

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
KENYA  
RAPID RESPONSE  
MEASLES 2016**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Siddharth Chatterjee**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

*There were county level review meeting was held between 25-28 April 2016 which brought together the national government which was monitoring the campaign, local county health teams and implementing partners such as Save the Children as well as UN partners WHO and UNICEF.*

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

YES  NO

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

YES  NO

*The report was shared with the National and County ministries of health, National immunization partner members of the cluster coordinators as part of the overall Measles Rubella campaign.*

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 3,500,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	962,943
	COUNTRY-BASED POOL FUND (if applicable)	-
	OTHER (bilateral/multilateral)	90,000
	<b>TOTAL</b>	<b>1,052,943</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: Fill in			
Agency	Project code	Cluster/Sector	Amount
UNICEF	16-RR-CEF-046	Health	280,647
WHO	16-RR-WHO-018	Health	682,296
<b>TOTAL</b>			<b>962,943</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	608,279.34
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	-
Funds forwarded to government partners	354,663.66
<b>TOTAL</b>	<b>962,943</b>

### HUMANITARIAN NEEDS

Mandera County in Kenya had experienced measles outbreak which begun on 16 December 2015. The County has a population of 1,025,756 and borders Somalia and Ethiopia, which also reported measles outbreaks at the time. More than 60 per cent of populations in Mandera and bordering areas are nomadic who move from one place to another frequently within and across the border with Ethiopia and Somalia, which poses high risks of disease importation and spread. Accordingly, there was a high risk of the measles outbreak spreading to the sub-counties bordering Mandera County due to high cross-border/in-county movements by the nomadic communities during drought seasons.

More than 145 new measles cases and one death were reported in Mandera West-sub-county, the epicentre of the outbreak, in March 2016 alone. However, the numbers of cases were grossly under reported due to various factors such as cultural barriers where measles related cases and deaths were not reported at health centres.

Weekly epidemiological reports published in February and March 2016 showed that the intra-district reporting in Mandera County was the lowest in the country and stood at 33 per cent. Twenty eight new cases coming from three new locations in Mandera West sub-county were also reported in the last week of March 2016 alone – an indication of an upsurge in number of cases and larger geographical areas affected in the county which required an urgent intervention by the Government and humanitarian partners.

The measles outbreaks in Mandera County was a major humanitarian concern since the outbreak can cause high mortality and severe complications among children, especially if the situation is compounded by malnutrition. At the time of the outbreak, Mandera County had GAM rate of 24.7 percent and SAM of 3.7 percent, all above the global emergency threshold. The Health team from Mandera County and humanitarian agencies estimated that the real morbidity and mortality figures from the outbreak could be four times higher than what was reported or line listed at health facilities in affected areas in Mandera where more than 75 per cent of the cases reported are among children below 15 years. The reported CFR in Mandera County at the peak of the outbreak was less than 1 per cent, however, it could have been higher (4 per cent) with a larger geographical coverage if the intervention with the CERF funding could have delayed.

The health-care delivery system in Mandera was visibly weak and overstretched and unable to respond to the measles outbreaks without humanitarian support from partners. Generally, counties in Northern Kenya have the lowest basic social services indicators where health facilities are of low standards and far apart in vast areas. For instance, the Immunization coverage in Mandera County was about 30 per cent, well below the 80 per cent required for herd immunity. Poor infrastructure and insecurity challenges in the region made it difficult for communities to access primary health care services. Measles campaigns are very complex and labour intensive thus in order to conduct an effective measles campaign, health workers had to be deployed from neighbouring counties to support the few qualified staff in the affected county.

The broader response targeted 635,969 children under 14 years of age in the entire Mandera County and parts of the neighbouring Wajir County. Activities were in three broad areas: Logistics inputs, including procurement of vaccines, syringes, needles, Vitamin A supplementation and other essential medical supplies required for measles campaign; social mobilization targeting community members both men and women and care givers to children; and operational costs which includes hiring of vehicles, fuel, allowances for vaccinators and waste management as well as information management. These activities is estimated to costs US\$3.5 million.

