and peaceful co-existence led by youth/children themselves	LWF	LWF
Activity 1.2	Review and strengthening existing referral mechanism and inter-agency referral pathways with community, teachers, adolescents, and youth.	LWF	LWF
Activity 1.3	IEC materials developed (with adolescent/community participation) and visible in all blocks and facilities.	LWF	LWF
Activity 1.4	Solar lights installed in locations identified in security mapping as creating risk of sexual assault due to remoteness or darkness	LWF	LWF
Activity 1.5	Female latrines constructed in schools without safe facilities for girls	LWF	LWF
Output 2	Children and community members are trained in GBV referral pathways and child with acute protection concerns, including child survivors, receive specialized care.		

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	National and incentive teaching staff trained in GBV and able to incorporate GBV in crises response	250 teachers	220 teachers scheduled to be trained in September
Indicator 2.2	Child are able to access confidential counselling services at reception center	Counselling space constructed	Construction ongoing
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	150 teaching staff (national and incentive) trained in GBV to provide counselling and referral services as part of crises response	LWF	LWF
Activity 2.2	Peer support program developed for teenage mothers	LWF	LWF
Activity 2.3	Specialized GBV training for Kakuma child protection focal points in schools	LWF	LWF
Activity 2.4	Accountability and counselling space constructed at Kakuma Reception Centre	LWF	LWF

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 finalization of some of the activities, mainly the installation of solar lights in Kakuma, has been delayed somewhat due to delayed procurement of services. However, the installation of an additional 11 solar lights (bringing the total to 19) will be finished in September. This will increase the number of spaces in Kakuma where women and children will benefit from lit and safe spaces.

Additionally, the observation that many GBV cases were not being reported (being resolved at community level with no professional support to the survivors, especially children) necessitated the need to expand GBV awareness coverage. Additional (non-CERF) funds were released to LWF to strengthen case management and CPIMS specifically targeting case follow-up for UASC in Kakuma as well as strengthen response to SGBV. This is why the total amount of funds received exceeds the original required amount.

LWF is working in collaboration with IRC to include messages on SGBV prevention and the need to prioritize professional care (treatment, psychosocial support) for survivors. In addition, the strengthened capacity of police, teachers and community leaders on GBV, acquired through the CERF contribution, GBV prevention and care for the survivors will be improved and go well beyond the programme time frame.

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

The targeted population has been involved throughout the project cycle. During needs assessments the beneficiaries identified the gaps that informed programme design and implementation. After implementation of the activities, the targeted beneficiaries also give feedback on the changes that have taken place as a result of the project.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Programme monitoring and technical assistance has been provided on a regular basis. The child protection section is planning to conduct an evaluation of all their projects in early 2016, and this project will be a part of that.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	28.11.14 – 27.05.15
2. CERF project code:	14-RR-CEF-159	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Nutrition		☒ Concluded
4. Project title:	Strengthening integrated nutrition response to new South Sudanese refugee crisis in Kakuma refugee camp in Turkana County		

7. Funding

a. Total project budget:	US$ 1,577,963	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 1,417,529	▪ *NGO partners and Red Cross/Crescent:*	US$ 64,538
c. Amount received from CERF:	US$ 500,001	▪ *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)	4,634	4,373	9,007	2,781	2,621	5,402
Adults (above 18)	10,057	pre-pop	10,057	7,549		7,549
Total	14,691	4,373	19,064	10,330	2,621	12,951

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	19,064	12,951
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	19,064	12,951

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 proposal was based on an estimate number of beneficiaries including planning figures for the refugee influx. The population reached was lower than the estimated numbers for the reporting period. The low coverage rates among children and pregnant and lactating women is attributed to long distances that the beneficiaries walk to the sites and congestion at the sites leading to poor health seeking behaviour. To address

	these challenges, IRC plans to open an additional site to ease congestion in two of the most crowded sites. IRC also plans to continue with intensified community mobilization through information campaigns and forums with community leaders to ensure improved health seeking behaviour.

