

ANNUAL REPORT ON THE USE OF CERF GRANTS KENYA

Country	Kenya
Resident/Humanitarian Coordinator	Aeneas Chuma
Reporting Period	1 January 2010 – 31 December 2010

I. Summary of Funding and Beneficiaries

Funding	Total amount required for the humanitarian response:	US\$ 603,544,553		
	Total amount received for the humanitarian response:	US\$ 384,833,401		
	Breakdown of total country funding received by source:	CERF:	US\$ 20,029,976	
		CHF/HRF COUNTRY LEVEL FUNDS: (US\$1,249,487 spent on emergency response in 2010)	US\$ 2,592,709	
		OTHER: (Bilateral/Multilateral)	US\$	
	Total amount of CERF funding received from the Rapid Response window:	US\$ 10,048,510		
	Total amount of CERF funding received from the Underfunded window:	US\$ 9,981,466		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$ 9,136,689	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$ 10,893,287	
		c. Funds for Government implementation:	US\$	
d. TOTAL 2010:		US\$ 20,029,976		
Beneficiaries	Total number of individuals affected by the crisis:	4,933,238 individuals		
	Total number of individuals reached with CERF funding:	3,436,443 total individuals		
		124,000 children under 5		
		1,316,314 females		
Geographical areas of implementation:	Rift Valley, Eastern Province, North Eastern Province, Coast Province, Nyanza Province			

II. Analysis

The humanitarian situation in Kenya in 2010 was driven by a combination of factors, among them: climate change induced drought and its consequences of food insecurity and disease outbreaks; urban vulnerability; cross-border insecurities and refugee influxes; increased vulnerability in the arid and semi-arid areas; and continued lingering effects of the 2007 post-election violence.

The cycle of drought in Kenya has dramatically accelerated in recent years. Underlying these regular episodes is an ever-increasing level of vulnerability in arid and semi-arid Lands (ASALs), and in poor, urban settlements. Pastoralist communities inhabit 80 per cent of Kenya's land mass and are the custodians of dry land environments. Cyclical droughts, now viewed as strongly influenced by climate change, have left 3.8 million people food insecure and in need of other support.

The proliferation and expansion of informal, urban settlements reflect ongoing economic migration to cities, as well as population growth. Populations living in slums endure deplorable living conditions and are at high risk due to exposure to poor water and sanitation, limited access to potable water, and high exposure to other rapid onset disasters like fires. The resettlement of internally displaced persons (IDPs) remaining from the 2007 post-election violence remains a challenge due to land disputes and financial constraints on the Government side.

By the end of 2010, Somali's insecurity had driven more than of 294,979 refugees to seek refuge in overcrowded Dadaab camps in north-eastern Kenya, where the host community equally face humanitarian challenges, some of them wrought by the presence of the refugee camps.

In response to deteriorating humanitarian needs and underfunding to some critical sectors in 2009 and early 2010, the Kenya Humanitarian Partnership Team was given a Central Emergency Response Fund (CERF) underfunded allocation in March 2010 to address the cholera outbreak, refugee multi-sector needs and agriculture and livestock support to pastoralists affected by severe weather conditions. In June 2010, another CERF rapid response allocation was given to Kenya to support the extension of refugee camps in Dadaab (Ifo Camp) as well as the construction of food management structures to facilitate food distribution.

The rapid response allocation for refugee multi-sector support was faced with several challenges and limitations in timely implementation of suggested activities. The deadlock on the relocation of refugees among the United Nations High Commissioner for Refugees (UNHCR); partners; and the local authorities in Dadaab, who represent the host community, has resulted in the stoppage of operations in the relocation site for which the rapid response allocation was sought. Local authorities and host communities have demanded a halt to the relocation until certain conditions are met, among the concerns, the use of interlocking stabilizing bricks in shelter construction. Because the Government of Kenya instructed all activities in the extended camp-site to stop for the time being, the World Food Programme (WFP) has failed to advance the funds to its implementing partners since these are earmarked for construction of the extended delivery points (EDP) and final delivery points (FDP) for Ifo Camps 2 and 3. The projected total cost for the establishment of the EDP and FDP was estimated as \$ 3,000,000, the CERF contribution closed a major funding gap for the same. CERF funds have facilitated the provision of a conducive FDP to the refugees who will be relocated to a new site in a decongestion exercise. A contractor to construct the facilities has already been identified and all indications are that the construction will set off immediately after the Government of Kenya has lifted the suspension in activities in Ifo Camps 2 and 3.

CERF funds have also contributed to strengthened coordination in the food sector following an effective training that was conducted by CERF and attended by all sector leads and CERF focal points. There is a better understanding of the prioritization criteria of CERF funding and sector members are able to identify and support prioritized needs much better with due regard to different allocations.

The CERF underfunded allocations were particularly upheld to have made significant contributions to the management of several humanitarian challenges. In response to high food insecurity and malnutrition threats among children under 5, CERF funds were essential in providing technical and logistical support to the Ministries of Health in scaling up nutrition interventions, including management of acute

malnutrition, in the priority geographical areas. United Nations Children's Fund (UNICEF) partnered with NGOs (i.e. Samaritan Purse, Food for the Hungry, World Vision) with technical expertise to scale-up coverage and strengthen health systems in Turkana, West Pokot, Marsabit and Samburu districts.

