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**Executive Board  
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**Rome, 8–12 June 2009**

# PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 9

*For approval*



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## PROTRACTED RELIEF AND RECOVERY OPERATIONS — KENYA 10258.3

### Food Assistance to Somali and Sudanese Refugees

Number of beneficiaries	474,000*
Duration of project	24 months (1 October 2009–30 September 2011)
WFP food tonnage	195,375 mt
<b>Cost (United States dollars)</b>	
WFP food cost	94,629,495
Total cost to WFP	178,642,277

\* 420,000 refugees and 54,000 beneficiaries in the host population

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## NOTE TO THE EXECUTIVE BOARD

**This document is submitted to the Executive Board for approval.**

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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\* Regional Bureau Johannesburg (Southern, Eastern and Central Africa)



## EXECUTIVE SUMMARY

Kenya hosts 303,000 refugees, mainly from Somalia and the Sudan, in Dadaab and Kakuma camps. The 2007 Refugees Act upholds the encampment policy, which prohibits refugees from engaging in agriculture or economic activities outside the camps and limits durable solutions in terms of repatriation or resettlement in a third country. The refugee population has been dependent on WFP food assistance since 1991.

Events in Somalia resulted in 92,000 new asylum seekers between January 2007 and February 2009; further refugee arrivals are expected between October 2009 and September 2011. The repatriation of Sudanese refugees is expected to continue. WFP is monitoring political processes in the Sudan for possible cross-border implications.

Following a government request for continued international support for refugees, and in line with the recommendations of the November 2008 joint assessment mission, WFP plans to continue food assistance for refugees in camps. The refugee population is projected to increase to 420,000 during the operation because of instability in Somalia. This operation will focus on relief, given that few opportunities for refugee self-reliance are available.

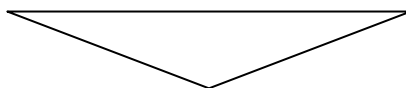
The operation is based on:

- general food distributions: fortnightly distributions of milled cereals, pulses, vegetable oil and corn-soya blend;
- selective feeding for malnourished children under 5: WFP will provide a mother-and-child health ration to promote growth and reduce malnutrition among children under 2 and to support pregnant and lactating women;
- school feeding: primary school children will receive porridge at school; take-home rations for girls will be continued to address the gender gap and provide an incentive for girls' education;
- micro-agriculture: multi-storey gardens will enable vulnerable households to grow vegetables;
- food for assets to enable host communities to build assets for water, agriculture and the environment, increase food security, mitigate negative environmental impacts of the camps and reduce tension with refugees; WFP plans to expand food-for-assets to 54,000 beneficiaries in food-insecure households.

This operation focuses on Strategic Objective 1 and contributes to Strategic Objectives 2 and 4; it also supports Millennium Development Goals 1, 2, 3, 4 and 5.



## DRAFT DECISION\*



The Board approves the proposed Kenya PRRO 10258.3 “Food Assistance to Somali and Sudanese Refugees” (WFP/EB.A/2009/9-B).

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\* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.



## SITUATION ANALYSIS AND SCENARIO

### Context

1. Kenya ranks 144<sup>th</sup> of 179 countries on the human development index:<sup>1</sup> gross domestic product per capita is US\$650;<sup>2</sup> 80 percent of Kenya's land is arid and semi-arid land (ASAL) where climatic shocks, food insecurity and poverty are pervasive. Of Kenya's 37.2 million people, 80 percent live in rural areas, 70 percent in arid lands and 51 percent in semi-arid lands and are unable to meet daily food requirements.<sup>3</sup> Protracted relief and recovery operation (PRRO) 10258.3 seeks to improve food security through social protection, recovery and preparedness. The Kenya country programme provides food for pre-primary and primary schools in ASAL districts and poor settlements in Nairobi, and supports vulnerable people affected by HIV/AIDS.
2. Kenya has hosted refugees in camps near the borders with the Sudan and Somalia since 1991. A Somalia Transitional Federal Government (TFG) was established in August 2004, but conflict among the TFG, the Union of Islamic Courts and other groups resumed in 2006. The political and security situations have deteriorated over the past two years, reducing hopes for stabilization. Despite a border closure by the Government in 2007, 18,000 Somali refugees arrived in 2007, 62,000 arrived in 2008<sup>4</sup> and 12,000 in January/February 2009. A new TFG President was elected in January 2009, and the President of Somalia nominated a Prime Minister in February 2009. But without a political resolution to the conflict, large refugee inflows into Kenya are expected to continue.
3. The 2005 Comprehensive Peace Agreement in the Sudan ended two decades of war. The improved situation in southern Sudan enabled the Office of the United Nations High Commissioner for Refugees (UNHCR) to repatriate 37,000 refugees by December 2008.<sup>5</sup> UNHCR plans to repatriate 17,000 additional Sudanese refugees over the next two years, but 9,000 are expected to remain in the camps until 2011 because of insecurity in their areas of return. WFP will monitor the imminent elections and referendum in the Sudan for possible cross-border implications.
4. By February 2009 there were 303,000 Somali refugees;<sup>6</sup> continuing large influxes have increased the number by 28 percent since October 2006 (see Figure 1). Inter-agency contingency planning envisages 420,000 refugees by 2010.<sup>7</sup>

<sup>1</sup> United Nations Development Programme (UNDP). 2008. *Human Development Report 2007–2008*. New York.

<sup>2</sup> [http://hdrstats.undp.org/2008/countries/country\\_fact\\_sheet/cty\\_fs\\_KEN.html](http://hdrstats.undp.org/2008/countries/country_fact_sheet/cty_fs_KEN.html)

<sup>3</sup> Kenya National Bureau of Statistics. 2009. *Basic Report on Well-Being in Kenya, 2006*. Nairobi. A "food-poor" household is one that is unable to purchase basic food providing 2,250 kcal.

<sup>4</sup> UNHCR. 2009. *Statistics at a Glance, 2009*. Dadaab, Kenya.

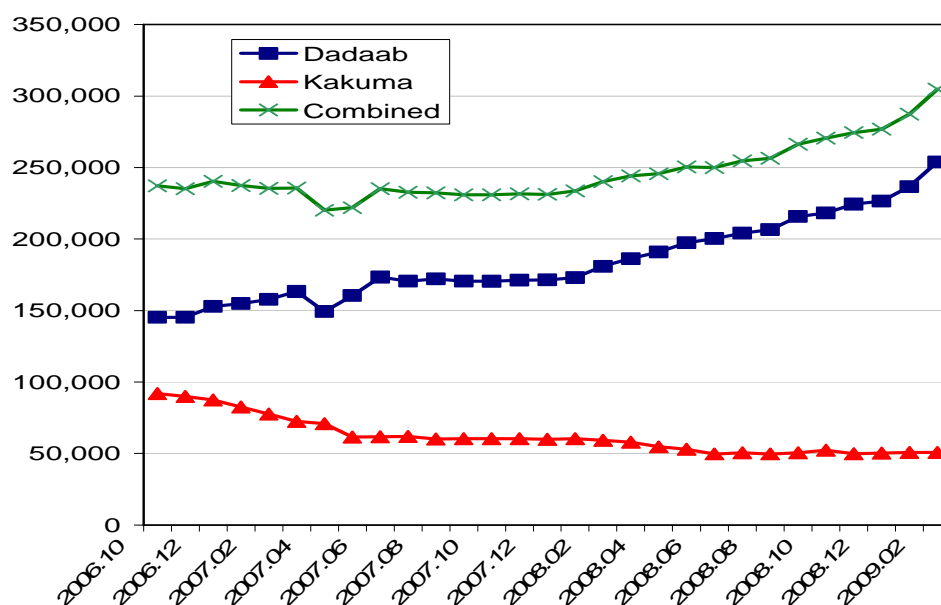
<sup>5</sup> UNHCR. 2009. *Update On Voluntary Repatriation of South Sudanese Refugees From Kenya*. Nairobi.