To achieve the overall objective of the intervention, WHO and UNICEF, in collaboration with other partners, supported the Kenya Ministry of Health and County and Sub-county health teams in Mandera and Wajir as well as other implementing partners to carry out the rapid response activities. UNICEF supported the procurement of vaccines and other logistical supplies, Save the Children supported the broader logistical work, including movement of supplies to the affected areas in Mandera West sub-county while WHO supported the operational costs, including maintenance of viable cold chain system, printing of technical guidelines and their distribution, hiring short term vaccinators, supervisors and monitors; vehicles rental and fuel for vaccination teams and micro-planning at all levels as well as information management. OCHA provided leadership of the overall coordination of partners throughout the process.

Although it required replenishment, Ministry of Health had availed enough vaccines to cover one round of vaccination campaign and also heightened surveillance at the border regions and in the affected areas.

The involvement of Ministry of Health and Mandera County Health Teams in providing leadership, technical and human resource support was also very essential in the success of the measles campaign.

The main aim of the response in Mandera County (the epicentre of the outbreak) was to quickly increase herd immunity amongst the most vulnerable communities living in Mandera County and parts of Wajir County affected by the outbreaks, which included 6-months to under 15 years children. One round of measles campaign was done over 10 days and with the expectation to reach a total of 635,969 children out of which, 482,865 of them were in Mandera County. The CERF funding targeted the highest risk population of at least 280,000 boys and girls in Mandera County.

## **II. FOCUS AREAS AND PRIORITIZATION**

In response to the reported measles outbreak in Mandera County, humanitarian partners, the National Ministry of Health and Mandera County Health Team conducted a multi-sector rapid assessment (KIRA) between 1 and 3 of February 2016 in Mandera West sub-county – the epicenter of the measles outbreak. The primary objective of the KIRA assessment was to evaluate the extent of outbreak and identify underlying factors that was increasing population susceptibility.

This is not limited to but included the following:

- Identify high-risk population/age group and number of affected villages/areas
- Assist in the identification of level of access to health services and weaknesses in immunization as well as Surveillance.
- Determine the extent of response undertaken by the County Government of Mandera after the index case was reported and gaps
- Establish level of awareness in the community about the disease and its prevention
- Establish population dynamics and risky behaviors

The findings of the KIRA Assessment revealed that the affected sub-county was highly susceptible to vaccine preventable diseases outbreak because of failure to vaccinate children as a result of very limited access to immunization services. The health teams from the county and humanitarian partners estimated that the number of cases could be as high as 576, four times higher than the reported cases of 144. More than 75 per cent of the measles cases reported were in children below 15 years. The population at risk is therefore estimated at 635,969 children between the age of six months and 14 years out of which 482,865 reside in Mandera County. Historically, Mandera West sub- County has had the lowest immunization coverage with measles coverage at 14 per cent and 29 per cent in 2014 and 2015 respectively, hence a population with lowest herd immunity in the County. The sub-county has a total number of 15 health facilities, out of which nine are operational and only six have the capacity to immunize – an indication that the recurrent outbreaks of communicable diseases in the region were as a result of provision of poor health services. Response efforts to the outbreak was also immeasurably inadequate with only 154 children reached out of 51,256 under five population requiring immunization in Mandera West sub-county in the first three months of the outbreak.

Mandera West sub-county used to rely on 40 integrated outreach and mobile health services to provide health care, including immunization to its nomadic population. However, 35 out of the 40 outreach services were closed due to lack of funding, severely impacting primary health care in the sub-county. Low routine immunization coverage, high mobile population and inaccessibility of nomadic population due to insecurity and poor road network were some of the risk factors for transmissions of the disease in Mandera County and in the neighboring Wajir County.

