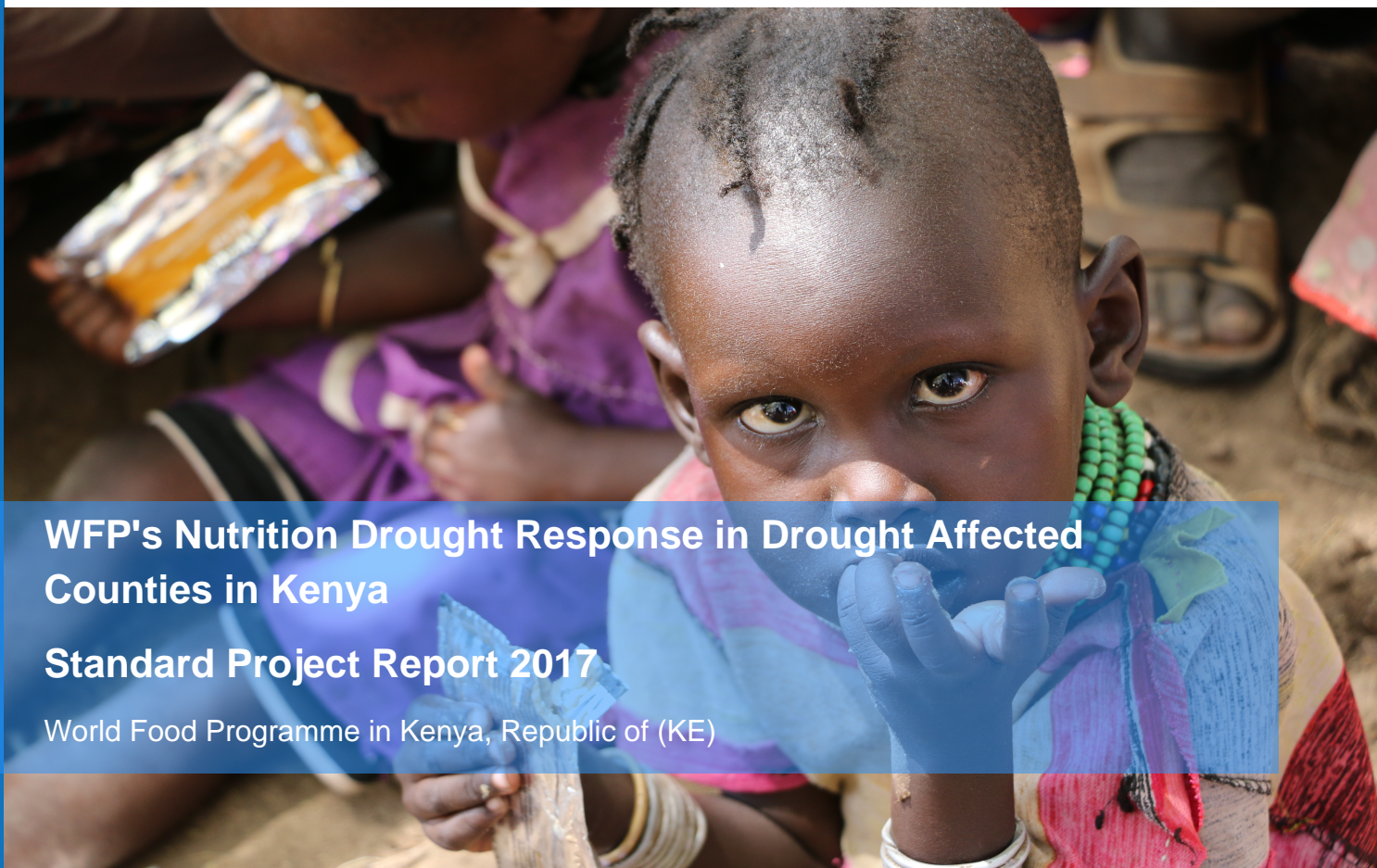


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Further Information
<http://www.wfp.org/countries>
SPR Reading Guidance



WFP's Nutrition Drought Response in Drought Affected Counties in Kenya
Standard Project Report 2017

World Food Programme in Kenya, Republic of (KE)