The CERF funds were utilized to procure and distribute emergency nutrition supplies in 21 emergency districts, which resulted in 53,500 children with acute malnutrition receiving treatment (43,200 for moderate acute malnutrition and 10,300 for severe acute malnutrition) in the targeted districts of Turkana, West Pokot, Marsabit and Samburu during the funding period. An additional 7,200 children with severe acute malnutrition were treated with supplies in another 21 districts. It is estimated that 265,000 people in 53,000 households have improved access to safe drinking water. This was accomplished through: the provision of household water treatment supplies and technologies; training in household water treatment; and safe storage, including jerricans, buckets, water purification tablets, ceramic water filters, household water testing kits and water storage tanks.

With support from UNICEF, 60 districts developed emergency communication work plans, reaching an estimated 600,000 people with key messages on high impact interventions for hygiene and sanitation (hand washing, safe water and latrines). It is estimated that the cholera prevention and hygiene promotion messages reached 6 million people through mass media. CERF funding was therefore instrumental from September 2009 to December 2010 to increase the coverage of critical nutrition services and address high or deteriorating levels of acute malnutrition in affected areas, as well as establish sustainable systems to mitigate impacts of future crisis.

CERF funding was also instrumental in transitioning from emergency to recovery periods as it allowed continuation of essential nutrition services and strengthening of existing systems, which will in turn ensure better preparedness and response for future emergencies. At the time of applying for the CERF underfunded grant in August 2009, the WASH cluster EHRP (CAP) funding requirement was only 10 per cent met and the CERF funding was critical to ensure scale up of programmes in response to the twin threats of drought and cholera. The CERF underfunded grant in 2010 allowed for a continued integrated multi-sectoral, cholera response, which included interventions in health, water and sanitation and hygiene, and outbreak communication and social mobilization. Such a response was required to respond to and contain the cholera outbreaks.

In response to drought effects on agriculture and livestock dependant livelihoods, the Food and Agriculture Organization (FAO) and its partners re-affirmed that CERF funding catalyzed rapid intervention, especially in cases where partners had ongoing programmes that were focused towards assisting communities deal with the extremes in climatic conditions. CERF funding stabilized a food insecure situation – this can be noted especially in areas where the irrigation infrastructure had been destroyed, the repair and renovation of these structures brought positive impacts on communities. In the case of livestock health interventions, the weak animals were saved from infections through de-worming, mineral licks, and vaccinations. CERF funding at an early stage resulted in less funding being required at a later stage – this shown by programmes of VSF-Suisse and Oxfam that were underfunded. CERF funding allowed organizations to scale-up interventions of camel and goats restocking in their operational areas. CERF funding met critical needs, though not to the full extent as required by implementing organizations. The critical needs of livestock health, restoring assets through restocking and livestock fairs, distribution of beehives, rehabilitation of irrigation and livestock marketing infrastructure were critical needs that were addressed to the delight of the communities. CERF funding through cash for work also enabled communities get money to purchase foodstuffs and other needs.

CERF funding was flexible enough to meet immediate needs, for example when the prices of camels and goats restocking was too high it was possible to make plan alterations. In cases where the situation warranted a change in implementation strategy, it was easy to do so with the CERF funding. This flexibility was evident in Isiolo and Turkana where re-stocking of camels and goats was ongoing.

CERF funds enabled the timely implementation of activities by some partners because they had the assurance of funding and thus could proceed ahead with interventions using the money they already had. Though for some partners with limited funding, this was not the case and there were delays. However, delays in implementation were mainly caused by bureaucratic procurement procedures for inputs requested by implementing partners. In the majority of situations, CERF funds were used to assist existing projects ramp up their operations in order to respond to humanitarian need. Other donors such as

ECHO, through the Regional Drought Decision, the European Commission (EC), through the Food Facility Programme, and the Rockefeller Foundation had programmes implemented at the time of the drought. CERF funds enabled these programmes to respond more comprehensively to the problems of the drought. In terms of the percentage of funding for livestock through the CAP/Flash/pooled funds, CERF funds contributed 100 percent as other donors funded outside of the appeals process.

In response to the management and control of cholera, CERF funds disbursed to World Health Organization (WHO), International Organization of Migration (IOM) and UNICEF contributed to the reduction in avoidable cholera outbreak morbidity and mortality through increased awareness and capacity to implement key actions at household and community levels. CERF funds were able to reach 2.5 million people including (1.1 million females, 1 million males, and 450,000 children under 5 years). Some 185,000 people in 37,000 households have access to improved water through use of household water treatment technologies. UNICEF and its partners constructed or rehabilitated 92 water points - providing safe water to 160,000 people. WHO reports that CERF funding came at a time when the country was overwhelmed with response to cholera, and at the same time most of the health facilities lacked oral re-hydration therapy (ORT) corners, which is critical in the management of diarrhoea/cholera. The funds improved the capacity of health workers in the management of diarrhoea/cholera. The ORT corners which were disbanded have been rehabilitated resulting in an increase of ORT use to over 90 per cent at the health facility level. All identified hospitals and health centres have operational ORT corners. An increased of ORT use has been noted from 33 per cent to at least 80 per cent by establishing ORT corners in 526 hospitals, 649 health centres and sub-health centres through the patients who will visit these health facilities. There is a notable decrease in cholera and diarrhoea deaths from 2.3 per cent to less than 1 per cent through the introduction of oral re-hydration Salts (ORS) and zinc supplements in areas with high potential for cholera outbreaks