<sup>6</sup> UNHCR Kakuma, quoted in WFP Monthly Report, January 2009; as of 22nd February 2009, there were 253,000 refugees in Dadaab and 50,000 in Kakuma.

<sup>7</sup> UNHCR population projection, February 2009. UNHCR Nairobi and Inter-Agency Contingency Plan, January 2009: most likely scenario.



**Figure 1: Population Trends in Refugee Camps, October 2006–February 2009**



Source: UNHCR Kenya. Refugee arrival trends. Nairobi. Cited in 2008 joint assessment mission (JAM) report.<sup>8</sup>

5. By 2008, Dadaab refugee camp in Garissa district was among the oldest, largest and most congested camps in the world.<sup>9</sup> It was built in 1991 for 90,000 refugees and is inadequate<sup>10</sup> for the current 253,000 refugees. UNHCR is advocating with the Government to provide land for refugee housing and agency services in the area<sup>11</sup> and to re-open the Kenya–Somalia border to facilitate processing of refugees.
6. Kakuma camp in Turkana district bordering southern Sudan hosts 50,000<sup>12</sup> refugees. The proportion of Sudanese refugees has fallen from 81 percent in 2006<sup>13</sup> to 51 percent in December 2008; the others are mainly Somali. To encourage repatriation to the Sudan, UNHCR has scaled down educational activities. The JAM noted the urgent needs to ensure continued services such as food assistance and basic education and to support ongoing repatriation. The Government has proposed to relocate some refugees to Kakuma.
7. The gender ratio among refugees is close to parity: 48 percent are women.<sup>14</sup> WFP has contributed to increasing girls' school attendance from 68 percent in 2007 to 74 percent in 2008, but for every 100 boys in school there are 64 girls in Dadaab and 53 girls in Kakuma. Enrolment is constrained by inadequate space, poor infrastructure, inadequate

<sup>8</sup> Joint assessment mission by WFP, UNHCR, UNICEF, NGOs and the Canadian International Development Agency. November 2008. Nairobi.

<sup>9</sup> UNHCR Reports, December 2008.

<sup>10</sup> WFP plans to rehabilitate and expand extended delivery points (EDPs) and final delivery points (FDPs) and relocate flood-prone EDPs and FDPs in Ifo (Dadaab) between February and September 2009.

<sup>11</sup> Dadaab camp includes three sub-camps: Dagahaley, Hagadera and Ifo. Negotiations for fourth and fifth camps have been ongoing for many months.

<sup>12</sup> UNHCR reports, January 2009.

<sup>13</sup> Demographic shift mainly a result of Sudanese repatriations and new Somali arrivals.

<sup>14</sup> UNHCR Kakuma and Dadaab, quoted in WFP monthly reports, January 2009.



funding and insufficient investment in primary education.<sup>15</sup> Cultural attitudes and inadequate girls' sanitation facilities have a negative impact on girls' education.

8. Garissa and Turkana are arid areas where vulnerability is compounded by population pressure on rapidly degrading land, increasingly erratic rainfall and poor roads that constrain service delivery. Relations between refugee and host populations are tense. Host populations are concerned about the protracted use of ancestral lands for refugee camps and about environmental degradation,<sup>16</sup> which has a negative effect on their livelihoods.

## Food Security and Nutrition Situation

9. The Government's encampment policy prohibits refugees from engaging in agricultural or economic activities outside the camps, which deprives the refugees of livelihoods. Joint assessment missions (JAMs) and nutrition surveys confirm that refugees depend on WFP food assistance for survival. There is no durable solution other than repatriation or resettlement. The Somali resettlement programme has doubled in the last two years to 6,000 per year but it has limited potential in view of continued insecurity; prospects for resettlement in third countries are minimal.
10. The nutritional status of refugees has improved significantly: global acute malnutrition (GAM) rates have fallen from 26 percent in 2005 to 11 percent in 2008 in Dadaab and from 20 percent in 2005 to 11 percent in 2008 in Kakuma<sup>8</sup> as a result of concerted work by partners and strong donor support to implement joint nutrition programmes by UNHCR, WFP, the United Nations Children's Fund (UNICEF) and non-governmental organizations (NGOs). Maintaining these positive trends will require the involvement of all partners. Many of the new asylum seekers from Somalia are malnourished; 30 percent of households share rations with new and unregistered refugees, which threatens to reduce their nutritional status.
11. Malaria, acute respiratory infections and diarrhoea are the main diseases contributing to malnutrition.<sup>17</sup> Poor sanitation in the camps and insufficient outreach services also contribute to disease outbreaks.
12. The prevalence of anaemia is exceptionally high in both camps, particularly among children under 5.<sup>18</sup> This indicates deficiencies of micronutrients such as vitamins A, C and B12 and folic acid. These deficiencies result from infections, malaria and diets lacking high-quality protein and micronutrients. Complementary foods are provided, but rations do not include fresh foods.

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<sup>15</sup> WFP plans to monitor partner reports on ratios for classrooms, desks, latrines and teachers per student in view of concerns raised by the JAM about the additional absorptive capacity of schools. This will be used as an indicator for education investment, which may affect WFP outcomes. WFP will repair or build kitchens and provide items such as large cooking pots, aprons, detergents, energy-saving stoves and basins.

<sup>16</sup> Environmental degradation includes deforestation around camps, excavation of topsoil to make bricks and plastic litter that can kill cattle.

<sup>17</sup> Health and nutrition surveys in Kakuma and Dadaab in August and October 2008. (WFP country office, Nairobi).

<sup>18</sup> Dadaab: anaemia (<11g/dl) – 71 percent among children under 5; 41 percent among pregnant women; and (12g/dl) 66 percent among non-pregnant women. Kakuma: anaemia (<11g/dl) 72 percent among children under 5; 65 percent among pregnant women; and (12g/dl) 31 percent among non-pregnant women. Source: 2008 health and nutrition surveys. (WFP country office, Nairobi).