World Food Programme

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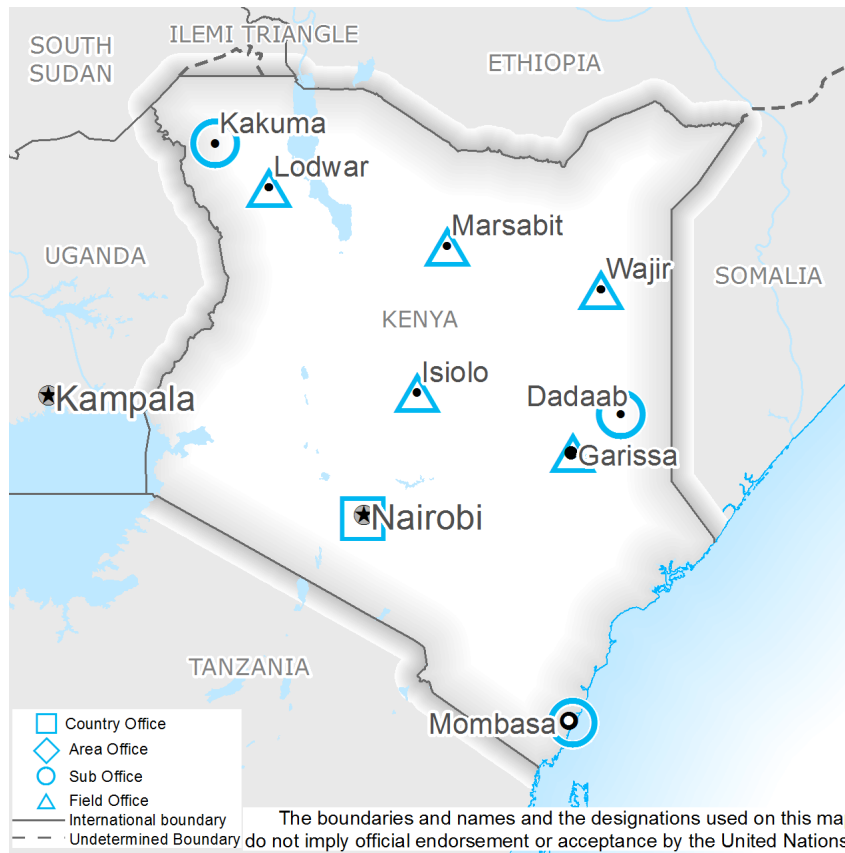
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Country Context and WFP Objectives



Achievements at Country Level

WFP's response to the nutrition crisis of 2017 was well executed. While 100 percent funding was not received, available resources enabled WFP to (i) scale up the treatment of moderate acute malnutrition; (ii) initiate an activity to prevent acute malnutrition in five out of seven target counties; and (iii) start providing protection rations. The nutrition activities were integrated to other health services, or linked with ongoing programmes or safety nets, thus increasing the effectiveness of the response. As a result, the prevalence of global acute malnutrition (GAM) - that had reached "critical" levels in the first half of 2017[1] - began to taper off towards the end of 2017.

WFP's technical assistance enabled the State Department of Special Programmes to provide cash-based assistance to 1.6 million drought-affected people in 13 counties. The National Drought Management Authority (NDMA) had more efficient monthly early warning data collection tools, which helped the counties in faster decision-making during the drought. In the four county governments which had comprehensive capacity strengthening activities, they prepared county-specific disaster risk management (DRM) policies and established relevant DRM departments.

Support by WFP and others to the social protection sector resulted in increased coherence in policy development work, improved coordination within the sector and increased government commitment to expand social protection coverage. The Ministry of Education prepared and approved a road map for the accelerated full handover of the school meals programme by July 2018.

Partnerships with government, private sector, and research institutes enabled upscaling of farm pond technology, which has great potential to increase households' resilience to drought. WFP piloted integrated risk management by enabling access to a micro-insurance scheme supporting selected subsistence farmer households in Kitui. Small-scale millers acquired sufficient capacity to mill, fortify and supply cereals to support provision of meals in nursery schools supported by the Government of Turkana County, thus increasing incomes and sustainability.

In the Kalobeyei integrated settlement, WFP, United Nations partners and the Government of Turkana County introduced activities with potential to increase economic and livelihood opportunities of refugees and their hosts. WFP leveraged on existing programmes, including national school meals, food assistance for assets (FFA), markets support, cash-based transfers (CBT), and engagement with smallholder farmers. The scarcity of water in Kalobeyei remained a major challenge.

[1] Integrated Phase Classification (IPC) for Acute Malnutrition.

Country Context and Response of the Government

Kenya has diverse natural resources and potential owing to its highly varied landscape. The country is transforming rapidly. A decade of stability and consistent economic growth saw it achieve lower middle-income status in 2014. But huge social, economic and gender inequalities persist; women and the youth (18 to 35 years) are more likely to be unemployed than older male [2]. Forty-two percent of its population of 46 million live in poverty. For many, access to adequate and quality food remains a major challenge, resulting in significant levels of undernutrition and food insecurity, particularly in the arid and semi-arid lands (ASAL) which are underdeveloped, drought-prone and often suffer from conflicts between communities over limited natural resources. The level of food insecurity escalates significantly during periods of drought and/or floods. For instance, in 2017, 20-25 percent of the population in the ASAL were acutely food insecure.

Farming remains the main economic driver, although 80 percent of land is either arid or semi-arid. Kenya's vulnerability to climate change and weather-related shocks is increasing. Ninety-five percent of crops in Kenya are rainfed, leaving farmers highly exposed to droughts. Seasons have become far less predictable, with poor distribution of rainfall over space and time, thereby disrupting cropping and exacerbating soil erosion.

Smallholder farmers account for 75 percent of agricultural output and 70 percent of market supplies. Women provide 80 percent of farm labour and manage 40 percent of smallholder farms but own only 1 percent of farming land and receive only 10 percent of farming credit [3]. Inefficient value chains are unresponsive to the needs of smallholder farmers and poorer consumers. Pastoralists face severe water scarcity for fodder and water for their livestock during the long dry spells, which often leads to resource-based conflicts.