The growing refugee numbers in Kenya continue to present serious humanitarian challenges. Underfunding of the sectoral response further undermines the marginal gains made in stabilizing refugees' affairs. UNHCR received an underfunded allocation to support nutrition and health for refugees in Kakuma, where significant impact was for more than 64,000 refugees, among them some 32,000 women. The funds were improved nutrition, health and, to a small but important extent, shelter. By 2010, the Kakuma refugee operation had all but been neglected by most donors whose attention was captured by the situation in Somalia and the refugee programme in Dadaab. CERF funding was therefore instrumental in strengthening the humanitarian action in Kakuma, given the chronic underfunding for the programme that dates back to 2008. Prior to the funding, for instance, all health statistics were far below international standards. However, by the end of 2010, there was a marked improvement in the health statistics. For instance, the global acute malnutrition and severe acute malnutrition rates were 17 per cent and 9 per cent, respectively, at the time of submission of the application to CERF. By the end of the year, the rates dropped to 10 per cent and 3 per cent, respectively.

The IASC Gender Marker Training to sector leads in Kenya in September 2010 provided critical guidance to report on gender issues in programme implementation of CERF funds received in 2010. Whilst the Gender Marker Tool was aimed at implementation for programme design for the 2011 Emergency Humanitarian Response Plan (EHRP), there is already increased sectoral self-awareness on highlighting gender issues, which is reflected in the 2010 annual reports submitted by the sectors.

III. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Multi-sector	10-WFP-046 Food assistance	848,510	3 million	80,000 mainly Somali refugees who will be accommodated in the designated Ifo 2 and Ifo 3 sections of the extended Ifo refugee camp in Dadaab.	<ul style="list-style-type: none"> Adequate storage facilities in place by September 2011 to hold commodities that can cater for the 80,000 refugees. Functional food distribution centres that will cater for 40,000 refugees each in place by December 2011 	<ul style="list-style-type: none"> The structural plans and identification of a reputable construction firm to undertake this task are complete. WFP has also already made all contractual commitments required for the work to start. However, the physical construction work on the same has not started due to a suspension of all construction activities on the identified Ifo 2 and Ifo 3 site by the Government of Kenya. UNHCR is leading in finding a resolution to the concerns expressed by the GoK in order to resolve the impasse. Once this is done the construction work will resume immediately. 	The rapid allocation of CERF funds allowed for effective planning for the project and mobilization of the funding required.	<ul style="list-style-type: none"> The plan for monitoring and reporting on progress and indicators focused on joint activities to be undertaken by the contractor, UNHCR and WFP's assigned construction engineer. This however did not take off due to the suspension on the construction activities. 	<ul style="list-style-type: none"> The new facilities will benefit the general population, with due consideration given to effective service to all and improved safety and security of the women.
Multi-sector	10-HCR-020 Camp decongestion	9,200,000	23,344,000	40,000 refugees	<ul style="list-style-type: none"> Shelter WATSAN facilities, schools, health centre, agencies compounds constructed in relocation site at Ifo 	<ul style="list-style-type: none"> <i>Please see Narrative</i> 	Whilst rapid response funds were released on time, the timeliness of decongesting the Dadaab camps that was aimed to be achieved through this window has not been achieved.	<ul style="list-style-type: none"> UNHCR and partners to periodically report on progress in negotiations with the GoK and implementation phase 	<ul style="list-style-type: none"> No gender disaggregated data available because relocation of refugees has not taken place