13. In 2008, WFP provided bed nets as part of a multi-agency malaria control programme that increased coverage for children under 5 and pregnant women from 58 percent in 2007 to 84 percent in April 2008,<sup>19</sup> reducing malaria outbreaks and malaria-related deaths and micronutrient deficiencies.
14. To meet increased demand for food to share with new arrivals,<sup>20</sup> refugee households resort to eating smaller meals or skipping meals. Some refugees care for livestock, sell firewood or trade in markets, but these activities are not sustainable and do not lead to economic self-reliance.<sup>8</sup> HIV prevalence is low,<sup>21</sup> but limited income opportunities lead to risky sexual behaviour as a coping mechanism.
15. Exclusive breastfeeding rates for infants under 6 months are low: 41 percent in Kakuma and 26 percent in Dadaab.<sup>22</sup> However, WFP has noted improvements after recent training of mothers in optimum feeding practices for infants and young children.
16. Host populations in Kenya are highly vulnerable to food insecurity; GAM rates are above or near emergency thresholds. Surveys found that malnutrition in Garissa and six other arid districts fell from 19 percent in October 2005 to 15 percent in December 2007, but they increased in Turkana from 14 percent in May 2007 to 22 percent in March/April 2008.<sup>23</sup>
17. The 2008 joint<sup>24</sup> JAM noted that WFP food delivery and distribution systems met planned needs and those of new refugees, and commended the success of feeding programmes in reducing child malnutrition. Girls' take-home rations had increased school attendance and were appreciated by refugee families. UNHCR, WFP and partners controlled malaria and averted a cholera outbreak in 2008 despite new refugee arrivals. Services and support for host communities expanded. The JAM also noted that generous, timely donor support ensured a regular supply of food assistance.
18. Given the precarious nutrition situation, the JAM recommended that WFP should: i) continue general food distributions (GFDs) of milled cereals, pulses, oil and corn-soya blend (CSB); ii) continue girls' take-home rations to encourage school attendance; iii) introduce complementary foods for children under 2 to encourage growth and reduce malnutrition; and iv) review the adequacy of micronutrient intake in the camps and determine solutions. The JAM also recommended that UNHCR increase provision of complementary foods for dietary diversification.
19. Given limited refugee coping mechanisms, the JAM noted the need to increase income-generating activities (IGAs) in the camps.

<sup>19</sup> Kakuma Camp Nutrition Survey, 2008. (WFP country office, Nairobi).

<sup>20</sup> Registration of new asylum seekers by the government and UNHCR may take up to three months, particularly with increased refugee arrivals. During this interim, new arrivals are not eligible to refugee entitlements such as food assistance.

<sup>21</sup> Sentinel surveys estimate prevalence of 1.5 percent in Kakuma and 1.4 percent in Dadaab; tuberculosis (TB) rates in the camps averaged 250 per 100,000. UNHCR. 2008. *Draft Annual Progress Report, 2008*. Geneva. UNHCR. 2009. *Health Information Report for January 2009*. Geneva.

<sup>22</sup> Health and nutrition surveys in Kakuma and Dadaab in August and October 2008. Breastfeeding is almost universal, but exclusive breastfeeding rates are low because water and sugar are given to children under 6 months.

<sup>23</sup> Joint surveys by UNICEF, the Ministry of Health, the Arid Lands Resource Management Project and NGOs. PRRO 10666.0 covers the ASAL districts. GAM rates: Garissa – 19 percent in October 2005 to 15 percent in December 2007; Turkana – 14 percent in May 2007 to 22 percent in March/April 2008.

<sup>24</sup> The Canadian International Development Agency participated in the JAM.





## Scenario

20. According to the JAM and contingency planning, WFP should assume 10,000 refugee arrivals from Somalia per month in 2009. The monthly average of Somali arrivals for 2008 was 5,100. UNHCR anticipates repatriating 17,000 people to the Sudan,<sup>25</sup> but challenges in implementing the peace agreement, the imminent elections and a referendum in 2011 may have cross-border implications. PRRO 10258.3 assumes 7,500 more refugees each month in 2009, taking into account repatriation, births and deaths.
21. For the purposes of PRRO 10258.3, WFP assumes that the camp populations will reach 380,000 by the end of 2009 and 420,000 in 2010 and 2011. WFP will participate in inter-agency contingency planning, will adjust scenarios as required and make any necessary budget revisions.

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## POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

### Policies, Capacities and Actions of the Government

22. The Government provides land for the camps and water and security for refugees and agencies. The Ministry of Immigration and Registration of Persons, which is responsible for refugees, liaises with the Office of the President and the Ministry of Internal Security on refugee-related issues. The Refugees Act of April 2007 increased the role of the Directorate of Refugee Affairs.<sup>26</sup> Since 2008, the presence of directorate staff in the camps has improved collaboration with agencies. But the 2007 act continues the strict encampment policy that prohibits refugees from engaging in agricultural or economic activities outside the camps. UNHCR, WFP and partners will continue to advocate with the Government to enable refugees to participate in economic activities.<sup>27</sup>

### Policies, Capacities and Actions of Other Major Actors

23. The United Nations in Kenya recognizes the need to help the Government to address refugees' needs under the 2009–2013 United Nations Development Assistance Framework (UNDAF). WFP's principal partner is UNHCR, which is responsible for the registration and protection of refugees and for providing durable solutions. UNHCR provides complementary foods to address micronutrient needs; UNICEF supports nutritional programmes. WFP collaborates with the Lutheran World Federation (LWF) and Cooperative Assistance and Relief Everywhere (CARE) for education and food distributions and with the German Technical Agency for Cooperation (GTZ) and the International Rescue Committee (IRC) to implement health and nutrition programmes.
24. The number of agencies operating in Dadaab has grown from 4 to 12 over the last two years, increasing capacities to meet increased refugee requirements.

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<sup>25</sup> UNHCR. 2009. Update on Voluntary Repatriation of South Sudanese Refugees from Kenya. Nairobi.

<sup>26</sup> The act aims to "...make provision for the recognition, protection and management of refugees and for connected purposes..."; the directorate aims to "...coordinate refugee-related programmes and activities".

<sup>27</sup> The Prime Minister briefed a donor coordination group meeting on 9 February 2009 and noted Kenya's commitment to assisting the refugees. He reiterated the need for continued support from the international community.



## Coordination

25. Monthly food coordination meetings are attended in Nairobi by WFP, UNHCR, cooperating partners and donors. At the camps, WFP, UNHCR, partners and refugee representatives share information before and after food distributions. WFP, UNHCR and UNICEF will continue to advocate for essential food and non-food items through joint proposals and donor appeals.

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## OBJECTIVES OF WFP ASSISTANCE

26. The objectives of WFP's assistance are to:
- meet the minimum nutritional requirements of refugees through GFDs (Strategic Objective 1);
  - increase the capacity of host communities to meet their food needs (Strategic Objective 2);
  - reduce levels of malnutrition among refugee children under 5, pregnant and lactating women and people with HIV/AIDS and TB through selective feeding programmes (Strategic Objective 4); and
  - increase enrolment and attendance rates and reduce the gender disparity in camp schools through daily school feeding and a take-home ration for girls (Strategic Objective 4).
27. PRRO 10258.3 contributes to Millennium Development Goals 1, 2, 3, 4 and 5.

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## WFP RESPONSE STRATEGY

### Nature and Effectiveness of Food-Security Related Assistance to Date

28. Between 1991 and the end of September 2009, WFP will have provided an estimated 925,000 mt of food valued at US\$508 million for refugees in Kenya. As in previous assessments, the 2008 JAM found refugee<sup>28</sup> households food-insecure and reliant on external assistance.<sup>29</sup>
29. During 2007 and 2008, strong donor support enabled WFP to distribute a full food basket to all refugees. WFP provided mainly fortified milled cereals, which are preferred because they do not incur milling costs.