Over the last decade, the prevalence of stunting among children under 5 years has significantly decreased to 26 percent, though the absolute number has increased due to population growth. In the arid counties, global acute malnutrition (GAM) among children 6-59 months often exceeds the "critical" threshold of 15 percent. Micronutrient deficiencies remain high, with anaemia prevalence being 28 percent (boys), 25 percent (girls), and 42 percent (pregnant women) denoting a severe public health problem [4]. The immediate causes of malnutrition, particularly for children 6-59 months, are intake of food that is low in quantity and quality, high disease burden, and inadequate access to basic services. Kenya has the joint fourth-largest HIV epidemic in the world in terms of the number of people living with HIV (1.6 million people), with prevalence high at 5.4 percent. The National Food and Nutrition Security Policy (2012) and its Action Plan articulate the interventions required to address malnutrition, and recognises the role of gender dynamics in food security and nutrition.

The National Safety Net Programme involves cash transfer to severely disabled persons, orphans and vulnerable children, elderly persons over 65 years old and extremely poor people in northern Kenya. A 2017 Social Protection Sector Review is forming the basis for a long-term investment plan focussing on: inclusive, lifecycle social protection; improving and expanding the shock-responsiveness of social assistance schemes; and the expansion of complementary interventions.

The education sector is still faced with historical imbalances in access, equity, quality and relevance, despite the free primary education introduced in 2003. Children in the arid lands face many difficulties in accessing education, because of poverty, food insecurity, conflict, pressure to engage children in household chores or paid labour, the nomadic lifestyle of pastoralists, inadequate trained teachers, poor teacher attendance, insufficient access to textbooks, and poor water and sanitation facilities [5].

Devolution is central to the 2010 Constitution. Forty even elected county governments were established in an attempt to address the regional imbalances while bringing the basic public services closer to the citizens. The counties are improving accountability and public service delivery at sub-national levels. National and county governments are increasingly taking over direct implementation of food security and nutrition activities. But many of the accountable institutions still have inadequate capacity and resources to plan, budget and implement, including for nutrition and food security. The Government has adopted gender-responsive budgeting as a strategy for promoting gender equality and inclusion at both the national and county levels.

Kenya hosts a large refugee population, mainly in camps located in food-insecure counties of Garissa and Turkana. Unable to work or move freely because of the encampment policy of the host country, refugees are highly dependent on international assistance, but there are opportunities for new approaches to improve livelihoods.

[2] Women and Men in Kenya: Facts and Figures 2017.

[3] Agricultural Sector Development Strategy 2010 – 2020.

[4] Kenya National Micronutrient Survey 2011.

[5] Paper commissioned for the EFA Global Monitoring Report 2010, Reaching the marginalized (available at <http://unesdoc.unesco.org/images/0018/001866/186617e.pdf>).

WFP Objectives and Strategic Coordination

WFP continued its shift from direct service delivery to strengthening the national capacities through provision of technical assistance and facilitating discussions on required policies, plans and strategies. These shifts have been possible due to strategic partnerships with the national and county governments, and development partners. There has been increased national interest and capacity to assume leadership for ensuring food and nutrition security. WFP's interventions were through a Country Programme (CP), and two protracted relief and recovery operations (PRRO).

Country Programme (CP) 200680 (2014-2018), approved budget USD 129 million, had two main objectives: i) reduce risk and enable people, communities and countries to meet their own food and nutrition needs by strengthening communities and institutions; and ii) reduce undernutrition and break the intergenerational cycle of hunger by increasing equitable access to and utilization of education and addressing undernutrition among the school children. The CP has four components:

Component 1 sought to strengthen the capacity of national institutions and county governments to assess, analyse, prepare for and respond to food insecurity and undernutrition. It also supported acceleration of government leadership and coordination of safety nets through investments in the national social protection single registry and modelling integrated approaches to social protection.

Component 2 built on the successes of Kenya's home-grown school meals programme (HGSMP) and continued to invest in implementation and sustainable expansion. The plan is to have a fully nationally-led school meals programme by mid-2018. WFP complemented the national efforts in some counties through direct provision of meals to school children.

Component 3 assisted smallholder farmers and millers to acquire skills and benefit from structured market opportunities to economically empower women and men farmers. For sustainability, WFP focussed on policy discussions on affirmative actions for the farmers to access public procurement opportunities and to improve the quality and safety of food.

Component 4 aimed to improve the nutritional outcomes of vulnerable groups by focusing on chronic malnutrition. It sought to contribute to the prevention of micronutrient deficiencies in school-aged children, including adolescent girls, and integrate water, sanitation, hygiene and nutrition issues into the school meals programme.

PRRO 200736 (2015-2018) “Bridging Relief and Resilience in the Arid Lands”, approved budget USD 295 million, was implemented in the arid and semi-arid lands. It had three strategic objectives: (i) save lives and livelihoods in emergencies through general distributions and treatment of moderate acute malnutrition in the ASAL; (ii) reduce risk and enable people, communities and counties to meet their own food and nutrition needs through creation of productive assets; (iii) reduce undernutrition and break the intergenerational cycle of hunger by providing micronutrient powders to children aged 6-23 months. It also aimed to enhance partnerships to build resilience, increase sustainability and prepare for hand-over to the Government. Capacity strengthening activities were embedded in each of the project objectives.