Nutrition	<p>09-CEF-038-B</p> <p>Scale-up critical nutrition interventions in drought affected areas</p>	895,537	2,300,000	<p>33,000 children under 5 years old and 11,500 pregnant and lactating women</p>	<ul style="list-style-type: none"> ■ 50 per cent of moderately malnourished children under- 5 and pregnant and lactating mothers have access to treatment in targeted areas ■ At least 80 per cent of moderately malnourished patients that are admitted for treatment recover ■ 50 per cent of severely malnourished children below 5 years old have access to treatment in all the ASAL districts ■ At least 75 per cent of severely malnourished patients that are admitted for treatment recover 	<ul style="list-style-type: none"> ■ 37,523 children affected by acute malnutrition (25,874 moderate, 11,649 severe) reached ■ Coverage of services increased for moderate acute malnutrition increase from 20 per cent to 80 per cent in Turkana; from 35 per cent to 50 per cent in West Pokot, and from 15 per cent to 80 per cent in Marsabit ■ Recovery rate for moderate acute malnutrition 69 per cent due to a temporary supplementary feeding (CSB) pipeline break ■ Coverage of services increased for severe acute malnutrition increase from 50 per cent to 80 per cent in Turkana; from 30 per cent to 75 per cent in West Pokot, and from 20 per cent to 80 per cent in Marsabit ■ Recovery rate for severe acute malnutrition was 78 per cent 	<p>Rapid allocation of CERF funds allowed partners (UN and NGOs) to continue supporting the MOH to up-scale nutrition services immediately after the needs were identified.</p>	<ul style="list-style-type: none"> ■ District Nutrition Officers compiled data from the health facilities in a timely manner and sent them to the Division of Nutrition and UNICEF (Nairobi) through their respective Provincial Nutrition Officers. 	<ul style="list-style-type: none"> ■ This programme focused on meeting the needs of under five year old children and pregnant and lactating women who are the most vulnerable in the community: 33,000 children under 5 years old and 11,500 pregnant and lactating women reached.
Nutrition	<p>10-CEF-009-A</p> <p>Prevention and Management of Acute Malnutrition</p>	1,707,386	7,564,900	<p>41,000 children under five years old and 25,000 pregnant and lactating women</p>	<ul style="list-style-type: none"> ■ 50 per cent of moderately malnourished children below 5 years old as well as pregnant and lactating mothers have access to treatment in targeted areas ■ At least 80 per cent of moderately malnourished patients that are admitted for treatment recover. ■ 50 per cent of severely malnourished children below 5 years old have access to treatment in targeted areas ■ At least 75 per cent of severely malnourished patients that are admitted for treatment recover 	<ul style="list-style-type: none"> ■ 22,780 children affected by acute malnutrition (16,742 Moderate and 6,038 severe) reached.(41,000 was based on children to be reached in 12 months. Implementation was for 8 months) additional complementary funding was used in these districts ■ Coverage of services increased for moderate acute malnutrition increase from >30 per cent to >95 per cent in Turkana; from >75 per cent to >95 per cent in West Pokot, and from > 75 per cent to >90 per cent in Samburu ■ Recovery rate for moderate acute malnutrition was 83 per cent ■ Coverage of services increased for severe acute malnutrition remained above 80 per cent in Turkana, Marsabit and Samburu. 	<p>CERF funding has allowed continuation of support which in turn has contributed to increasing coverage and strengthening of capacities during recovery periods</p>	<ul style="list-style-type: none"> ■ District Nutrition Officers from the districts compiled data from the health facilities and send them to the Division of Nutrition and UNICEF (Nairobi) through their respective Provincial Nutrition Officers 	<ul style="list-style-type: none"> ■ This programme focused on meeting the needs of under five year old children and pregnant and lactating women who are the most vulnerable in the community ■ 41,000 children under five years old and 25,000 pregnant and lactating women

WASH	09-CEF-038-C Drought Intervention Project	1,300,000	1,529,000	480,000 community members	<ul style="list-style-type: none"> ▪ 480,000 vulnerable population in drought affected areas have improved access to safe and sustained water supplies ▪ At least 40 boreholes/ water point schemes constructed, repaired/ rehabilitated ▪ At least 200 shallow wells with hand pumps repaired/ rehabilitated ▪ Water Storage and Distribution facilities installed at 100 Health Centres/school ▪ 4,000 households equipped and using effective household water treatment techniques 	<ul style="list-style-type: none"> ▪ Project was amended therefore additional emergency supplies were procured and used to address cholera and IDP issues. As a result of this change a total of 37,000 households were equipped and using instead of the proposed 4,000. ▪ Technical assistance and support to District Water Officers and District Public Health Officers in project areas ▪ 345,000 vulnerable population have access to safe and sustained water supplies. This includes 36 new or rehabilitated boreholes and 56 rehabilitated shallow wells ▪ 92 water points constructed or rehabilitated providing safe water to 160,000 people ▪ Water storage tanks installed in 30 schools and Health Centres 	Rapid allocation of CERF funds enabled WASH Sector partners to identify priority areas and agree immediate, coordinated response.	<ul style="list-style-type: none"> ▪ Trip reports by UNICEF Staff visiting project sites ▪ NGO and GoK reports on project Activities ▪ Long and short rain assessment reports ▪ MoP HandS disease surveillance reports 	<ul style="list-style-type: none"> ▪ Focus on women during household water treatment, hygiene and sanitation trainings ▪ Ensuring equal participation of women in Water User Association trainings
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WASH	10-CEF-009-B WASH cholera response	1,690,600	4,435,000	Total: 1,942,737 Female: 983,025 Male: 959,712 Children under 5 :388,547	<ul style="list-style-type: none"> ■ 4000 households in cholera affected areas have knowledge of critical actions for cholera prevention and mitigation ■ District WASH Clusters 'WESCOORDS' activated in 80 per cent of target districts and regular updates on status of response and gaps reported to national WESCOORD and disseminated to partners ■ 40 GoK staff in 20 Districts are trained and able to conduct water quality testing and surveillance programmes and respond ■ 10 motorised water points are rehabilitated -mobile hygiene promotion teams consisting of GoK officers are able to respond to cholera outbreaks including distribution of emergency 	<ul style="list-style-type: none"> ■ 80,000 people have improved access to safe water through the provision of household water treatment technologies ■ 470,000 mothers and 392,000 children received key health messages and medical assistance through medical outreach ■ Increased capacity of GoK to implement water quality and surveillance programmes in 28 districts ■ 4,300 school children in 10 schools have improved access to gender sensitive sanitation facilities ■ 58,000 primary school children in 204 schools directly reached by interactive hygiene promotion and hand washing activities ■ 600,000 people in 60 districts reached with high impact hygiene and sanitation messages. ■ Estimated 6 million people reached by cholera prevention messages through mass media campaigns. 	CERF funding allowed for continuation of humanitarian programme continuity and filled funding gaps in larger programme.	<ul style="list-style-type: none"> ■ UNICEF project Officer field visits and trip reports ■ MoPHS disease surveillance updates ■ District water Officer, District Public Health Officer and water Service Board reports 	<ul style="list-style-type: none"> ■ Special attention was paid to the hygiene and medical needs of mothers and child caregivers ■ Gender sensitive latrines built for boys and girls ■ 50,000 children under 5, 147,500 women and 147,500 men
Health	09-CEF-038-A	293,548	2,517,228	A total of 6,245,604 people in eastern, north eastern, Nyanza, Rift Valley and Coast regions of Kenya; of which 62,456 target population are assumed are at risk of cholera, 46,842 will contract the diseases but remain asymptomatic, 12,491 were projected to develop mild illness and 3,123 severe illnesses.	<ul style="list-style-type: none"> ■ All identified hospitals and health centres have operational ORT corners ■ Increase ORT rate from 33 per cent to at least 80 per cent by 2009 by establishing ORT corners in 526 hospitals, 649 health centres and sub-health centres through the patients who will visit these health facilities ■ Reduce cholera and diarrhoea deaths by from 2.3 per cent to less than 1 per cent through introduction of low osmolarity ORS and zinc supplements in areas with high potential for cholera outbreaks 	<ul style="list-style-type: none"> ■ Due to procurement of ORT equipment to 279 districts hospitals and private hospitals, 8 Provincial General Hospitals, over 2,000 health centres and dispensaries in areas with huge disparities, there has been observed reduction of cholera cases from 11,769 Cases with 274 Deaths reported in 2009, compared to 3,016 cases with 70 deaths reported in 2010. Lower level health centres/dispensaries were prioritized as these are the first points of access for communities. ■ 192 Health workers from selected 8 districts of 5 provinces were trained on methods that increase their skills in managing diarrhoea/cholera cases and reducing possibility of related deaths. 	<p>The CERF funding came at a time when the country was overwhelmed with response to cholera outbreaks at the same time most of the health facilities lacked ORT corners which are critical in management of diarrhoea/ cholera.</p> <p>The funds have improved capacity of health workers in management of diarrhoea/ cholera</p> <p>The ORT corners which were disbanded have now been rehabilitated, an initiative that will increase ORT use to over 90 per cent at the health facility level</p>	<ul style="list-style-type: none"> ■ Monitoring of implementation of ORT corner was undertaken during the capacity building sessions for the health workers and during regular supportive supervision by the government and partners. During monitoring, utilization of ORT corners had improved in districts visited. 	<ul style="list-style-type: none"> ■ Gender disaggregated data remains a challenge to collect in especially widely organised mop up campaigns.