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<sup>28</sup> "Refugees" refers to both camps or to camp averages unless a particular camp is specified.

<sup>29</sup> Joint food assessment missions in 1996, 1997, 1999, 2002 and 2006; 1999 joint UNHCR/WFP evaluation; joint food consumption survey, January 2004; JAM, 2008.



30. The supplementary feeding programmes were instrumental in improving the nutritional status of the most vulnerable people, particularly children and pregnant and lactating women. There was a shift from 2007 from facility-based therapeutic feeding to community-based therapeutic care (CTC),<sup>30</sup> which has successfully addressed severe malnutrition among children under 5. Caregivers in care facilities will continue to receive a WFP ration.
31. School feeding supplements children's diet and contributes to their prospects. Preliminary evidence indicates that take-home rations introduced under the current operation helped to increase girls' attendance<sup>31</sup> from 68 percent in 2007 to 74 percent in 2008. Substantial gender disparities remain, however.
32. Food for assets (FFA) implemented under the current operation, which includes water, agricultural and environmental projects, have benefited 36,600 beneficiaries in the host community and reduced conflict between refugees and host communities. Participating households have harvested an additional 678 mt of sorghum since November 2005, increasing their food security.<sup>32</sup> Some non-beneficiary households near the WFP-supported projects have replicated the agricultural techniques, resulting in more sorghum production.
33. In 2008, about 2,300 families used multi-storey gardening (MSG)<sup>33</sup> to supplement their diet with vegetables and sell surplus produce. The 2008 JAM mission noted the contribution of MSG to dietary diversity and increased micronutrient intake.

## Strategy Outline

34. PRRO 10258.3 will focus on relief because the Government's encampment policy does not provide opportunities for refugee self-reliance. WFP will provide food through GFDs, supplementary feeding and school feeding and will also target the host population through FFA. All components in PRRO 10258.3 continue the previous phase except for the new ration for children aged 6–24 months.

### ⇒ *Component 1: General Food Distribution*

35. WFP will provide a full food basket for refugees through fortnightly food distributions. WFP will continue to engage UNHCR to implement biometric registration and computer-assisted verification of identity at food distribution sites. Fortified milled cereals will continue to be provided as part of a full ration, which will also include CSB.

<sup>30</sup> Following piloting of the CTC approach in Dadaab in February 2007 by UNHCR, UNICEF, Action Against Hunger and GTZ, it was rolled out in both camps in November 2007. GTZ and IRC manage CTC under UNHCR oversight. CTC encompasses outpatient therapeutic programme (OTP) centres for severely malnourished people, inpatient stabilization centres for severely malnourished children with medical complications at camp hospitals, and outpatient SFP centres at clinics for moderately malnourished children. Severely malnourished children under therapeutic treatment receive specially formulated ready-to-use therapeutic foods from UNICEF, supplied by IRC and GTZ.

<sup>31</sup> UNHCR's strategy of closing schools gradually in Kakuma encouraged returns to the Sudan but led to a drop in enrolment rates in 2008. JAM, 2008.

<sup>32</sup> Ministry of Water and Irrigation. 2008. FFA Phase 2 Final Implementation Report. Nairobi.

<sup>33</sup> MSG is an innovative technique whereby waste water is used to grow vegetables in empty sacks and oil cans.



⇒ *Component 2: Selective Feeding*

36. WFP will support mother-and-child health (MCH) by providing a ration from the sixth month of pregnancy through the first six months of nursing, and for children aged 6-24 months. Selective feeding will continue to target moderately malnourished children under 5 admitted on weight-for-height and mid-upper-arm circumference (MUAC) measurements.<sup>34</sup>
37. To ensure optimum growth and to prevent malnutrition among children aged 6-24 months and pregnant and lactating women, WFP will provide MCH rations of sweetened CSB mixed with dry skim milk (DSM) and vegetable oil.<sup>35</sup> The additional ration for children aged 6–24 months is in line with recent JAM recommendations to complement weaning foods.
38. To support treatment of severe malnutrition, WFP will provide food for caregivers of sick or severely malnourished children admitted to hospital. This ration is intended to encourage caregivers to remain with the children as they complete therapeutic feeding and treatment. Other patients admitted to hospital will receive hot meals. Under CTC, children receive therapeutic foods and healthcare from GTZ and IRC. WFP and IRC will continue to train women in optimum feeding practices for infants and young children.
39. Health partners will identify individuals with special needs such as HIV/AIDS and TB for support to meet their increased nutritional requirements.<sup>36</sup>

⇒ *Component 3: School Feeding*

40. WFP will continue to provide porridge of CSB, DSM, fortified vegetable oil and sugar for children at camp schools.<sup>37</sup> WFP will maintain progress made in increasing girls' attendance and reducing the gender gap through a take-home ration of sugar for girls with an attendance rate of 80 percent or more.<sup>38</sup> UNHCR's partners provide de-worming treatment at schools in the camps.

⇒ *Component 4: Multi-Storey Gardens for the most Vulnerable Refugees*

41. To address micronutrient deficiencies, WFP, UNHCR and GTZ will implement MSG for the most vulnerable households, mainly those headed by women, the disabled and people living with HIV/AIDS and TB. WFP provides empty containers, seeds and fertilizer; GTZ mobilizes and trains the community.

<sup>34</sup> Weight-for-height index 70–79 percent reference median; MUAC > 11.4 cm - <12.5 cm.

<sup>35</sup> Ten Minutes to Learn About Improving Corn-Soya Blend and other Fortified Blended Foods. See: [http://docustore.wfp.org/stellent/groups/public/documents/manual\\_guide\\_proced/wfp192299.pdf](http://docustore.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp192299.pdf)

<sup>36</sup> WFP will monitor treatment completion rates for TB and adherence rates for people living with HIV (PLHIV) on anti-retroviral treatment (ART).

<sup>37</sup> The school feeding programme will target 90,000 children. This target reflects the JAM recommendation, which refers to Millennium Development Goal 2, and urges UNHCR and partners to increase education services for all school-age children in Kakuma and Dadaab and to extend services to new arrivals in Dadaab.

<sup>38</sup> Factors contributing to the persistent gender gap will be investigated in a school feeding evaluation in the first few months of PRRO 10258.0. WFP and partners will continue to advocate with parents to send girls to school.



⇒ *Component 5: Food for Assets*

42. WFP and the Government<sup>39</sup> will continue to implement FFA in food-insecure areas bordering the refugee camps by creating assets that build resilience to shocks and reduce tensions with refugees, who may appear to be better assisted. Building on previous successes, one member from each of 9,000 households<sup>40</sup> will participate in water, agricultural and environmental projects identified in consultation with communities; participants will receive a family food ration for six people. FFA targets vulnerable households such as pastoralists who have lost animals and households headed by women selected through community-based mechanisms.