The Nutrition Technical Forum, co-chaired by the Ministry of Health and UNICEF, coordinated activities in the nutrition sector at the national level. Plans are ongoing towards establishing high-level nutrition multi-stakeholder platforms at both national and county levels, under the Scaling up Nutrition movement in Kenya. The National AIDS Control Council coordinated and provided leadership for the multi-sectoral national response to *HIV and AIDS*.

PRRO 200737 (2015-2018) “Food Assistance for Refugees”, approved budget USD 377 million, sought to ensure adequate food consumption for refugees and supported food and nutrition security for refugees and host communities in Dadaab, Kakuma and Kalobeyei. It also sought to treat moderate acute malnutrition in children, pregnant and lactating women (PLW), prevent prevalence of undernutrition in children and PLW, address special

nutrition needs of people with chronic illnesses, and improve learning and access to education for girls and boys in primary schools. The operation also sought increase livelihood opportunities for refugees and host communities and strengthen local food value chains and markets.

Country Resources and Results

Resources for Results

WFP Kenya received 73 percent funding against the budgeted requirements for 2017. This was a 17 percent increase from 2016, and is indicative of the strong donor commitment to support WFP in Kenya. Ninety-four percent of confirmed contributions were directed multilateral allocations; the remainder were bilateral allocations. WFP Kenya's main fundraising strategy was to maintain regular engagement with traditional donors and foster new relationships with emerging donors. WFP endeavoured to showcase its work on reducing hunger and improving livelihoods through: (i) consultative meetings with donors and other development partners; (ii) regular updates and reports on progress and challenges; and (iii) field visits.

For all the operations, cash-based transfers (CBT) were better funded than in-kind food transfers, although the planned CBT requirements were less than the planned in-kind food requirements. Constraints included: contributions earmarked for certain activities or a transfer modality, which reduced the flexibility in programming and utilization of funds; contributions with very short validity periods; and late arrival of in-kind shipments from abroad. Where feasible, WFP used corporate advance financing opportunities that enabled the operations to access funds internally before the contributions were confirmed.

At 79 percent, PRRO 200736 was better-funded than the other two operations, both in terms of absolute amount received and percent of needs met. However, the treatment of moderate acute malnutrition was seriously underfunded at the start of the year, with new funding being received to address the worsening nutrition crisis later in the year. Resources for food assistance-for-asset (FFA) activities were adequate for food and cash transfers but not for the provision of required non-food items, which affected the quality and quantity of outputs achieved. WFP received funds to provide technical support to the Government to respond to drought relief requirements with CBT. A budget revision extended the project to June 2018.

As WFP shifts implementation of FFA activities from NGOs to county governments, there are inherent financial management risks that may arise because of capacity gaps. To mitigate these, WFP engaged the services of Price Waterhouse Coopers to conduct micro-assessments of some of the pilot counties that were identified for direct implementation to identify capacity gaps and support required.

CP 200680 overall funding was 71 percent but the school meals activity was seriously under-resourced, with food not being available for a whole school term. Capacity strengthening activities were well-resourced, with predictable multi-year funding. A new source of funding was received for the agricultural market access and linkages activity. Micronutrient supplementation activities for children aged 6-23 months had no funding in 2017 and relied on carry-over stocks from 2016. The budget revision increased the amount for capacity development activities.

PRRO 200737 supported refugees and their host communities and was the least funded in percentage terms (68 percent). CBT and nutrition activities benefitted from predictable multi-year funding, which enabled better planning. However, severe funding shortfalls meant that refugees received their full entitlements for the in-kind portion of transfer only between April and August 2017. Host communities did not receive transfers for FFA from July onwards. The reduction of rations was one of the contributing factors for poor food security outcomes. A budget revision was prepared to address changes in beneficiary numbers, revise the proportion between in-kind food and CBT, extend the duration of the project and include capacity development activities.

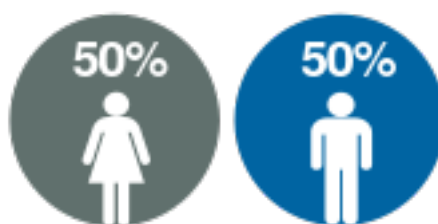
WFP Kenya took concrete actions to decrease the environmental footprint of its operations and increase resource efficiency through a series of waste-saving actions, consistent with the international standard ISO 14001, that specifies requirements for an effective environmental management system. An environmental action plan was developed. The office introduced a pull printing system that enabled users to send print jobs via a universal printer driver. This system saw a 60 percent reduction in operational cost of printing compared to 2016. WFP also adopted the contractual terms offered to the United Nations Office in Nairobi by the travel agent, resulting in 10 percent reduction in travel fees paid.

As part of value for money, the office also recognized the criticality of staff wellness amid high-stressful contexts, where delivering of results relies on staff wellbeing and safety. Concrete actions taken include provision of a breast milk pumping station in Nairobi, upgrading housing facilities in field offices, and armoured vehicles to be used in high threat areas for terror attacks along the Kenya/Somali border.



Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	246,737	239,244	485,981
Children (5-18 years)	528,843	458,520	987,363
Adults (18 years plus)	187,794	256,722	444,516
Total number of beneficiaries in 2017	963,374	954,486	1,917,860




Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Country Programme	3,442	111	871	-	76	4,501
Single Country IR-EMOP	-	-	-	79	-	79
Single Country PRRO	54,892	6,078	10,976	17,667	60	89,673
Total Food Distributed in 2017	58,334	6,189	11,847	17,746	136	94,253



Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Country Programme	2,671,284	-	-
Single Country PRRO	30,476,489	-	-

Project Type	Cash	Value Voucher	Commodity Voucher
Total Distributed in 2017	33,147,774	-	-

Supply Chain

Kenya's logistics infrastructure includes one seaport, several airports and airstrips, a railway line and an expansive road network. The port of Mombasa is the main gateway serving programmes in Kenya and neighbouring countries (Burundi, Democratic Republic of the Congo, Rwanda, Somalia, South Sudan and Uganda) by road and the old railway running to the border with Uganda. The new Standard Gauge Railway line was commissioned in 2017 but for only passengers. WFP Kenya managed the vessel discharge, customs clearance, storage, handling and transport, from the port or from in-country suppliers' premises to county warehouses, and to reception hubs of supported countries. The efficiency of the Mombasa corridor was fundamental to the achievement of WFP's objectives in the region.

The Kenyan road network consists of paved and unpaved roads and is the main route of transport, accounting for 90 percent of cargo and passenger traffic. Most of the roads in the hinterland are unpaved, making them impassable during heavy rainfall. Insecurity was the main challenge for deliveries in northern Kenya: worst affected were Kitale-Lokichoggio, and the Garissa-Mandera routes.

In the middle of 2017, high volumes of WFP cargo were received in Mombasa within a very short period, thereby straining contracted transport capacity and storage facilities. There were limited transporters in Kenya as most firms had shifted their capacity from the country due to low volumes received earlier. Yet there was an urgency to pre-position food before the start of the March-May rains in Kenya and South Sudan.

As the Government waived duties for commercial imports of cereals, sugar and processed milk in response to food scarcity in Kenya, the port became congested and waiting time for conventional ships to berth increased from 5 days to 20 days. The Government maize was given priority for offtake from the silos.

To cope, WFP: (i) issued new transport contracts, increasing inland rates by 10 percent and cross-border (South Sudan) rates by 3 percent; (ii) negotiated and obtained priority berthing for its vessels within five days of arrival in Mombasa thus incurring no demurrage costs; (iii) negotiated with the silo owners for truck loading priority, given the humanitarian nature of the food; (iv) requested transporters that had shifted their trucks to South Sudan operations to re-position them back in Kenya to increase the local capacity; (v) monitored road conditions during the rainy season, and when the roads became impassable, dispatches were halted to avoid the risks of trucks getting stuck and food being damaged by water.

Supply chain costs increased because a new Government regulation made it mandatory for all importers to pay an inspection fee for agricultural commodities imported for domestic use. Fuel prices also went up by 10 percent and transport rates increased in some parts of Kenya because of banditry. Nevertheless, WFP continued to improve cost efficiency by fostering competition amongst service providers through competitive tendering. Cross-border rates to the other countries (except South Sudan) reduced by an average of 10 percent, resulting in savings of USD 588,000 in 2017. A further USD 360,000 of port operations costs was saved because of directly delivering some food from the ships to the outbound trucks in Mombasa.

WFP set three main key performance evaluation indicators for transporters: responsiveness, timeliness and quality. The evaluation was a two-way communication channel where each party evaluated and gave feedback to the other. The evaluation aided in streamlining the roster of service providers by weeding out non-performers and maintaining those that are competitive and high performing.

Timely posting of data into the corporate system, and close monitoring of "best before" use dates safeguarded the safety and quality of food in warehouses. Damaged or infested stocks were immediately reconstituted or fumigated. Post-delivery losses were 0.05 percent of total food handled. Although this was higher than in 2016 (0.02 percent), the increase resulted from truck accidents that were beyond the control of the transporters.

Besides managing delivery of in-kind food, WFP used its supply chain expertise to ensure beneficiaries received their CBT on time, and that traders in refugee camps increased their capacity to engage profitably and give best value to their customers.

It is also worth noting that in 2017, WFP injected USD 37.8 million into the Kenyan economy through payment to service providers in the logistics sector. Outsourcing services to commercial suppliers promotes growth of the Kenyan economy and aids in building capacities of the local entities.

Most of the food for operations in Kenya was received as in-kind donations from abroad. Compared to previous years, there was a decrease in the quantity of food purchased locally by WFP Kenya. Most purchases were made

through WFP's Global Commodity Management Facility (GCMF). The GCMF allowed WFP to make advance purchases of food from local, regional or international markets, when prices are favourable, to support future programme needs. Some of the food purchased through the GCMF was purchased from Kenyan traders and smallholder farmer organizations, thus boosting the local economy.



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Maize	15	-	15
Rice	-	3,182	3,182
Total	15	3,182	3,197
Percentage	0.5%	99.5%	

Annual Global Commodity Management Facility Purchases Received in Country (mt)

Commodity	Total
Beans	500
Corn Soya Blend	21,511
Maize	6,846
Ready To Use Supplementary Food	2,002
Sorghum/Millet	14,073
Split Peas	1,965
Sugar	100
Vegetable Oil	1,040
Total	48,037

Implementation of Evaluation Recommendations and Lessons Learned

Recent studies, reviews and evaluations in Kenya have drawn insightful lessons.