Health	10-IOM-006 Emergency cholera response	519,195	770,000	355 cases treated; and 98,454 households reached for improved cholera-awareness, hygiene, treatment behaviour	<ul style="list-style-type: none"> ▪ 1 million chlorine tablets and 300,000 packets of ORS disseminated; 500 cases treated; 85,000 households reached for improved cholera-awareness, hygiene, treatment behaviour; 100,000 cholera flyers and 5,000 posters disseminated; Indirect beneficiaries: 600,000 ▪ Reduce the number of cholera outbreaks in the region ▪ Increase community knowledge and awareness on basic hygienic practices and on cholera ▪ Improve methods of managing cholera 16, 723 posters and 98, 574 flyers disseminated 	<ul style="list-style-type: none"> ▪ 1,289 sessions were held, with 492,879 people indirectly reached and 98,454 households directly assisted ▪ 708,774 ORS sachets were disseminated and over 1.7 million aqua-tabs given during the outreach sessions. ▪ A total of 492,879 people were de-wormed using Albendazole tablets during the outreach sessions ▪ Twelve health facilities were re-stocked with equipment and medication in order to carry out cholera treatment to affected patients ▪ Implementing CERF programme in UN Security Level 4 area of Greater Turkana was challenging for IOM. IOM did not have the complete perception on how security and logistics in this specific terrain would impact the implementation. Most of planned target met. 	Rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified	<ul style="list-style-type: none"> ▪ Monthly progress reports and newsletters were done to monitor the progress of the project ▪ Monthly staff meetings of the Cholera Rapid Response Teams were done to iron out pending issues and map the way forward ▪ Monthly monitoring visits by the Project Coordinator 	<ul style="list-style-type: none"> ▪ Special attention was given to the hygiene needs of the community (This also included schoolchildren and religious groups). ▪ Majority of the groups were encouraged to use pit-latrines and to reduce open waste disposal.
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Health	<p>10-WHO-007</p> <p>Emergency response to contain the cholera outbreak in Larger 8 most affected districts in North western parts of Kenya in the Rift Valley and Eastern Provinces</p>	2,664,300	8,400,000	<p>2.5 million people including (1.1million females, 1 million males, and 450,000 children under 5 years)</p>	<ul style="list-style-type: none"> ▪ Cholera outbreak contained to levels below that of public health concern ▪ All targeted districts have functioning health sector Coordination co-chaired by lead NGOs in the districts ▪ At least 80 per cent of most affected districts produce weekly disease outbreak response reports ▪ All hospitals in the most affected districts orientated on WHO guideline on case management ▪ Case fatality reduced by 80 per cent in all health facilities in the most affected areas ▪ 100 per cent of District Health teams in affected areas investigate all reported disease outbreaks within 48 hours ▪ Emergency disease surveillance functional in all targeted districts ▪ 100 per cent of Targeted hospitals able to diagnose cholera within 48 hours 	<ul style="list-style-type: none"> ▪ A national multi sector cholera response plan, a health sector emergency cholera response plan were developed. Joint rapid assessments conducted and a National Cholera Response Centre established ▪ Deployed one WHO technical staff for implementation of the cholera control activities ▪ Logistical support was provided to the 20 out of the 35 District Health Teams ▪ Orientation on CEWARNS, disease outbreak investigation and response in emergencies conducted for fifty-two (52) District Health Teams ▪ Orientation for health facility workers on cases management and infection control in 45 district health facilities ▪ Facilitated health promotion and public health education in 5 provinces ▪ Procured essential drugs, basic lab. Equipment and reagents, dispensary tents for districts in (5 provinces) ▪ Procured (Paqua labs for 6 provinces and trained the staff on water quality surveillance. 	<p>Timely and contributed to improved coordination among stakeholders</p> <p>Engagement of Cabinet for the first time</p> <p>Containment of the increasing cholera burden</p> <p>Reduction in Case fatality reduced from 2.3 per cent to 2.1 per cent</p> <p>Reduction in number of cases; from 11,000 in 2009 to 3,500 in 2010</p> <p>Publication of the Weekly Epidemiological bulletin</p>	<ul style="list-style-type: none"> ▪ Regular reports from the dedicated technical officer ▪ Health and Nutrition coordination meetings ▪ Joint rapid health and nutrition assessments and monitoring ▪ Reports from NGO partners ▪ Minutes of coordination meetings at the district and provincial levels 	<ul style="list-style-type: none"> ▪ Cholera outbreak placed at risk; and affected female, male, and children equally. However, during health promotion activities, more women and school going children were targeted and benefited most. ▪ 1.1million females, 1 million males, and 450,000 children under 5 years
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Food Security, Agriculture and Livestock