The KIRA assessment recommended that Central Government Ministry of Health (MOH), County Government Ministry of Health and partners mobilize to conduct emergency measles mop up campaign in the six sub-counties of Mandera and the three neighbouring sub-counties in Wajir County targeting children under 15 years as a matter of urgency and also support the cold chain equipment structures. A mop up campaign against measles was identified as the main priority to contain the outbreak in Mandera County. Although the disease was limited to Mandera West sub-county, the immunization campaign focused on the entire Mandera County targeting six months to 14 year population to interrupt the spread of the disease to other sub-counties and outside Mandera County.

### **III. CERF PROCESS**

The lead UN agencies (WHO and UNICEF) alerted the Kenya Humanitarian Partners Team Meeting (KHPT) in January 2016 and the issues of Cholera and Measles outbreak were discussed as a substantive agenda during which time the need for CERF funding was raised and agreed upon. Subsequently, in mid-January 2016, at the Inter-Sector Working Group (ISWG) meeting (which is a technical KHPT), partners which included UN agencies, NGOs and government entities discussed the need for a rapid needs assessment in the affected Mandera West sub-county. Several agencies and government departments, including Kenya Red Cross, UNICEF, Save the Children, RACIDA and Mandera County Ministry of Health, participated in the 1-3 February 2016 KIRA Assessment which prioritized an urgent mop up measles vaccination campaign to interrupt the spread of the disease. Although resource mobilization started in earnest, the Inter-sector Working Group (ISWG) resolved that there was an urgent need to mobilize funds from CERF to allow agencies kick starts the response process.

A concept note was developed by the lead agencies, including WHO and UNICEF in close consultation with ISWG members and NGO partners, including Save the Children, RACIDA and Kenya Red Cross. Save the Children provided an initial US\$80,000 to support the logistical and community mobilization aspects of the mop up campaign in Mandera County. For the response to be gender sensitive, OCHA Senior Gender Advisor was also involved since the measles outbreak in Mandera has equally affected women/girls.

The County Ministry of Health had reported three deaths as a result of the measles in Mandera West sub-county, including a 32 year-old female. KIRA assessment recommended that an urgent mop up campaign and equipping of dispensaries and health centres in Mandera County with cold chain equipment with special focus on Mandera West sub-county, the epicentre of the outbreak.

The three-day KIRA assessment involved field visits to observe the situation, key informant interviews with members of the affected population who provided views on their priority needs. Knowledge generated from the assessment was used to inform the design of the intervention to be undertaken. The Mandera County Health Team and elders of the affected villages were also engaged throughout the CERF process to confirm the needs of the affected population and response requirements through focus group discussions and interviews (individual and key informant). The affected populations were informed of their entitlements such as the mass mop-up campaigns and the need to equip their health centres with cold chains and the need for community sensitization on the importance of vaccinations as well as their involvement in the implementation and monitoring of the project activities during and after the emergency.

Women, girls, boys and men were engaged in decision-making processes during implementation to ensure their priorities were captured. NGOs operating in Mandera West sub-county such as Save the Children also supported the mop-up campaigns with logistics (transportation of essential vaccines and consumables) and mass media messaging and community mobilization in regards to the measles outbreaks. As a result, increased awareness by communities on the outbreak and sources of treatment were achieved.

#### **IV. CERF RESULTS AND ADDED VALUE**

The Measles outbreak response vaccination campaign was conducted in April 2016 targeting 699,430 children aged between 9 months and 14 years in Mandera County and 3 sub-counties of Wajir County. The figure is higher than the estimated population after verification was done by community leaders during microplanning. A total of 566,284 (86 per cent) children aged between 9 months and 14 years were vaccinated against measles while 187,749 (100 per cent) children aged between 6 and 59 months received Vitamin A supplementation during measles vaccination campaign.