A 2017 review of WFP's country capacity strengthening activities positively highlighted the support in the design and implementation of key systems and processes, such as the national single registry, and in facilitating policy discourse in disaster risk management and social protection. It underscored the importance of WFP's early engagement with the devolution process, recommending increased focus on institutional investments at county level and the promotion of linkages between national and county authorities to improve disaster management and the supply chain. A major lesson learned was the need to build in flexibility because of the Government's own rules and regulations and institutions are also dynamic. WFP will consider the findings and recommendations of this review when implementing the five-year Country Strategic Plan that scheduled to start in July 2018.

A 2017 decentralised evaluation (end line) of WFP's support to the school meals programme commended the strong partnership with the Government and the successful gradual handover of the programme from WFP to the Ministry of Education. It recommended six key priorities: (i) continue technical support to the Ministry to complete

the handover; (ii) digitise the reporting system; (iii) strengthen partnerships to address threats to pupils' safety while commuting to school; (iv) increase awareness on the complaints and feedback mechanism; (v) train cooks and storekeepers; (vi) conduct county-specific capacity gaps and needs assessment. These will be implemented in 2018. A baseline for the next phase of the project was also conducted and highlighted the need for WFP to advocate for: (i) speedy adoption of the National School Meals and Nutrition Policy and support for multi-sectoral coordination; and (ii) ring-fencing of the budget and ensuring adequate, timely and regular disbursements to schools.

The 2016 decentralised evaluation of FFA concluded that these activities were building essential infrastructures and social capital, which are vital to support self-reliance and resilience. It recommended: (i) improving technical aspects of the projects to improve quality; (ii) increasing engagement of men and youth to improve gender equality and make the changes transformative; (iii) supporting national and county governments for the enhanced and effective implementation of the National Agricultural Sector Extension Policy, and (iv) supporting county governments to include climate-resilient livelihood activities in the second-generation County Integrated Development Plans (CIDPs). In response, WFP trained implementers and project committee members on the technical standards expected of each asset type, hired two engineers, and supported the CIDP preparations. Also, WFP contracted a technical institute to review the FFA technical manual, and prepared practical implementation guides that include how to effectively engage men, women and the youth.

An internal review of WFP support to facilitate access and linkages for smallholders in 2016 recommended proactive assessment and engagement with all actors along the value chains to enhance efficiency and improve markets. It also highlighted the critical role of institutional procurement, e.g. school feeding, for stimulating smallholder farmers' supply, facilitate linkages to markets, enhance value chains and improve food safety and quality.

A 2015 joint review by UNHCR and WFP concluded that the use of biometric fingerprinting to identify refugees, ensure protection and enhance accountability and management of food assistance, resulted in significant cost reduction. In 2017, an evaluation started to assess the effects of CBT on local economies, food security and nutrition, income and social cohesion between refugees and their hosts. This will also help determine the most effective and efficient mix between food and cash.

Project Results

Activities and Operational Partnerships

Activity: Treatment of moderate acute malnutrition among boys and girls aged 6-59 months in drought-affected counties

In 2017, severe drought caused by poor rains for two consecutive seasons resulted in rapidly increasing levels of food insecurity and acute malnutrition in Kenya, exacerbated by high levels of chronic poverty and vulnerability in the arid and semi-arid lands (ASALs).

In early 2017, the nutrition sector - led by the Ministry of Health (MOH) - conducted a detailed situation analysis, based on nutrition surveys conducted between October 2016 and February 2017. In the 23 drought-affected counties, 344,000 children aged 6-59 months were suffering from acute malnutrition, of which 269,000 from moderate and 75,000 severe malnutrition. The worst affected counties were Baringo, Isiolo, Marsabit, Mandera and Turkana, which had sub-counties with “very critical” global acute malnutrition (GAM \geq 30 percent) or “critical” nutrition (GAM 15.0-29.9 percent). Further surveillance information based on mass screenings and routine data collection showed that malnutrition continued to deteriorate as drought conditions persisted.

Following the increasing humanitarian needs, the Government of Kenya declared drought a national disaster on 10 February 2017 and requested the international community to support and supplement national response measures. In particular, the MOH experienced delays in replenishing its supplies of Ready-to-use Supplementary Food (RUSF) and requested WFP to cover the gaps. WFP did not have the resources to cover the identified gaps under its Protracted Relief and Recovery Operation (PRRO 200736). Therefore, an Immediate Response-Emergency Operation (IR-EMOP) was launched to quickly mobilise funds to purchase and deliver the RUSF required to treat 134,000 boys and girls aged 6-59 months identified with Moderate Acute Malnutrition (MAM). The target was based on a coverage rate of 50 percent based on experience in Kenya and in line with the Sphere standards. The treatment of pregnant and lactating women (PLW) was entirely covered by the MOH and not part of this operation.

WFP's MAM treatment complemented the MOH response to the deteriorating nutrition situation in Kenya. This was critical to reduce morbidity and mortality. The activity was carried out in government-accredited health facilities and outreaches for hard-to-reach areas. Nurses and other health workers screened children, and those who met the admission criteria were admitted to receive the specialised nutrition foods fortnightly (14 sachets of RUSF per visit) for a maximum duration of 120 days. UNICEF supported the nutrition sector coordination through staff secondments to the national and county governments, co-chairing the sector meetings and preparing periodic sector response updates. In addition, UNICEF provided nutrition supplements for the treatment of severe acute malnutrition, as part of continuum of care.

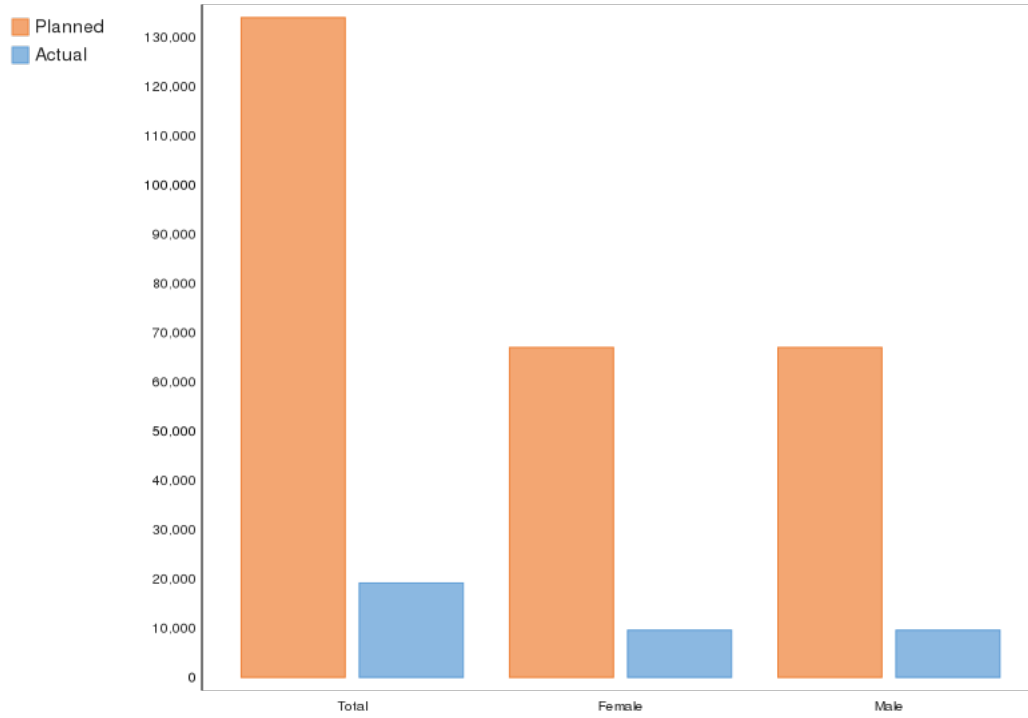
Results

Initially planned to last for two months (March and April 2017), this IR-EMOP was exceptionally extended for two additional months, because of delays in the purchase and delivery of the Ready-to Use Supplementary Food (RUSF). This was due to the rise in global demand for RUSF in 2017, given the increased number of emergencies, and was compounded by a reduced supplier capacity at the global level. In addition, no stocks were available in WFP's Global Commodity Management Facility (GCMF). Therefore, in order to allow WFP to respond to the needs, the country office had to purchase RUSF from the only available local supplier, despite the supplier only having limited production capacity and the price was 9 percent higher compared to the international market price.

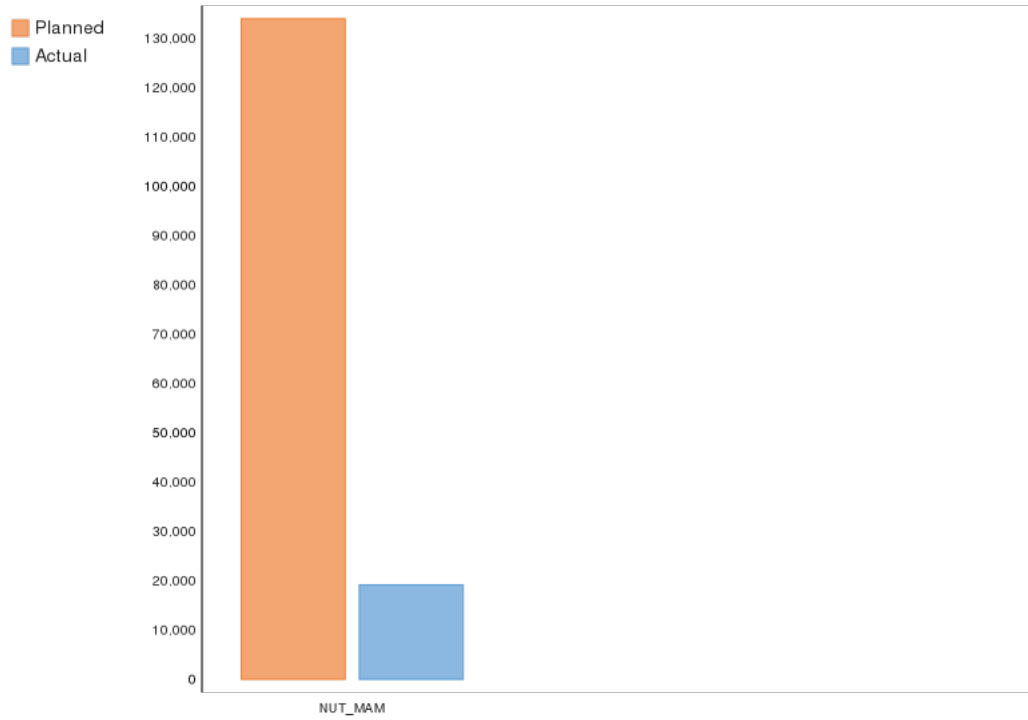
Due to the late supply of specialised nutritious food, the planned geographical scale up of treatment was slowed down, which explains the low numbers of children reached and quantity of RUSF distributed under this operation. Even with the extension-in-time, only 3 out of the planned 23 counties managed to distribute some of the RUSF purchased with IR-EMOP funds within the period of the operation and only 14.3 percent of the planned beneficiaries were assisted before the project ended.