	<p>10-IOM-005</p> <p>Immediate livestock support to pastoralist host communities affected by impacts of recurrent droughts and floods in North West Kenya</p>	<p>180,003</p>	<p>2,698,239</p>	<p>2,100 families, 125,000 direct individuals among the pastoralist host communities.</p>	<ul style="list-style-type: none"> ■ 1. Livestock livelihoods needs of 2,500 pastoralist and host community households assessed and addressed ■ 2. Livestock livelihood activities of 2,500 pastoralist households in North Turkana supported through support for trade in livestock, Graze land development activities and installation of rain water harvesting systems, on-the-job training activities and training on short-term farming activities ■ 3. Livestock livelihood activities of 2,000 pastoralist households in Turkana supported through measure to improve access to alternative livelihoods activities including agricultural production, access to clean energy and access to markets. Local coping mechanisms strengthened ■ 4. Local and national referral mechanism in place; through existing coordination with government authorities at district level 	<ul style="list-style-type: none"> ■ 1. Livestock baseline Assessment and mapping of operation areas carried out in four locations in Kakuma Division. (a) Planning meeting held with Vet/livestock department in view of the restocking exercise in Turkana- result: a market survey for goats accomplished in Kakuma Division, capacities of vendors assessed, Sample vouchers developed for use, goat selection/sourcing criteria developed and shared with the vendors/beneficiaries, Livestock fair plans made in Kakuma location ■ 2. (a) Livestock fair conducted in collaboration with GoK, Ministry of Livestock, veterinary services, Provincial administration personnel and other implementing agencies, within Kakuma in 3 major centres: Kimukoe, Nadapal and Natiir. (b) 200 households in 8 pastoral clusters (with 25 each) restocked each with 5 goats (total 1,000 goats) distributed through voucher scheme. (c) 8 central management committees formed (CMC) and validation of beneficiaries lists for distribution of Feed concentrate, graze lands development, distribution of drought resistant crop, training of CAHW's, distribution of tanks, putting in place water harvesting structures, list verified and validated. Endorsed by the stakeholder committee and signed by the respective village chiefs. (d) Distribution of feed concentrates made to 300 households. (e) Needs assessment on various barter trade systems locally practiced done- 5 women groups already engaged in group saving and loan scheme identified for support in barter trade to promote their trade. Support included pack animals, beads, household items, which they exchanged for goats, cattle and sheep in the pastoralist rural areas. (f) 2 sites for graze land development identified in Kakuma and Oropoi Divisions; each area 5 acres mapped out for graze land development and provision of pasture seeds. ■ 3. (a) Training on grazing methods, i.e. identification of beneficiaries, planting the sites and fencing conducted with support From FAO and Department of Livestock. (b) Sites reseeded with 50kg each of mixed species of pasture seeds on the protected areas. (c) 10 institutions situated along the animal migration routes installed with a 5000 Litre water tanks for roof water catchments; both for domestic and emergency livestock watering. (d) 70 per cent of the drought resistant seeds distributed planted to 692 households in the Division provided with drought resistant seeds. (e) 200 farming households profiled for distribution of farming tools and equipment. ■ 4. a) Training areas, i.e. community animal health workers training, group dynamics and management, crop production technologies and fodder identification and storage identified in collaboration with the Ministry of Agriculture / Livestock and veterinary department and social services. (b) 40 cluster management committee members trained on group dynamics and management, and on animal production and as community animal health workers (CHAWs). (c) 3 farmer field schools set up for crop and fodder production training sites. (d) 30 management committee members trained on pasture development and conservation 	<p>The project built on IOM's field presence and rapid response capability, to provide vital assistance to government in delivering outputs, mainly restocking as well as other services to address the food insecurity as witnessed in the pastoralist areas.</p>	<ul style="list-style-type: none"> ■ Regular joint stakeholder meetings with district steering committee and implementing partners held quarterly to update on activities and address who's doing what where to avoid duplication of activities. ■ Internal narrative and financial reports updated monthly, which captured progress, gaps, challenges, that helped to provide next steps forward. 	<ul style="list-style-type: none"> ■ Special focus was addressed to women and children as, with immediate support being a rapid needs assessment, which helped to further quantify the existing needs, gaps and possible synergies.
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Water – Shelter - Nutrition	10-FAO-007 Support to pastoral and agro-pastoral households	1,521,000	13,750,000	90,000 Women and 40,000 children under the age of 5	<ul style="list-style-type: none"> ■ Beneficiaries have sufficient resources to feed their families for the next four months ■ Beneficiaries are able to re-build and sustain their livelihoods: ■ Livestock assets are protected 	<ul style="list-style-type: none"> ■ 31,933 households benefited from the CERF intervention this translates to 191,598 individuals which is over three times the anticipated number of 60,000 individuals meaning an additional 131,598 individuals were served. ■ The restocking undertaken by VSF-B, OXFAM and VSF-Suisse distributed a total of 188 camels and 3,731 shoats to communities. Also 536 bee hives distributed to communities. ■ 1,607,202 small sheep and goats were vaccinated against PPR, 337,097 goats were vaccinated against CCPP, and 1,599 cattle received vaccination against LSD and CBPP. ■ 361,247 small stocks, and 628 large stocks were de-wormed and 132,720 small stocks and 708 large stocks were treated. ■ Three livestock markets constructed and one rehabilitated. ■ 50 CAHWs trained and 62 livestock traders trained. ■ One shallow well and cattle dip repaired 	Rapid allocation of CERF funds allowed some organizations boost their humanitarian activities especially those organizations dealing with restocking of Camels and goats and some dealing with animal health initiatives.	<ul style="list-style-type: none"> ■ Monitoring and evaluation was done through field visits to implementation sites and back to office reports which were circulated to partners. Mid term and end of project reports helped to evaluate the how the project performed. 	<ul style="list-style-type: none"> ■ The project was beneficial to the community at large, the boys girls, men, women and also the small children and elderly who suffer the most in times of crises. It is worthy to note that the project exceeded our expectations
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Health	<p>10-HCR-002</p> <p>Humanitarian assistance and service delivery to refugees</p>	1,700,053	\$9,000,000	64,443 people	<ul style="list-style-type: none"> ■ Reduction in the GAM and SAM rates ■ Reduction in micronutrients deficiencies particularly relating to anaemia in children, Pregnant and lactating and lactating mothers ■ Improved and increase number of shelters and improvement in general housing conditions in the camp, in view of limiting the exposure of refugees to health and environmental hazards and reduction of SGBV ■ Marked reduction in the amount of food being sold in order to acquire other basic household needs ■ Reduction of sexual exploitation and abuse ■ Improved household food security ■ Increased access to basic health services and ultimately improved health indicators 	<ul style="list-style-type: none"> ■ The GAM rates have improved from 17 per cent at the beginning of 2010 to 10 per cent by the end of 2010/beginning of 2011 ■ The SAM rates on the other hand have also improved from 9 per cent in January 2010 to 3 per cent in December 2010 thus demonstrating a significant improvement in refugees' wellbeing with particular regard to their nutrition ■ There was also a reduction in the number of children as well as pregnant and lactating mothers recorded with micronutrients deficiencies from 45 per cent at the beginning of the year to 35 per cent by the end of 2010. This was in part due to the food provided, but also due to sensitisation 2,000 shelters constructed benefited 7,711 individuals (2,000 families) and increased the number of adequate and secure shelters in Kakuma camp in absolute terms although in terms of the percentage number of adequate and secure shelter, the number remains at 50 per cent just like was the case in January 2010 primarily because of the increase in the number of refugees by 17,000 ■ The size of assistance was not sufficient to significantly reduce the level of sexual exploitation particularly manifested through the number of sex workers. However, a number of sex workers interviewed have expressed the fact that the nutrient basket is helpful to them, as they no longer have to spend on some of the items contained in the basket. The project led to an improvement in household security as a number of households interviewed indicated that they have some food left over by the time of the next distribution. 	<p>The drop in GAM and SAM rates was significant and has reduced the risks arising from and, or related to malnutrition such as retardation and in some cases death</p> <p>There has been an increase in the number of secure shelters. This has reduced the exposure of refugees to environmental and health hazards as well as to SGBV, particularly the women who now live in relatively greater safety. The project has also assisted to great extent new arrivals who are preyed upon by the more long staying refugees either by way of raping or in other ways.</p> <p>The expansion of health facilities have provided refugees with greater access to health and thus less vulnerability to disease. More pregnant mothers are also accessing health facilities.</p>	<ul style="list-style-type: none"> ■ Reports (Updates, Weekly/Monthly Situation Reports) ■ Surveys (baseline and other comprehensive surveys conducted during the course of the year) and assessments (the comprehensive needs assessment conducted in September 2010) ■ The midyear review ■ Programme Coordination meetings where information is exchanged ■ Field visits to implementation areas/observation and interviews of beneficiaries ■ Close monitoring of work plan and other implementation instruments and monitoring tools to ensure implementation is according to plan 	<ul style="list-style-type: none"> ■ 32,314 females ■ 10,870 children under five
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Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded US\$	Date Funds Forwarded
OXFAM	LIVESTOCK	FAOKE-001-001	100,000	21/4/2010
VSF-Suisse	LIVESTOCK	FAOKE-001-002	100,000	21/4/2010
ACTED	LIVESTOCK	FAOKE-001-003	50,000	21/4/2010
WORLD VISION	LIVESTOCK	FAOKE-001-004	175,000	21/4/2010
VSF-Belgium	LIVESTOCK	FAOKE-001-005	175,000	21/4/2010
SNV	LIVESTOCK	FAOKE-001-006	80,000	21/4/2010
LWF	LIVESTOCK	FAOKE-001-007	50,000	21/4/2010
Ministry of Agriculture Loima	Agriculture and irrigation	FAOKE-001-008	50,000	16/06/2010
Ministry of Agriculture, Turkana East	Agriculture and irrigation	FAOKE-001-009	50,000	16/06/2010
KLIFT	LIVESTOCK	FAOKE-001-010	90,000	19/7/2010
KLIFT	LIVESTOCK	FAOKE-001-011	50,000	17/12/2010
Samaritan Purse	Nutrition	09-CEF-038-A (KEN-10/H/28695/6116)	257,064	May and June 2010
Food for the Hungry	Nutrition	10-CEF-009-A (KEN-10/H/28377/8497)	213,386	July and Oct 2010
World Vision	Nutrition	10-CEF-009-A (KEN-10/H/28688/536)	81,942	August 2010
GTZ	Nutrition	10-CEF-009-A (KEN – 10/H/28749/124)	41,866	December 2010
COOPI	WASH	09-CEF-038-C	99,360.70	December 2009
Nosim	WASH	09-CEF-038-C	85,503.70	December 2009
Islamic Relief	WASH	09-CEF-038-C	89,353.87	January 2010
Oxfam	WASH	09-CEF-038-C	137,575.69	February 2010
GAA	WASH	09-CEF-038-C	88,321.62	January 2010
Islamic Relief	WASH	10-CEF-009-B	13,702.62	December 2010