## Gender

43. WFP will maintain gender sensitivity, and will emphasize women's participation in decision-making. Guided by the current Gender Policy,<sup>41</sup> WFP will continue to:

- support MCH through supplementary feeding;
- facilitate women's leadership roles in distribution committees;
- support access to education and reduce the gender gap in primary schools;
- reduce the burden on women and girls in camps and improve their safety by advocating for partner resources to provide fuel-efficient stoves; and
- support IGAs for women refugees.<sup>42</sup>

## Hand-Over Strategy

44. WFP sees no prospect of handing over refugee food assistance during PRRO 10258.3. Continued insecurity in Somalia discourages the return of refugees in the near future. There are limited opportunities for resettlement in third countries and the Refugees Act prevents refugees from achieving self-sufficiency. For Sudanese refugees, WFP will continue to support UNHCR plans to repatriate 17,000 Sudanese in the next two years by providing a 15-day transit ration for assisted returns.

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## BENEFICIARIES AND TARGETING

45. Beneficiary numbers (see Table 1) reflect anticipated refugee influxes from Somalia and repatriation to the Sudan. FFA will target 54,000 Kenyans in host communities, bringing the total number of beneficiaries to 474,000. Given the possibility of Somali refugees being transferred from Dadaab to Kakuma to ease overcrowding and possible influxes from the Sudan, PRRO 10258.3 plans for a population of 50,000 in Kakuma.

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<sup>39</sup> Ministry of Water and Irrigation.

<sup>40</sup> Nine thousand participants with average family size of six implies 54,000 beneficiaries. The Kenya Food Security Steering Group has undertaken twice-yearly food security assessments in Turkana and Garissa since 2004. The number of beneficiaries targeted range from 20% to 50% of the total population; these beneficiaries were mainly covered under successive emergency operations (EMOPs). Host populations within 35 km of the camps have additional income-generating opportunities, so 30% of the host population is targeted under FFA; these beneficiaries contribute to the WFP beneficiary targets.

<sup>41</sup> "WFP Gender Policy" (WFP/EB.1/2009/5-A).

<sup>42</sup> WFP will continue to support women refugees, for example by providing empty food sacks to sell for income and investment in small businesses, and will explore the possibility of communal mills as IGAs.



Registered refugees	Kakuma			Dadaab			Totals		
	Women/ girls	Men/ boys	Total	Women/ girls	Men/ boys	Total	Women/ girls	Men/ boys	Total
2009 (Oct–Dec)	20 500	29 500	<b>50 000</b>	161 900	168 100	<b>330 000</b>	182 400	197 600	<b>380 000</b>
2010 (Jan–Dec)	20 500	29 500	<b>50 000</b>	181 300	188 700	<b>370 000</b>	201 800	218 200	<b>420 000</b>
2011 (Jan–Sep)	20 500	29 500	<b>50 000</b>	181 300	188 700	<b>370 000</b>	201 800	218 200	<b>420 000</b>
Supplementary feeding	300	300	<b>600</b>	2 400	2 400	<b>4 800</b>	2 700	2 700	<b>5 400</b>
TFP caregivers' ration <sup>43</sup>	30	10	<b>40</b>	400	160	<b>560</b>	430	170	<b>600</b>
Hospital feeding	30	20	<b>50</b>	210	240	<b>450</b>	240	260	<b>500</b>
HIV/AIDS and TB	300	300	<b>600</b>	300	300	<b>600</b>	600	600	<b>1 200</b>
MCH ration for children 6–24 months	1 170	1 170	<b>2 340</b>	6 625	6 625	<b>13 250</b>	7 795	7 795	<b>15 590</b>
MCH ration*	1 550		<b>1 550</b>	15 100		<b>15 100</b>		16 650	<b>16 650</b>
School feeding	6 000	9 000	<b>15 000</b>	25 000	30 000	<b>55 000</b>	31 000	39 000	<b>70 000</b>
Take-home ration (girls)	4 000		<b>4 000</b>	17 600		<b>17 600</b>	21 600		<b>21 600</b>
MSGs	2 930	4 215	<b>7 145</b>	15 630	16 225	<b>31 855</b>	18 560	20 440	<b>39 000</b>
FFA for host community	12 750	5 250	<b>18 000</b>	21 960	14 040	<b>36 000</b>	34 710	19 290	<b>54 000</b>
<b>Total beneficiaries<sup>44</sup></b>									<b>474 000</b>

\* for pregnant and lactating women

## NUTRITIONAL CONSIDERATIONS AND RATIONS

46. Daily rations for all components are detailed in Table 2. Table 3 indicates the food tonnage required for PRRO 10258.3.

Food type	General food ration	Supp. feeding (under 5s)	TFP caregivers	Hospital feeding	School feeding*	Girls' take- home**	FFA	HIV/ AIDS and TB	MCH
Cereals (as flour)	420		420	420			345		
Pulses	60		60	60			60		
Vegetable oil	30	20	30	30	10		20		10
CSB	45	200	45	45	70		40	170	95
Iodized salt	5		5	5			5		
Sugar					10	20			
DSM		20			10			25	10
<b>Total</b>	<b>560</b>	<b>240</b>	<b>560</b>	<b>560</b>	<b>100</b>	<b>20</b>	<b>470</b>	<b>195</b>	<b>115</b>
(Total kcal)	2 187	1 047	2 187	2 187	443	80	1 804	767	503

\* 195 days per year

\*\* 500 g for each girl attending at least 80 percent of classes per month.

<sup>43</sup> Almost all caregivers are women, but WFP will encourage men caregivers in line with the gender policy.

<sup>44</sup> The total beneficiary number is based on the highest number of refugees receiving GFDs plus the FFA beneficiaries. To avoid double-counting, beneficiaries under the other components who are refugees receiving a general food ration are not included.



**TABLE 3: REQUIREMENTS: TOTAL FOOD BY ACTIVITY (mt)**

Food type	General food ration	Supp. feeding (under 5s)	TFP careg.	Hosp. feeding	School feeding	Girls' take-home	FFA	HIV and TB	MCH (6-24 mnth)	MCH	Total*
Flour	127 260	-	184	153	-	-	13 600	-	-	-	141 197
Pulses	18 180	-	26	22	-	-	2 365	-	-	-	20 593
Veg. oil	9 090	79	13	11	273	-	788	-	114	122	10 490
CSB	13 635	788	20	16	1 911	-	1 572	149	1 081	1 155	20 328
Iodized salt	1 515	-	2	2	-	-	197	-	-	-	1 716
Sugar	-	-	-	-	273	168	-	-	-	-	441
DSM	-	79	-	-	273	-	-	22	114	122	609
<b>Total</b>	<b>169 680</b>	<b>946</b>	<b>245</b>	<b>204</b>	<b>2 730</b>	<b>168</b>	<b>18 523</b>	<b>171</b>	<b>1 309</b>	<b>1 398</b>	<b>195 375</b>

\* Totals are rounded.