CERF Result Framework			
9. Project objective	Contribute towards reduction in morbidity and mortality associated with acute malnutrition in children under five and in pregnant and lactating women among the new arrivals and the settled communities in Kakuma refugee camp in Turkana		
10. Outcome statement	Improved nutrition status and survival of children under five, pregnant and lactating women among new arrivals and older caseloads in Kakuma Refugee Camp		
11. Outputs			
Output 1	Increase coverage and quality of treatment of acute malnutrition in the refugee camp.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	% of children under-five (among new arrivals) systematically screened for acute malnutrition and referred for treatment	80% (14,880 children under five boys and girls)	40,830 (83.96%)[2] of children under five have been systematically screened for acute malnutrition of which 102 children with acute malnutrition referred for treatment
Indicator 1.2	Performance indicators for management of acute malnutrition maintained within the sphere standards	above 90% coverage rates, 80% recovery rates, less than 15% defaulter rates and less than 10% and 3% death rates for severe and moderate malnutrition respectively	Coverage for Treatment for severe acute malnutrition (SAM): 81.5% Coverage for Treatment of moderate Acute Malnutrition (MAM): 61.4%. Recovery rates SAM: 88.6% Defaulter rates SAM :4% Death rates SAM: 1.9% Recovery rate MAM: 97% Defaulter rates MAM: 2.3% Death rates MAM: 0%
Indicator 1.3	Stock outs in therapeutic supplies and micronutrients (Vitamin A and iron folate)	0% (Zero) stock out in essential supplies	0% stock outs of essential supplies reported
Indicator 1.4	% of health posts that have fully integrated essential nutrition services	80% (1 hospital and 6 Health posts)	100% of health facilities and fully integrating essential nutrition services.
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Technical and logistical to support treatment of acute malnutrition through building the capacity of staffs of implementing partners to	IRC/UNICEF/UNHCR	On job training (OJT) on the High impact nutrition interventions (HINI) has been undertaken for a total of 169 staff: Nine national staff trained on Baby friendly hospital initiatives (BFHI);

[2] 48,628 children between 6 – 59 months old were targeted for screening

	conduct adequate screening, referral and treatment of malnourished children, micronutrient supplementation, counselling and support for mothers		71 incentive staff on Supplementary Feeding programme (SFP) admissions and discharge criteria and 89 incentive staff on Outpatient therapeutic care programme (OTP) and Stabilization centre (SC) protocols (admission and discharge). The OJTs contributed to improved efficiency at the clinics as beneficiaries spent less time at the clinics; ensured adherence to Integrated management of acute malnutrition (IMAM) protocols and contributed to the reduced length of stay indicator for children under five years with MAM.
Activity 1.2	Provision of essential nutrition supplies (RUTF- 3500 cartons of plumpy nuts/ 80 cartons - F100, 30 CARTONS-F75, micronutrients and anthropometric equipment)	UNICEF	Essential Nutrition supplies provided to Kakuma refugee camps for treatment of acute malnutrition - 5,600 cartons of RUTF, 295 cartons of Therapeutic milk, 50 cartons of Resomal and anthropometric equipment were procured. No stock outs were reported during the implementation period.
Output 2	Improved delivery of Infant feeding in emergency (IFE) interventions in Kakuma Refugee camp		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	% of pregnant and lactating mothers receiving education on appropriate infant and young child feeding in emergency	>80% (>8,046)	980 PLWs received education through 49 mother-to-mother support groups (MTMSGs) and 42 men through two father to father support groups (FTFSGs). A total of 85 sessions: 20 on maternal nutrition, ANC and the importance of hospital delivery; 20 sessions on initiation of breastfeeding and the importance of exclusive breastfeeding; 25 sessions on complementary feeding for children ages six to 24 months, and 20 sessions on position and attachment of the child during breastfeeding.
Indicator 2.2	% of health workers trained on Infant feeding in emergency	80%	38 (126%) out of 30 targeted staff trained on Maternal Infant and Young Child Nutrition (MIYCN). Training included Infant feeding in Emergency
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Support and promotion of adequate infant and young child feeding through community and facility level structures for counselling and	IRC/UNICEF	Support for promotion of adequate Infant and young child feeding practices provided through 49 mother-to-mother support groups (MTMSG) and 2 father-to-father support groups (FTFSG)

	practical help/support to breastfeeding mothers.		
Activity 2.2	Train health workers on infant feeding in emergency for effective provision of services that offer practical help to mothers to care for their children optimally	IRC/UNICEF	38 Health workers have been trained on Maternal Infant and Young Child Nutrition, including infant feeding in emergencies.

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 proposal was based on an estimate number of beneficiaries including planning figures for the refugee influx. The population reached was lower than the estimated numbers for the reporting period. The low coverage rates among children and pregnant and lactating women is attributed to long distances that the beneficiaries walk to the sites and congestion at the sites leading to poor health seeking behaviour. To address these challenges, IRC plans to open an additional site to ease congestion in two of the most crowded sites. IRC also plans to continue with intensified community mobilization through information campaigns and forums with community leaders to ensure improved health seeking behaviour.