The undistributed products were transferred to the PRRO 200736 for distribution from July onwards, in support of the same activity and beneficiaries. The children not reached under the IR-EMOP were targeted with new resources received under PRRO 200736 as part of the drought response, and the related results will be reported under the PRRO 200736 SPR.

Annual Project Beneficiaries

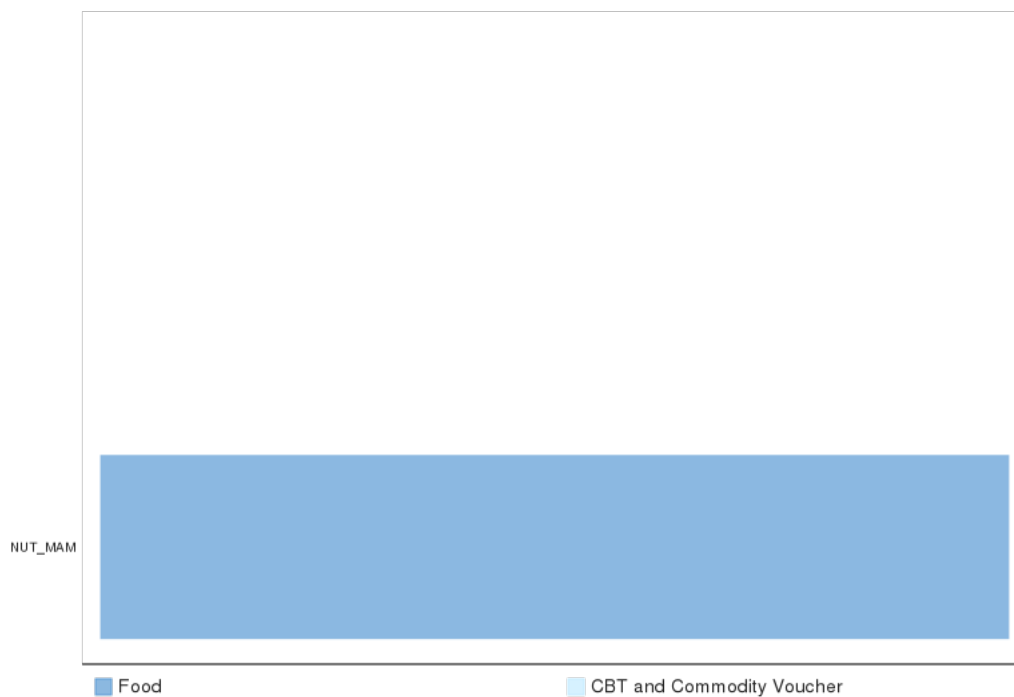


Annual Project Beneficiaries by Activity



NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition

Modality of Transfer by Activity



NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition



Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Ready To Use Supplementary Food	247	79	32.1%
Total	247	79	32.1%

Figures and Indicators

Data Notes

Cover page photo © WFP / Martin Karimi

A child eats her ready-to-use-supplementary food at a health centre in Turkana County.

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total Beneficiaries	67,000	67,000	134,000	9,579	9,578	19,157	14.3%	14.3%	14.3%
By Age-group:									
Children (6-23 months)	-	-	-	3,831	3,831	7,662	-	-	-
Children (24-59 months)	-	-	-	5,748	5,747	11,495	-	-	-
Children (under 5 years)	67,000	67,000	134,000	-	-	-	-	-	-
By Residence status:									
Residents	67,000	67,000	134,000	9,578	9,579	19,157	14.3%	14.3%	14.3%

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition	134,000	-	134,000	19,157	-	19,157	14.3%	-	14.3%

Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition	134,000	-	134,000	19,157	-	19,157	14.3%	-	14.3%

Nutrition Beneficiaries

Nutrition Beneficiaries

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition									
Children (6-23 months)	26,800	26,800	53,600	3,831	3,831	7,662	14.3%	14.3%	14.3%
Children (24-59 months)	40,200	40,200	80,400	5,748	5,747	11,495	14.3%	14.3%	14.3%
Total beneficiaries	67,000	67,000	134,000	9,579	9,578	19,157	14.3%	14.3%	14.3%

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
MULTILATERAL	MULTILATERAL	Ready To Use Supplementary Food	-	464
		Total	-	464