47. WFP's general food assistance of 560 g/person/day is the refugees' main source of food, providing 2,187 kcal/person/day. To maintain improvements in refugees' nutrition, increase access to micronutrients and diversify diets, WFP will continue to provide fortified CSB for all refugees in the general food ration. Flour and vegetable oil are fortified, and salt is iodized.<sup>45</sup>
48. Supplementary rations for malnourished children under 5 provide 1,047 kcal per day. Sweetened CSB is more palatable and encourages them to complete treatment.<sup>46</sup> To promote growth and reduce malnutrition, WFP will introduce a daily ration of mixed CSB and DSM for children aged 6-24 months providing 503 kcal/person/day<sup>47</sup> similar to that for pregnant and lactating women. These rations improve access to good quality protein and micronutrients.
49. Caregivers with malnourished children admitted to hospital will receive meals to encourage them to complete their children's treatment. Other inpatients will receive meals. Patients with AIDS and TB will receive a supplementary ration to enable them to complete ART and treatment for TB. CSB and DSM for children at school will provide 443 kcal/person/day.
50. Under FFA, 30-day rations providing 1,804 kcal/person/day, 86 percent of daily nutritional requirements, will be given on completion of 12 work days per month. Host communities cover remaining needs through livelihood activities, mainly herding.
51. Following JAM recommendations, WFP and UNHCR continue to work with two research institutions and a private company to pilot a ready-to-use micronutrient powder<sup>48</sup>

<sup>45</sup> UNHCR is responsible for providing complementary foods, as well as cooking utensils and firewood. While provision improved in 2007 and 2008, further funding is required to meet refugee needs.

<sup>46</sup> The use of CSB for treatment of moderate malnutrition will be reassessed in 2010, with possible replacement by a ready-to use supplementary food for the treatment of moderate malnutrition among the children under 5.

<sup>47</sup> The MCH ration of 503 kcal provides 39 percent of the daily required intake of 1,290 kcal for 0-4 year olds to ensure that children can eat four or five times per day. Young children often find it difficult to eat normal family meals of fried doughs, which are consumed two or three times a day.

<sup>48</sup> Mixme™, a micronutrient powder in sachets containing small doses of vitamins and minerals can easily be added to food.



for all refugees in Kakuma to reduce the prevalence and severity of anaemia. The results will determine the feasibility of a subsequent roll-out.

## IMPLEMENTATION ARRANGEMENTS

52. The Ministry of Immigration and Registration of Persons waives duty on food and other project items on behalf of WFP. To prevent pipeline breaks during rainy seasons, WFP will work with the Kenya Roads Board to improve access roads. The Ministry of Water and Irrigation and the Office of the President are the main counterparts for FFA; WFP will provide seeds, tools and fumigants for FFA and MSG.
53. Camp food advisory committee meetings are held before each distribution.<sup>49</sup> The committees consist of representatives of WFP, UNHCR, cooperating partners and refugees. WFP post-distribution monitoring (PDM) reports indicate that women collect 50 percent of household rations, but at the household level women manage the food almost exclusively.<sup>50</sup>
54. LWF and CARE manage FDPs in the camps. GFDs are carried out fortnightly to compensate for inadequate household storage and to limit theft and sales of food. Refugees are screened on entry to distribution centres against UNHCR's manifest. Household food rations are issued in measured scoops and weighed at exit points. WFP plans to invest in new infrastructure once the new camp site is approved, to complete reconstruction of existing FDPs<sup>51</sup> and expand the capacity of EDPs.
55. GTZ and IRC provide health services and distribute WFP's take-home supplementary feeding rations in hospitals and clinics. Caregivers, usually mothers, stay with children in hospital for two or three weeks during which they receive cooked meals and health and nutrition information. In view of the high anaemia prevalence, WFP will explore partnerships for de-worming for children and malaria prevention and treatment.
56. To address women's protection concerns and reduce the environmental impact of collecting firewood, WFP and GTZ will advocate for funding for energy-saving stoves and explore possibilities for carbon credits under the Kyoto Protocol.<sup>52</sup>
57. WFP and partners will continue to implement policies on protection such as HIV/AIDS prevention education for WFP transporters and support for awareness campaigns on prevention of sexual exploitation and abuse.

## Logistics Arrangements

58. Food is imported through Mombasa or is purchased locally. Imported food is dispatched from a warehouse in Mombasa using private transport companies. WFP manages the warehouses in the camps; WFP-owned trucks transport food from EDPs to FDPs.

<sup>49</sup> During the meetings, the leaders are informed of the composition and size of the food basket for distribution to refugees.

<sup>50</sup> WFP plans an evaluation during the project to assess the opportunity costs to women of collecting food and cultural and other factors constraining food collection by women.

<sup>51</sup> Waiting area sheds and food corridors.

<sup>52</sup> WFP is responding to climate change: energy-saving stoves in refugee camps help to reduce carbon emissions by reducing the use of firewood.





59. The landside transport, storage and handling (LTSH) rate for PRRO 10258.3 is US\$139/mt, compared with US\$156/mt under PRRO 10258.2. The decrease results from: i) a 14 percent depreciation of the Kenya shilling against the US dollar; ii) the US\$2.1 million cost of road repairs under PRRO 10258.2, which are now covered by the Government; and iii) increased tonnage resulting in a reduction of fixed costs per mt.
60. Costs related to LTSH expenditures and EDP and FDP management are included in the LTSH multi-tier matrix, which will be reviewed every six months and adjusted as required.

### Local Procurement of Food

61. Between September 2007 and January 2009, 15,000 mt of food<sup>53</sup> valued at US\$5.8 million was purchased in Kenya. Under PRRO 10258.3, local purchases are expected to account for 10 percent of cereal purchases. WFP will explore possibilities for purchases under Purchase for Progress (P4P)<sup>54</sup> for maize and “orphan crops”<sup>55</sup> to support farmers.
62. It is anticipated that the 15 percent of imported cereals procured locally will be milled in Kenya; WFP has budgeted US\$1 million for this.<sup>56</sup> WFP will explore the feasibility of communal mills managed by refugee groups as an IGA; 20 percent of CSB and 50 percent of salt will be locally purchased.
63. WFP food is tracked through the Commodity Movement Processing and Analysis System (COMPAS). WFP will reinforce its capacity to monitor distributions of non-food items<sup>57</sup> and to determine gaps in assistance and associated nutritional impacts through joint planning and monitoring.

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## PERFORMANCE MONITORING

64. Project implementation and performance will be monitored through:
- monitoring of WFP food distributions;
  - monthly PDM by WFP and partners;
  - monthly monitoring of FFA and school sites by WFP and partners;
  - monthly reports by partners;
  - partnership evaluation by WFP and cooperating partners;
  - COMPAS;
  - annual nutrition and quarterly MUAC surveys by implementing partners; and
  - twice-yearly JAMs with UNHCR and the Government.
65. Standard guidelines are used for monthly PDMs, which involve visiting randomly selected households, FFA sites and schools. Databases in place since 2003 are used to analyse the information and inform recommendations. PDM information on the utilization

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<sup>53</sup> Including 10,355 mt of cereals, 1,638 mt of pulses, 102 mt of vegetable oil, 2,636 mt of CSB and 456 mt of salt.

<sup>54</sup> P4P was launched in September 2008.

<sup>55</sup> Orphan crops include sorghum and millet, which could be considered for the food basket.

<sup>56</sup> For 21,110 mt of grain; the rate for milling is estimated at US\$45/mt and for re-bagging at US\$2.50/mt, making a total of US\$1,002,915 of other direct operational costs (ODOC).

<sup>57</sup> Non-food items include firewood, soap, mosquito nets, cooking utensils and water containers.



of food aid and project outcomes is used to enhance programming. Through PDM, WFP and partners will monitor household food consumption and asset scores against baseline values,<sup>58</sup> food markets and factors affecting the collection of food by women.