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

The targeted population was involved throughout the programme period. Community health promoters (CHPs) and refugee incentive staff provided community level nutrition prevention and referral services. The mothers and fathers support groups were involved in the implementation of appropriate maternal, infant and young child nutrition (MIYCN) practices.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Formal evaluation was not done although monitoring and support supervision was done throughout the project period that provided the necessary information on the performance of the project. A logical framework was put in place and used to report performance on a routine basis.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	**5. CERF grant period:**	28.11.14 – 27.05.15
2. CERF project code:	14-RR-HCR-048	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Multi-sector refugee assistance		☒ Concluded
4. Project title:	Protection and Assistance for South Sudanese Asylum Seekers arriving in Kenya		

7. Funding

a. Total project budget:	US$ 36,098,907	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 7,800,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 854,468
c. Amount received from CERF:	US$ 2,000,181	▪ *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)	2,228	2,722	4,950	5,427	6,633	12,060
Adults (above 18)	4,372	5,678	10,050	3,393	2,547	5,940
Total	6,600	8,400	15,000	8,820	9,180	18,000

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	15,000	18,000
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	15,000	18,000
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 additional 3,000 beneficiaries are those reached during environmental health and hygiene promotion campaigns.	

CERF Result Framework			
9. Project objective	Access to protection and lifesaving assistance for asylum seekers from South Sudan in the Kakuma refugee camp is assured.		
10. Outcome statement	Improved Sanitation and shelter services for refugees and asylum seekers fleeing the conflict in South Sudan		
11. Outputs			
Output 1	8,500 South Sudanese are provided with household latrines		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of households with drop-hole latrine or drop-hole toilet	2,250	1,700
Indicator 1.2	Number of communal latrines constructed	700	375
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Identification of families to be provided with latrines	NRC	NRC
Activity 1.2	Procurement of material for the construction of latrines	NRC	NRC
Activity 1.3	Construction of latrines	NRC	NRC
Output 2	33,000 refugees benefit from environmental health, hygiene campaigns and vector control		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of households sprayed with insecticide	4,000	4,000
Indicator 2.2	Number of environmental hygiene campaigns conducted	2	2
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Purchase of chemicals for indoor spraying	NRC	NRC
Activity 2.2	Production of IEC materials	NRC	NRC
Activity 2.3	Hygiene campaigns conducted in the camp	NRC	NRC
Output 3	3,500 refugee women and girls of reproductive age are provided with sanitary materials		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of women and girls of reproductive age receiving sanitary materials	3,500	3,500
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Purchase of sanitary materials	UNHCR	UNHCR
Activity 3.2	Distribution of sanitary materials	NRC/UNHCR	LWF
Output 4	9,000 refugees provided with emergency shelters		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Number of semi-permanent shelters provided to	2,250	2,250

	persons of concern		
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Identification of families to be provided with shelters	NCCK	UNHCR
Activity 4.2	Procurement of material for the construction of shelters	UNHCR, NCCK	UNHCR, NCCK
Activity 4.3	Construction of shelters	NCCK	NCCK

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:
None
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
The accountability was ensured from the onset through rapid assessments, which were conducted by UNHCR and its partners and with full participation of refugees. The refugees in need of shelters and sanitation services were identified and effectively engaged in the project implementation and monitoring for accountability purposes. Those provided with family latrines were issued with certificates to signify ownership of the facilities. Participation of refugees in the construction of shelters was equally encouraging and constituted a significant contribution. Given the short implementation period for this project, joint monitoring by UNHCR, partners and refugees was crucial. The routine performance monitoring were conducted to ensure that outputs were delivered within agreed quantities ad quality in relation to performance targets and produced expected impact in relation to impact targets. Financial monitoring was also carried out in in the month of April in order to strengthen reporting links between performance delivery and financial expenditures.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	28.11.14 – 27.05.15
2. CERF project code:	14-RR-WFP-082	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Food Aid		☒ Concluded
4. Project title:	Food Assistance to Refugees		

7. Funding

a. Total project budget:	US$ 17,100,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 24,242,546	▪ *NGO partners and Red Cross/Crescent:*	US$ 192,436
c. Amount received from CERF:	US$ 4,799,747	▪ *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)	39,000	48,000	87,000	36,469	45,157	81,626
Adults (above 18)	31,000	32,000	63,000	30,087	32,235	62,322
Total	70,000	80,000	150,000	66,556	77,392	143,948

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	150,000	143,948
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	150,000	143,948
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		