The CERF grant immensely contributed to the improved coordination among the humanitarian community within the health sector and with other sectors, including government counterparts who were part of humanitarian coordination activities prior to the actual response phase. All humanitarian agencies and government partners were involved in the coordination and planning process at initial stages which culminated in the decision to conduct KIRA assessment in Mandera West sub-county, the epicentre of measles outbreak.

The improvement in the coordination processes and mechanism was evident from the agreement on the immediate priorities needed to provide emergency response and early interventions in the measles outbreak in Mandera County. The process and use of the CERF grant for response was also regularly communicated and discussed at all levels, including with the National Government Ministry of Health, the Mandera County Government Health Team and Kenya Humanitarian Partners Team (KHPT) members as well as the Inter-Sector Working Group (ISWG) members.

CERF Funding was utilized to procure 311,100 doses of measles vaccines, 753,900 AD Syringes, 68,500 Dilution syringes and 169,800 safety boxes for all the children targeted to be vaccinated. Due to the tight procurement timelines, the government of Kenya provided the vaccines and injection devices from routine stocks to be replenished after the campaign. Also, prior to the campaign, trainings were conducted at the County and Sub county Health Management supervisors, team supervisors, vaccinators and volunteers using a standardized training package was developed by the training committee at the national level for each level and shared for use in the training. A total of 350 healthcare providers/vaccinators were trained to deliver the vaccine safely and communicate to caregivers and community members on measles disease.

On the side of community mobilization, UNICEF provided lead support to the National and County government to mobilize the community to get their children immunized and minimize refusal due to social or other reasons. The following Advocacy, Communication and Social Mobilization activities were conducted:

- Advocacy meetings with Community leaders, religious leaders and county political leadership and National immunization ambassador and county immunization champions
- door to door mobilization by local leaders and volunteers
- High profile launch of the campaign on 18/4/2015 by sub counties and graced by various leaders including the National polio and immunization ambassador Hon. Sen Harold Kipchumba in Wajir County. Other sub county launches were graced by Sub-County Commissioners and stakeholders, including Save the Children.

- Communication through media (Radio): Star FM, Wajir FM to air radio spots in Somali and Borana languages. This included Media talk shows were conducted with local FM stations.
- Social mobilization through use of public address messages was also used.

The above activities contributed to the immunization of a total of 566,284 (89 per cent) children in Mandera County and parts of Wajir County. The CERF grants to Mandera measles campaign in April 2016 was also effectively utilized to mobilize communities for the Measles and Rubella (MR) campaign that was implemented two weeks after the Mandera Measles mop up campaign (Mid May 2016). The Cerf response to measles outbreak and subsequent MR campaign also enabled the Mandera population received two doses of measles vaccination which contributed to higher immunity among the targeted population. No outbreak of measles has been reported since the two campaigns were conducted in Mandera County in April and May 2016. The nationwide vaccination campaign against Measles and Rubella (MR) that was conducted in May 2016 reached 95 per cent of children aged between 9 months and 14 years.

Above all, this CERF grant has helped the health sector in Mandera County achieve its intended results of alleviating the suffering of the affected populations by helping to reach a total of 280,000 children (boys and girls) below 14 years with vaccines against measles and vitamin A supplementation. With the support of the CERF, partners were able to effectively control the measles outbreak in Mandera County in the shortest time possible.

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR<sup>1</sup>**

Total number of individuals affected by the crisis: 635,969									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Health Cluster	255,499	0	255,499	131,620	0	131,620	387,119	0	<b>387,119</b>

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

### **BENEFICIARY ESTIMATION**

Vaccinators were provided with tally sheets and reporting tools to record every child vaccinated. This data was transmitted to the Sub County and County teams who summarised and shared with the National Ministry of Health. The National Ministry of health also send monitoring and supporting the vaccinating teams to ensure data quality. All this information was inputted in the final report and WHO and UNICEF for final reporting to the donor.

**TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup>**

	Children (< 18)	Adults (≥ 18)	Total
<b>Female</b>	255,499		255,499
<b>Male</b>	131,620		131,620
<b>Total individuals (Female and male)</b>	<b>387,119</b>		<b>387,119</b>

<sup>2</sup> 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 project targeted 280,000 children between 6 months and below 15 years. In carrying out the campaign a target of 387,119 children were reached. This was achieved because vaccines were available and social mobilization was also intensified. Thus more children, outside the vaccination sites, may have also availed themselves for the vaccination. This is highly commendable.

CERF funds were used to support coordination amongst partners both at national and county level. This included carrying out of critical stakeholder meetings with religious and political leaders to support the vaccination campaign. This was done in a bid to vaccinate the targeted number of children in the county. The KIRA Assessment of February 2016 found out that the pastoralist communities in Mandera County prohibit measles patients from getting to hospitals for treatment due to traditional beliefs that such patients may die if injected, hence the need to community sensitization through religious and political leaders. The CERF funding strengthened coordination mechanism in Mandera County. It also encouraged more agencies, both UN and NGO partners' involvement in response at the county level. Beside outbreaks, Mandera County experiences other humanitarian emergencies, including conflict induced displacements, recurrent drought and flash floods that require huge humanitarian interventions from time to time. This CERF funding has strengthened the inter-agency coordination as well as coordination with County and National governments, improving preparedness and response mechanisms at all levels.

## **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

Availability of CERF funding enabled quick decision by the ministry of health to mobilize vaccines and injection devices from routine immunization stocks as the supplies would be replenished. The counties also initiated activities due to assurance of support from the UN.

### **b) Did CERF funds help respond to time critical needs<sup>1</sup>?**

YES  PARTIALLY  NO

CERF funds were used to conduct critical activities in time that disrupted the transmission

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

YES  PARTIALLY  NO

Availability of CERF funding enabled mobilization of vaccines and injection devices from routine immunization stocks as there was assurance that the supplies would be replenished.

### **d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

CERF funds were used to support coordination amongst partners both at national and county level. This included carrying out of critical stakeholder meetings with religious and political leaders to support the vaccination campaign. This was done in a bid to vaccinate the targeted number of children in the county. The KIRA Assessment of February 2016 found out that the pastoralist communities in Mandera County prohibit measles patients from getting to hospitals for treatment due to traditional beliefs that such patients may die if injected, hence the need to community sensitization through religious and political leaders.

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<sup>1</sup> 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.).



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

The CERF funding strengthened coordination mechanism in Mandera County. It also encouraged more agencies, both UN and NGO partners' involvement in response at the county level. Beside outbreaks, Mandera County experiences other humanitarian emergencies, including conflict induced displacements, recurrent drought and flash floods that require huge humanitarian interventions from time to time. This CERF funding has strengthened the inter-agency coordination as well as coordination with County and National governments, improving preparedness and response mechanisms at all levels.

## V. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Timely disbursement of CERF funds which enabled agencies to carry out intervention activities	Contact CERF Secretariat for support in good time	OCHA, WHO and UNICEF

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Continuous mobilization of the various county sectors and key stakeholders for public health interventions	A coordination forum should be established at both county and sub-county levels to provide timely preparedness and response efforts during emergencies	County and Sub-county Health Teams
The CERF grant for measles mop-up campaign in April 2016 in Mandera County helped to mobilize communities and prepare for the Measles and Rubella (MR) campaign that was implemented in May 2016	Health Sector leads need to put in place measures/strategy to enable and encourage effective utilization of funds if mass vaccination campaigns coincide.	Ministry of Health, Mandera County Health Teams, WHO, UNICEF
Challenges in conducting of immunization campaigns within the devolved governance structure	Improve coordination and information sharing between national and county governments	Ministry of Health, County Government, OCHA, WHO and UNICEF
Urgent need to improve the disease surveillance mechanism especially for measles in the two counties (Mandera and Wajir)	Trainings in disease surveillance, outbreak investigation, confirmation and rapid response	Ministry of Health and County and Sub county Health Teams

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNICEF WHO		<b>5. CERF grant period:</b>	24/03/2016- 23/09/2016		
<b>2. CERF project code:</b>	16-RR-CEF-046 16-RR-WHO-018		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency Response to Measles Outbreak in Manderu County					
<b>7. Funding</b>	a. Total funding requirements <sup>2</sup> :	US\$3,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>3</sup> :	US\$1,052,943	<ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i></li> </ul>			
	c. Amount received from CERF:	US\$962,943	<ul style="list-style-type: none"> <li>▪ <i>Government Partners:</i> US\$354,664</li> </ul>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (&lt; 18)</i>	185,000	95,000	280,000	255,499	131,620	387,119
<i>Adults (≥ 18)</i>						
<b>Total</b>	<b>185,000</b>	<b>95,000</b>	<b>280,000</b>	<b>255,499</b>	<b>131,620</b>	<b>387,119</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	<b>280,000</b>			<b>387,119</b>		

<sup>2</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>3</sup> This should include both funding received from CERF and from other donors.

<b>Total (same as in 8a)</b>	<b>280,000</b>	<b>387,119</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	There estimated population was a projection. There was also influx from neighbouring counties that also have limited access to routine immunization services	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Increase population immunity against measles through vaccination of at least 95% of children aged 6 months to 14 years		
<b>10. Outcome statement</b>	Measles Outbreak controlled in Mandera County.		
<b>11. Outputs</b>			
<b>Output 1</b>	Caregivers of 280,000 children aged below 14 years in Mandera County are mobilized to demand for measles vaccine		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	% of households (50,000) aware of measles vaccination campaign.	90% (45,000 households)	95%
Indicator 1.2	% of children not vaccinated due to refusal or lack of awareness (disaggregated by sex)	Less than 5%	Less than 5%
Indicator 1.3	Number of health workers and volunteers hired and given orientation	350	350
Indicator 1.4	Number of health workers and teams deployed	350	350
Indicator 1.5	No. of points with vaccines and cold chain facility	20	20
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Advocacy Launch of the campaign by county government	UNICEF/MOH	UNICEF/MOH (launch conducted in Mandera and Wajir)
Activity 1.2	Implement key media, print and interpersonal communication sessions before and during campaign sessions	UNICEF	UNICEF
Activity 1.3	Monitor advocacy, communication and social mobilization performance on campaign	UNICEF	UNICEF (Planning and guidance for communication provided by UNICEF communication specialist)
<b>Output 2</b>	Vaccinators, supervisors and volunteers hired oriented on how to give measles vaccine conducted and deployed for campaign		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Vaccinators, supervisors and volunteers hired	350	350

<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Hire vaccinators and volunteers from neighbouring counties	WHO and County Health Team (CHT)	WHO and County Health Team (CHT)
Activity 2.2	Conduct orientation for the health workers and volunteers	WHO/MOH and CHT	WHO and County Health Team (CHT)
<b>Output 3</b>	Adequate supplies and Logistics available for Measles campaign in Mandera County		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of doses of Measles vaccine procured	311,080	311,110
Indicator 3.2	outnumber of injection devices syringes safety boxes and waste management paper bags procured for the vaccination campaign	685,364 AD Syringes; 68,536 Dilution syringes and 6,792 safety Boxes and waste management paper bags	753,900 AD Syringes; 68,500 Dilution syringes and 169,800 safety Boxes and waste management paper bags
Indicator 3.3	no of vitamin A vaccine procured	588 tins of 1000 of Vitamin A	Not procured. Used in country stocks
Indicator 3.4	Percentage of children in target group reached with vaccine	95 (266,000)	86%
Indicator 3.5	Standard Guidelines and tools available to vaccinators	1000	1000
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Procure of 311,080 doses of measles vaccine for 280,000 children	UNICEF	UNICEF (311,100 doses)
Activity 3.2	Procure 685,364 AD Syringes; 68,536 Dilution syringes and 6,792 safety Boxes and waste management paper bags	UNICEF	UNICEF (753,900 AD Syringes; 68,500 Dilution syringes and 169,800 safety Boxes and waste management paper bags )
Activity 3.3	Procure 588 tins of 1000 of Vitamin A	UNICEF	UNICEF (used in-country stocks)
Activity 3.4	Emergency deployment and fixing of solar fridges (cold chain) in 20 locations	WHO and CHT	20 solar fridges procured
Activity 3.5	Transportation of vaccines and consumable to the central points, and collection of vaccine wastes	WHO and CHT	WHO and CHT
Activity 3.6	Conduct supervision and monitoring of campaign	WHO, MOH and CHT	WHO and CHT
Activity 3.7	Transport adequate for operational activities	WHO, MOH and CHT	WHO and CHT
<b>Output 4</b>	Conduct independent monitoring and evaluation		

Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Organize three day evaluation and assessment	100%	100%
Indicator 4.2	Prepare final and real output report	100%	100%
Indicator 4.3	Disseminate final coverage result	100%	100%
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Organize three day evaluation and assessment	WHO, UNICEF, MOH, CHT	WHO, UNICEF, MOH, CHT
Activity 4.2	Prepare final and real output report	WHO, MoH	WHO, MoH
Activity 4.3	Disseminate final coverage result	WHO and MoH	WHO, MoH

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

The CERF project targeted 280,000 children between 6 months and below 15 years. In carrying out the campaign a target of 387,119 children were reached. This was achieved because vaccines were available and social mobilization was also intensified. Thus more children, outside the vaccination sites, may have also availed themselves for the vaccination. This is highly commendable.

CERF funds were used to support coordination amongst partners both at national and county level. This included carrying out of critical stakeholder meetings with religious and political leaders to support the vaccination campaign. This was done in a bid to vaccinate the targeted number of children in the county. The KIRA Assessment of February 2016 found out that the pastoralist communities in Mandera County prohibit measles patients from getting to hospitals for treatment due to traditional beliefs that such patients may die if injected, hence the need to community sensitization through religious and political leaders. The CERF funding strengthened coordination mechanism in Mandera County. It also encouraged more agencies, both UN and NGO partners' involvement in response at the county level. Beside outbreaks, Mandera County experiences other humanitarian emergencies, including conflict induced displacements, recurrent drought and flash floods that require huge humanitarian interventions from time to time. This CERF funding has strengthened the inter-agency coordination as well as coordination with County and National governments, improving preparedness and response mechanisms at all levels.

Because of devolution of the health sector decision making by both levels of government delayed reporting of the outbreak and response. Structure for disaster preparedness and response has also been weakened by the complexities surround devolution of the health sector. Because of underfunding the measles surveillance system relies more on polio surveillance system and structures. The polio program is also experiencing a decline in funding.

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

During the response, in-process monitoring was carried out by the national supervisors, county supervisors, sub-county supervisors, team supervisors, independent observers/monitors WHO, UNICEF and UNOCHA. The findings and results of in-process monitoring were used to improve on each subsequent day's activities. The in-process monitoring was carried out using standardized checklists. Daily review meetings at the end of the day were held in each sub-County to assess progress made, challenges and plan for the following day. These review meetings provided an opportunity for daily improvements.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-CEF-046	Health	WHO	GOV	\$303,046
16-RR-CEF-046	Health	UNICEF	GOV	\$51,619

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

MHT	Mandera Health Team
CFR	Case Fatality Rate
KIRA	Kenya Inter-Agency Rapid Assessment
MOH	Ministry of Health
KHPT	Kenya Humanitarian Partners Team
ISWG	Inter-Sector Working Group
MR	Measles Rubella