66. Annual nutrition surveys, quarterly MUAC surveys and monthly reports by health agencies under UNHCR oversight will continue.<sup>59</sup>
67. WFP and partners will carry out regular evaluation of partners' performance to improve project implementation. WFP plans country-led evaluations of FFA, MSG and school feeding.

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## RISK ASSESSMENT AND CONTINGENCY PLANNING

### Risk Assessment

68. The success of PRRO 10258.3 depends on adequate resources for WFP, UNHCR and partners throughout the implementation period.
69. Deterioration in the security situation in Somalia and the Sudan could generate additional refugee inflows that could overwhelm partners' capacities and infrastructures and undo gains in food security and nutrition. Dadaab camp risks becoming increasingly over-crowded unless a new camp can be established, which would reduce the possibility of conflict and disease outbreaks.
70. The hostility of host communities towards refugees resulting from competition for resources could increase and cause conflict; mitigating measures are in place, however.
71. Drought and floods have repeatedly affected the refugee operation; Dadaab's Ifo camp is in a flood plain. Despite efforts by WFP and the Government to improve transport routes, the roads to the camps continue to deteriorate, particularly after flooding.
72. Cultural factors that influence poor childcare practices negatively affect mother-and-child health and nutrition.

### Contingency Planning

73. WFP has updated its contingency plan for potential refugee influxes in January 2009. It coordinates with UNHCR Kenya and other United Nations agencies on scenarios that may result in refugee influxes.

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<sup>58</sup> Baseline values for household food-consumption score already exist, but baselines for household assets scores require determination. Until mid-2008, WFP was collecting some assets information, and will consider whether the data can provide a baseline.

<sup>59</sup> Including prevalence of acute malnutrition, anaemia, crude mortality, TB treatment success rates and HIV treatment continuity.



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## SECURITY CONSIDERATIONS

74. Both refugee camps are in security phase three areas;<sup>60</sup> security clearance is required for travel to these locations. UNHCR and WFP will continue to ensure: i) that police patrol the camps and that escorts are provided; ii) that the camps have an uninterrupted power supply; and iii) that regular security assessments are carried out.<sup>61</sup>
75. WFP has implemented the following measures:
- security awareness training and regular security briefs for staff;
  - adoption of United Nations minimum operating security standards (MOSS) and minimum security telecommunications standards (MISTS); and
  - a requirement that staff recruited outside host communities reside in United Nations compounds.
76. WFP has planned for improvements and additional equipment to maintain minimum security requirements.

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<sup>60</sup> The phases are: 1– precautionary; 2 – restricted movement; 3 – relocation of families and non-essential staff; 4 – programme suspension; and 5 – evacuation.

<sup>61</sup> An updated assessment of Dadaab was carried out in October 2008 by the United Nations Department of Safety and Security, UNHCR and WFP. Both camps are routinely visited by the WFP Kenya security officer.



## ANNEX I-A

<b>BREAKDOWN OF PROJECT COSTS</b>			
	<b>Quantity (mt)</b>	<b>Average cost per mt (US\$)</b>	<b>Value (US\$)</b>
<b>WFP COSTS</b>			
<b>Direct operational costs</b>			
Food <sup>1</sup>			
– Cereals	141 197	404.87	57 166 429
– Pulses	20 593	514.20	10 588 921
– Vegetable oil	10 490	1 212.25	12 716 503
– Mixed and blended food	20 328	568.60	11 558 501
– Salt	1 716	194.85	334 363
– Sugar	441	499.00	220 059
– Dried skim milk	610	3 352.00	2 044 720
<b>Total food</b>	<b>195 375</b>		<b>94 629 495</b>
External transport			29 093 327
Landside transport			0
Internal transport, storage and handling			27 239 444
Total landside transport, storage and handling			27 239 444
Other direct operational costs			2 687 087
<b>A. Total direct operational costs</b>			<b>153 649 353</b>
<b>B. Direct support costs<sup>2</sup> (see Annex I-B)</b>			<b>13 306 045</b>
<b>C. Indirect support costs (7.0 percent)<sup>3</sup></b>			<b>11 686 878</b>
<b>TOTAL WFP COSTS</b>			<b>178 642 277</b>

<sup>1</sup> This is a notional food basket for budgeting and approval. The contents may vary

<sup>2</sup> Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

<sup>3</sup> The indirect support cost rate may be amended by the Board during the project.



**ANNEX I-B**

<b>DIRECT SUPPORT REQUIREMENTS (US\$)</b>	
<b>Staff</b>	
International professional staff	3 943 133
National professional officers	2 382 761
National general service staff	2 514 986
Temporary assistance	74 945
Overtime	39 576
Incentives	398 871
Staff duty travel	993 905
Staff training and development	115 000
<b>Subtotal</b>	<b>10 463 176</b>
<b>Office expenses and other recurrent costs</b>	
Rental of facility	86 914
Utilities (general)	28 703
Office supplies	81 137
Communication and information technology services	290 000
Insurance	17 383
Equipment repair and maintenance	265 074
Vehicle maintenance and running costs	379 199
Other office expenses	310 094
United Nations organization services	128 467
<b>Subtotal</b>	<b>1 586 971</b>
<b>Equipment and other fixed costs</b>	
Vehicles	128 898
Telecommunications equipment	1 027 000
Furniture, tools and equipment	100 000
<b>Subtotal</b>	<b>1 255 898</b>
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>13 306 045</b>



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Risks, assumptions
<b>Strategic Objective 1: Save lives and protect livelihoods in emergencies</b> <b>PRRO Objective 1: Maintain minimum nutritional requirements of the refugees through GFD</b>		
<b>Outcome 1.1:</b> Reduced and/or stabilized acute malnutrition in children under 5 in an identified population in crisis-affected areas	1.1.1 Prevalence of acute malnutrition among children under 5 (weight-for-height as %) (<15%)	<b>Assumption</b> Partners sustain efforts to reduce malnutrition  <b>Risk</b> Sanitation, care practices and disease, which impact on malnutrition, are not addressed
<b>Outcome 1.2:</b> Reduced or stabilized mortality in children under 5 and in adults in targeted populations affected by emergencies	1.2.1 Crude mortality rate (CMR) (<1/10,000 per day)  1.2.2 Age-specific mortality rate for children under 5 (ASMR-U5) (<2/10,000 per day)	<b>Assumption</b> Adequate complementary health services in supplementary and therapeutic feeding  <b>Risk</b> Congestion leading to disease outbreaks, particularly cholera and measles
<b>Outcome 1.3:</b> Improved food consumption over assistance period for refugee households	1.3.1 Household food consumption score (> 21 <sup>1</sup> )  1.3.2 Coping strategies index	<b>Assumption</b> Healthy pipeline enables WFP to meet distribution targets, even with high refugee influxes  <b>Risk</b> Unregistered asylum-seekers share refugee rations