CERF Result Framework			
9. Project objective	Meet the food and nutrition security needs of refugees living in Kakuma camps		
10. Outcome statement	Enable refugees to have acceptable food consumption		
11. Outputs			
Output 1	Food distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries in Kakuma refugee camps.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of women, men, boys and girls receiving food assistance, through general food distirbutions as % of planned	150,000	143,938
Indicator 1.2	Quantity of food assistance distributed, disaggregated by type, as % of planned	100% (2,699 mt of cereals, 922 mt of Pulses, 500 mt of Veg. Oil and 1,500 mt of SuperCereals)	115% (3,148 mt of maize, 1,350 mt of pulses, 450 mt of veg oil and 1,520 mt of SuperCereal)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Purchase food from local, regional or international markets, taking into consideration efficiency and effectiveness	WFP	WFP
Activity 1.2	Contract transport services to commercial service providers and ensure food it is transported on time	WFP	WFP
Activity 1.3	Transport food from the suppliers warehouses or the port of Mombasa to the stores in the refugee camps	Private sector	Private sector
Activity 1.4	Distribute food, ensuring the distribution process is humane and sensitive to the interests of women, men, girls and boys including those with special needs	World Vision International (WVI) and Norwegian Refugee Council (NRC)	LWF, WVI and NRC
Activity 1.5	Monitor food distributions, food security outcome monitoring	WFP, WVI and NRC	WFP, LWF, WVI and NRC

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:

Around 97 percent of the targeted population was reached during the implementation period. WFP purchased the food from its internal Forward Purchase Facility (FPF). FPF is an innovative facility that allows WFP to make advance purchases of food from local and regional markets, when prices are favourable, to support future programme needs. Therefore, the quantity of food purchased using CERF funds was higher than planned because prices of food purchased from the FPF were lower than planned.

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

WFP continued to ensure that food assistance was delivered and utilized in safe, accountable and dignified conditions. WFP

monitoring reports for April 2015 found that 100 percent of the food distribution sites were secure and that no beneficiaries experienced safety problems while at the distribution sites, or travelling and from distribution sites. Further, beneficiaries were fully aware of their ration entitlements which were displayed and written in local languages at the food distribution sites

WFP took gender issues into consideration while designing the food assistance programme in Kakuma. Refugee leaders are well-integrated in all stages of the food distribution processes through Food Advisory Committees (FACs) which have gender parity at the leadership level. WFP and its cooperating partners ensured that at least 50 percent of FAC members were women. WFP and partners shared information on the food basket and distribution dates in advance of distributions. The (FAC) members oversee the distribution process, manage complaints and expectations, and ensure that there are separate queues for women, with priority being given to pregnant women, women with small children, elderly, disabled, and other vulnerable groups. Refugees and their leaders were central to information gathering during assessments and evaluations. WFP's helpline makes it easy for refugees to engage in improving programme delivery.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
WFP's operation (overall response to refugees in Kenya) was formally evaluated by external evaluators in 2014, the results informed the current 3-year operation that started on 1 April 2015. WFP and UNHCR will undertake the Joint Assessment Mission in mid-2016, which will cover the period of the CERF contribution.	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-RR-CEF-159	Nutrition	UNICEF	International rescue Committee (IRC)	Yes	INGO	$64,538	31-Dec-14	1-Dec-14	Implementation of the activities was already ongoing by the time the CERF funds were transferred to the partner (the CERF funds were transferred as a 2nd installment as per the Project Cooperation Agreement)
14-RR-CEF-100	Health	WHO	Governement of Kenya-County Governements Department of Health	No	GOV	$31,290	1-Apr-15	15-Apr-15	Implementation of activities begun with release of CERF funds
14-RR-CEF-160	Child Protection	UNICEF	Lutheran World Federation (LWF)	Yes	INGO	$178,866	23-Dec-14	31-Dec-14	
14-RR-HCR-048	Water, Sanitation and Hygiene	UNHCR	Norwegian Refugee Council	Yes	INGO	$532,906	16-Dec-14	1-Dec-14	Implementation was ongoing at the time of transfer of CERF funds.
14-RR-HCR-048	Shelter & NFI	UNHCR	National Council of Churches of Kenya	Yes	NNGO	$295,209	16-Dec-14	1-Dec-14	Implementation was ongoing at the time of transfer of CERF funds.
14-RR-HCR-048	Shelter & NFI	UNHCR	Lutheran World Federation	Yes	INGO	$26,353	6-Feb-15	1-Feb-15	Part of the overall funding provided to LWF in 2015.
14-RR-WFP-082	Food Assistance	WFP	World Vision International	Yes	INGO	$116,442	28-Feb-15	16-Jan-15	CERF contributed to a multidonor action for an ongoing activity. The first food tranche purchased using CERF funds were distributed by partners in mid January, and they were paid for services rendered in February upon

									submission of an invoice
14-RR-WFP-082	Food Assistance	WFP	Norwegian Refugee Council	Yes	INGO	$75,994	28-Feb-15	16-Jan-15	CERF contributed to a multidonor action for an ongoing activity. The first food tranche purchased using CERF funds were distributed by partners in mid January, and they were paid for services rendered in February upon submission of an invoice
14-RR-FPA-047	Gender-Based Violence	UNFPA	International rescue Committee (IRC)	Yes	INGO	$250,000	17-Dec-14	20-Dec-14	