NOSIM	WASH	10-CEF-009-B	19,700.49	August 2010
WVK	Health	KEN-10/H/28375	100,000	April 2010
ADEO	Health	KEN-10/H/28375	100,000	April 2010
IRC	Health	KEN-10/H/28375	100,000	April 2010
Merlin	Health	KEN-10/H/28375	100,000	April 2010
Lutheran World Federation (LWF)	Site Planning, Demarcation and Layout	10 – HCR – 020	787,564	July 2010
Danish Refugee Council (DRC)	Education Shelter Security	10 – HCR – 020	1,443,735	Two Disbursements (July 2010 and September 2010)
Oxfam GB	Water Sanitation	10 – HCR – 020	3,555,730	Two Disbursements (July 2010 and September 2010)
International Organisation for Migration (IOM)	Shelter	10 – HCR – 020	470,734	August 2010
Norwegian Refugee Council (NRC)	Shelter	10 – HCR – 020	1,215,150	August 2010/October 2010
National Council of Churches of Kenya (NCCK)	Shelter	10 – HCR – 020	189,512	August 2010
International Rescue Committee (IRC)	Site Planning, Demarcation and Layout	10 – HCR – 002	166,684	March 2010
National Council of Churches of Kenya (NCCK)	Shelter	10 – HCR – 002	566,401	March 2010

Annex 2: Acronyms and Abbreviations

ADEO	African Development and Emergency Organisation
ASAL	Arid and Semi-Arid Lands
CERF	Central Emergency Response Fund
CSB	Corn Soya Blend
CEWARNS	Centre for Early warning Systems
GAM	Global Acute Malnutrition
DRC	Danish Refugee Council
EC	European Commission
EDP	Extended Delivery Points
EHRP	Emergency Humanitarian Response Plan (Consolidated Appeal)
FAO	Food and Agriculture Organisation
FDP	Final Delivery Points
GoK	Government of Kenya
GAA	German Agro Action
GFD	General Food Distribution
GTZ	German Technical Cooperation (Deutsche Gesellschaft Fur Zusammenarbeit)
LWF	Lutheran World Federation
IOM	International Organisation for Migration
IYCF	Infant and Child Feeding
IRC	International Rescue Committee
MOH	Ministry of Health
MOSS	Minimum Operation Security Standards
MOPHS	Ministry of Public Health and Sanitation
NFI	Non-Food Items
NGO	Non Governmental Organisation
ORS	Oral Rehydration Salts
UNHCR	United Nations High Commission for Refugees
ORT	Outpatient Therapeutic Care Programme
UN	United Nations
UNDSS	United Nations Department for Safety and Security
UNICEF	United Nations Children's Fund
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender Based Violence
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WVK	World Vision Kenya