<sup>1</sup> A score of 35 implies food security

## ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Risks, assumptions
<p><i>Output 1.1/1.2/1.3</i></p> <p>Distribution of food and non-food items in sufficient quantity and quality to targeted women, men, girls and boys</p>	<p>1.1.1 Number of people receiving food and non-food assistance, by activity and as % of planned beneficiaries. (100% of planned)</p> <p>1.1.2 Tonnage of food distributed, by type, as % of planned distribution. (100% of planned)</p> <p>1.1.3 Quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as % of planned distribution. (100% of planned)</p> <p>1.1.4 SFP coverage, recovery, deaths and defaulters meet these standards: Coverage &gt;90%, recovery &gt;70%, deaths &lt;3%, defaulters &lt;15%</p>	<p><b>Assumption</b></p> <p>Accurate population statistics provided by UNHCR</p> <p><b>Risk</b></p> <p>Interruptions in the food pipeline constrain consistent coverage of all beneficiary categories</p>
<p><b>Strategic Objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures</b></p> <p><b>PRRO Objective 2: Increase the capacity of host communities to meet their food needs</b></p>		
<p><b>Outcome 2.1:</b> Adequate food consumption over assistance period for targeted households at risk of falling into acute hunger</p>	<p>2.1.1 Household food consumption score. (&gt;21)</p> <p>2.1.2 Coping strategies index</p>	<p><b>Assumption</b></p> <p>Pastoralist host community accepts FFA agricultural practices</p> <p><b>Risk</b></p> <p>Droughts and floods erode FFA impacts</p>



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Risks, assumptions
<i>Output 2.1:</i> (Same as Output 1.1/1.2/1.3)		
<b>Outcome 2.2:</b> Hazard risk reduced at the community level in target communities	2.2.1 Household asset score <sup>2</sup> 2.2.2 Community asset score 2.2.3 Government provision of planned non-food items, by type of item (actual = 100% of planned) 2.2.4 Number of FFA projects receiving government technical input (100% of projects)	<b>Assumption</b> Availability of technical input from government partners  <b>Risk</b> Government has insufficient funding to provide non-food items
<i>Output 2.2</i> Disaster-mitigation assets built or restored by targeted communities	2.2.1 Number of risk-reduction and disaster-mitigation assets created or restored, by type and unit of measure (number of planned assets)	<b>Assumption</b> Secure environment to access arable land and sufficient provision of tools and seeds  <b>Risk</b> Inadequate government capacity to undertake implementation



<sup>2</sup> The household asset score and the community asset score are new corporate indicators whose baselines and targets in host communities will be determined by the country office before the start of the operation.



## ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Risks, assumptions
<b>Strategic Objective 4: Reduce chronic hunger and undernutrition</b> <b>PRRO Objective 3: Reduce levels of malnutrition among refugee children under 5, pregnant and lactating women and patients with special needs through selective feeding programmes</b> <b>PRRO Objective 4: Increase enrolment and attendance rates and reduce the gender disparity in camp schools</b>		
<b>Outcome 4.1:</b> Increased access to education and human capital development in assisted schools	4.1.1 Enrolment: average annual rate of change in number of girls and boys enrolled (>= 4% met or exceeded for 80% of schools) 4.1.2 Attendance rate: number of schooldays on which girls and boys attend classes, as % of total number of school days (90% met or exceeded for 80% of schools) 4.1.3 Gender ratio: ratio of girls to boys enrolled (0.75) 4.1.4 Pupil facility ratios <sup>3</sup> (Classrooms/pupils < =1:55)	<b>Assumption</b> School buildings adequate to accommodate children arriving in new refugee influxes <b>Risk</b> Lack of education materials and/or teachers discourages girls' attendance
<i>Output 4.1:</i> Distribution of food and non-food items in sufficient quantity and quality to targeted girls and boys under secure conditions	4.1.1 Number of girls and boys receiving food in schools and as % of planned figures (School feeding beneficiaries; actual = 100% of planned) 4.1.2 Tonnage of food distributed, by type, as % of planned distribution (Planned mt; actual = 100% of planned)	<b>Assumption</b> High proportion of school-age children enrolled <b>Risk</b> Insufficient food stocks for school feeding



<sup>3</sup> Measures whether assumption as to school infrastructure remains valid. WFP plans to monitor partner reports of pupil/student facility ratios for classrooms, desks, latrines and teachers per student, given JAM concerns about the additional absorptive capacity of schools. This will be used as an indicator for education investment, which may impact on WFP.

<b>ANNEX II: LOGICAL FRAMEWORK</b>		
<b>Results</b>	<b>Performance indicators</b>	<b>Risks, assumptions</b>
<b>Outcome 4.2:</b> Improved nutritional status of targeted women, girls and boys	4.2.1 Prevalence of stunting among targeted children under 2 (height-for-age as %) (10% reduction in underweight prevalence/year) 4.2.2 Prevalence of iron deficiency anaemia (IDA) in pregnant and lactating women and children (IDA reductions of 10% in Dadaab and 20% in Kakuma) <sup>4</sup>	<b>Assumption</b> Healthy pipeline enables consistent provision of food and fortified food for target groups <b>Risk</b> Refugee suspicion of fortified food and micro-nutrient powders reduces consumption
<b>Outcome 4.3:</b> Increased success of TB treatment for targeted patients	4.3.1 TB treatment success rate (85% TB treatment success rate)	<b>Assumption</b> Health partners are adequately funded to provide treatment <b>Risk</b> Patients discontinue treatment once they feel better
<b>Outcome 4.4:</b> Increase in the % of adults and children living with HIV who are still on ART after 6–12 months	4.4.1. % of adults and children living with HIV who are still on ART 6-12 months after starting (75% on treatment after 12 months)	<b>Assumption</b> Health partners are adequately funded to provide treatment <b>Risk</b> Fears of stigma dissuade PLHIV from seeking treatment
<i>Output 4.2/4.3/4.4: (Same as output 1.1/1.2/1.3)</i>	Same as indicators 1.1.1-1.1.3	<b>Assumption</b> Accurate health statistics are provided by partners <b>Risk</b> Interruptions in the food pipeline constrain consistent coverage



<sup>4</sup> In Dadaab, fortified food is provided, hence the 10% target reduction. In Kakuma, multiple-micronutrient powders will be piloted, hence the 20% target reduction.

### ANNEX III

#### PRRO 10258.3 – LOCATION OF REFUGEE CAMPS IN KENYA



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.



## ACRONYMS USED IN THE DOCUMENT

ART	anti-retroviral therapy
ASAL	arid and semi-arid land
CARE	Cooperative for Assistance and Relief Everywhere
CSB	corn-soya blend
CTC	community-based therapeutic care
DSM	dried skim milk
EDP	extended delivery point
FDP	final distribution point
FFA	food for assets
GAM	global acute malnutrition
GFD	general food distribution
GTZ	German Technical Agency for Cooperation
IGA	income-generating activity
IRC	International Rescue Committee
JAM	joint assessment mission
LTSH	landside transport, storage and handling
LWF	Lutheran World Federation
MOSS	minimum operating security standards
MISTS	minimum security telecommunications standards
MSG	multi-storey gardening
MUAC	mid-upper-arm circumference
NGO	non-governmental organization
ODOC	other direct operational costs
P4P	Purchase for Progress
PDM	post-distribution monitoring
PLHIV	people living with HIV
PRRO	protracted relief and recovery operation
TB	tuberculosis
TFG	Transitional Federal Government
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund