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**EMERGENCY NUTRITION AND WASH SUPPORT PROGRAM FOR GARISSA
COUNTY, KENYA**

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ANNUAL REPORT

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BACKGROUND

Program Goal:

The goal of this program is to provide access to nutrition rehabilitation services for vulnerable children <5 and Pregnant and Lactating Women (PLW), as well as WASH services for children in selected schools and learning institutions within Garissa County, Kenya.

Program Objectives:

- Reduce malnutrition and improve the nutrition status of children < 5 and pregnant/lactating women through nutrition support interventions.
- Increase access to safe drinking water and improve sanitation/hygiene practices to reduce incidence of waterborne diseases among target communities.

Targeted Beneficiaries

The beneficiaries of this nutrition and WASH support assistance are:

- Approximately 10,748 children <5 (8,624 moderately malnourished and 2,124 severely malnourished)
- 3,150 PLW
- 1,290 PLW in 86 Mother to Mother Support Groups (MTMSGs)
- 2,148 school going children in 12 schools

PROGRAM PERFORMANCE

Mercy-USA is implementing this program in direct partnership with the Ministry of Public Health and Sanitation (MoPHS) and the Ministry of Medical Services (MoMS) to strengthen quality delivery of both Nutrition and WASH sector services within health facilities, schools and the community in 5 districts in Garissa County (Lagdera, Fafi, Ijara, Balambala and Garissa districts). This support includes scaling up High Impact Nutrition Interventions (HINI) as per Nutrition sector objectives in 42 health facilities and improving access to safe water and sanitation facilities and hygiene promotion for children in 12 schools as per the WASH sector.

With this OFDA award, Mercy-USA was able to scale up support for MIYCN interventions at the health facility and community levels. Mercy-USA is also providing cash transfer assistance to selected IMAM beneficiaries to help them improve their purchasing power and improve access to essential hygiene and sanitation items linked to improved nutrition-related morbidity and mortality.

This project is supporting the MoPHS and MoMS in the delivery of HINI through improved integration of nutrition, health and WASH interventions within the Primary Health Care (PHC) system at both the health facility and community levels. In addition, there are targeted WASH interventions at the school level.

This support was a response to prolonged erratic conditions characterized by poor and/or failed rains predisposing the community, which is predominantly pastoralist, to malnutrition, with children under five and pregnant and lactating women affected most. The below normal long rains (March-May) resulted into low crop and livestock productivity, early migration of livestock due to poor recharge of water sources and below average pasture conditions. Consequently, this has resulted in most households being classified as “stressed” as per the integrated Food Security Phase Classification (IPC) and the situation continued to deteriorate until the onset of the short rains during this reporting period as evidenced by an increase in the percentage of children at risk from

11.3% in July 2012 to 12.2% by the end of September 2012. The preliminary survey results for September 2012 further indicate the deteriorating food security situation by increased GAM rates of 17.4% as compared to 16.2% in 2011.

During this reporting period, several security incidences were reported. On June 29, 2012, 4 humanitarian aid workers from the Norwegian Refugee Council (NRC) were kidnapped by Al Shabaab militia and their driver killed at Dadaab refugee camp. The aid workers were later released following interventions by the Transitional Federal Government (TFG) forces in Somalia and Kenya Defense Forces (KDF). On July 1, 2012, armed gunmen in Garissa town attacked worshippers in 2 churches resulting in 17 deaths. On September 17th, a grenade was thrown at a police truck which was ferrying food to Liboi, injuring four policemen; the police responded by shooting aimlessly injuring two civilians. On September 30th, two policemen guarding North Eastern Province were shot dead and in response the police beat civilians in the affected areas which led to the bombing of the Ifiti police station and the burning of the Provincial CID headquarters. These successive incidences are likely to cause conflict among the residents, as well as inaccessibility to health and nutrition services at both community and health facility levels. For instance, Samaritans Purse had to cease its nutrition interventions for the host community in Dadaab district due to heightened insecurity. Mercy-USA has received no direct threats, but it continues to maintain its operation with a keen attention to the security situation and cautious execution of activities to minimize risks to both its staff and assets.

Deviation/Changes in Planned Activities

Due to an additional number of INGOs establishing operations in the County and establishment of new additional sites (health facilities) there was a re-mapping of sites, thus slight changes in the health facilities targeted by Mercy-USA as compared to the proposal (See Annex 1). These location changes occurred after extensive consultation within the Nutrition Cluster at the national level and through District Health Management Teams (DHMT) at the district level to ensure increased coverage and optimization of the available resources. Mercy-USA will now support up to 42 health facilities instead of the proposed 43. In addition, 12 schools have been targeted for school WASH interventions.

During planning, the cash transfer assistance was targeted at OTP beneficiaries but during implementation the same had to be extended to SFP beneficiaries since the projected OTP number (700) could not be reached. This is because, being a pastoralist community, some beneficiaries migrated in search of pasture due to the below normal long rains. This was also due to the interventions that were put in place as beneficiaries were cured in the OTP and transferred into the SFP. Some challenges were experienced during the registration of these beneficiaries; for instance, some caregivers lacked the national identification cards which are mandatory for them to access the MPESA services, and in some places where there was cell phone services, there were no MPESA agents.

NUTRITION SECTOR

I. Management of Moderate Acute Malnutrition

The target beneficiaries of this intervention were moderately malnourished children under the age of

five and pregnant and lactating women. This was implemented as per the national guidelines on Integrated Management of Malnutrition (IMAM) through Supplementary Feeding Programs (SFP) at health facilities and at outreach sites for the beneficiaries who could not access the health facilities due to distance. By September 30th, 42 health facilities were being supported for MAM interventions which were integrated with other routine services. Mercy-USA gave logistics and technical support. The focus was on OJT for case management, recording and reporting, community sensitization and mobilization to strengthen referral systems, active case finding and dissemination of supplies, guidelines and other IEC materials.

The preliminary nutrition survey results for September 2012 by MoPHS, supported by Mercy-USA with funding from UNICEF, indicate that malnutrition is still critical with GAM and SAM rates at 17.4% and 1.2% respectively translating into MAM of 16.2%. As compared to the April 2011 survey results (GAM-16.2% and SAM-3.2%), though there was a decrease in SAM rates, there was an increase in MAM rates which could partly be attributed to the interventions that were put in place and partly to the long rains though they were below normal. The nutrition situation is not expected to significantly change in the short term and more efforts need to be put in place to reduce the malnutrition rates to acceptable thresholds. This can only be realized through a multi-sectoral approach to address issues surrounding malnutrition.

From May to September 2012, a total of 1,636 children <5 and 992 pregnant and lactating women (PLW) have been admitted for treatment in the SFP program across the 42 health facilities and outreach sites attached to them. Through OJT, Mercy-USA has facilitated training of 30 health personnel (health workers and Community Health Workers) in prevention and management of Moderate Acute malnutrition. OJT is conducted by the MoPHS core team; Mercy-USA's role is to provide technical support to the core team and logistical support to facilitate OJT. Prioritization of OJT is based on the gaps' assessment which was done for all the 42 health facilities being supported.

The performance indicators for both SFP children under five and SFP PLW were within the SPHERE standard except for the defaulters for SFP PLW which was 18.4%. Cure rates were 82.1% for U5 and 79.5% for PLW while default rates for the children under five was 12.6%. Death rates were 0% for both programs. The high default rate is due to migration in search of pasture and water due to drought experienced as a result of poor performance of both long and short rains.

II. Management of Severe Acute Malnutrition

This intervention was targeting children under the age of five who were severely malnourished as per the admission criteria of the integrated management of malnutrition guidelines. By the end of September, 40 OTP sites and 4 stabilization centers were being supported for Management of Severe Acute Malnutrition. The revised target (see Deviation/changes in planned activities section) was 42 OTP sites but two health facilities did not have a health worker to run the program; however, towards the end of September, health workers were deployed in the two health facilities though they were not trained on IMAM. They will, therefore, be prioritized for OJT in the following year.

As of September 2012, a total of 852 and 91 children <5 had been admitted for treatment in OTP and SC respectively. All the performance indicators were within the SPHERE standards indicating high quality integrated services being provided to the beneficiaries. The cure, death and default rates were 84.9%, 0.8% and 10% respectively. Mercy-USA supported capacity building for MoMS/MoPHS health personnel at health facilities and at community level through OJT in

collaboration with the district OJT core team comprising of the DHMT members. Mercy-USA also supported joint supportive supervision to improve on reporting, recording and case management. Since May 2012, a total of 30 health facility staff and community health workers were trained in the management of SAM.

As part of integrating nutrition and WASH interventions, Mercy-USA supported HHWTS for the OTP beneficiaries by providing 3 Jerri cans per household. This is expected to improve access to safe water for these children for the duration of their treatment. In addition, families with children admitted into the OTP and SC programs were targeted for cash transfer assistance to help them improve their purchasing power and improve access to essential hygiene and sanitation items linked to improved nutrition-related morbidity. The diminished purchasing power is as a result of loss in livelihood capacity following successive climatic shocks which significantly affected their livelihood. This assistance is also expected to contribute to restoring the pre-disaster livelihood of these families. Toward the end of September, registration and verification of the beneficiaries was being finalized. Delay was due to challenges such as lack of identity cards by some caregivers, faulty SIM cards, and limited human resources from the MPESA provider to carry out the registration policy. This process has since been completed.

III. Nutrition Education

This was achieved through support for integrated community education addressing nutrition, health and WASH thematic topics. It was done at health facilities, at outreach sites and at community level. At the health facility level it was done on a daily basis, while at the community level on a quarterly basis. Integrated education is vital as it equips the community at large with skills and knowledge and demystifies myths affecting the nutrition and health status as the community is deeply rooted into cultural practices and beliefs which are adversely affecting their food consumption practices, optimal MIYCN practices and health seeking behavior. The sessions also include food preparation demonstrations to enhance diversification of the diet using locally available foods and hygiene promotion demonstrations to empower the community with practical skills and knowledge. Integrated community education enhances the preventive aspect of the program through dissemination of key messages that address the underlying factors associated with the current nutrition status in the targeted community.

Through OJT, 157 health providers (health workers and community health workers) were trained on how to conduct effective integrated education sessions which was intended to empower them to act as agents of change in the field of nutrition, health and hygiene promotion which in turn is expected to influence behavior change and consequently improve overall nutrition status of the target community in the long run.

Nutrition education was scaled up during commemoration of World Breastfeeding Week with emphasis on key messages on early initiation of breastfeeding, optimal EBF and continued breastfeeding for at least two years. The community at large was reached with the key messages including influential people on MIYCN practices such as spouses and mothers-in-law. During this period, a total of 4,224 community members were reached with this intervention at health facility, outreach and at community levels.

IV. INFANT AND YOUNG CHILD FEEDING

IYCN support included logistical support, building the capacity of health workers and community health workers and Mother to Mother Support Group (MTMSG) mentors by Mercy-USA in collaboration with the DHMT. By the end of September 2012, 42 health workers and 5 DHMT

members were trained on MIYCN, while 80 MTMSG mentors/facilitators were trained on the same to facilitate MTMSGs attached to different health facilities. Mercy-USA also facilitated dissemination of MIYCN IEC materials and policies in all the targeted health facilities.

In addition, 56 MTMSGs had been formed by the end of September and more groups are expected to be formed in the next year. MTMSGs will also be assisted during monthly sessions and with linkages to important entities like the Ministry of Agriculture and Livestock to enhance awareness of available services which could improve livelihoods of the targeted communities and consequently build their resilience. In addition, the linkages will also enhance sustainability of these groups which has been a challenge.

Other key influencers of MIYCN such as mothers-in-law, religious leaders and spouses of the caregivers will also be targeted for the monthly sessions and during integrated community education to ensure support for mothers towards optimal MIYCN. Though the preliminary survey results for September indicate EBF rates were at 18.4% and only 66% of children 6 to <24 months of age received between 3 to 4 food groups indicating suboptimal MIYCN practices, these interventions are expected to improve MIYCN practices.

Competing activities in Garissa County such as health campaigns, nutrition and health events, and managerial meetings at the district level resulted in slow implementation of the MIYCN component. This included polio campaigns, as the DHMT and health workers, needed to be involved for the purposes of sustainability and ownership.

WASH SECTOR

WASH sector interventions have been designed to complement nutrition interventions at the health facility and community levels through hygiene promotion under the HINI approach. At the school level, the focus is on improving access to safe drinking water, sanitation facilities and enabling school going children to engage in good hygiene practices so as to minimize risk of illness eventually resulting in malnutrition. 42 health facilities and 12 schools are being targeted for this intervention. The interventions were under the following sub-sectors:

I. Water

The focus was on construction of rain water harvesting and storage tanks targeting 12 schools in Garissa County. These interventions are expected to benefit school going children. Mercy-USA has engaged the services of a water engineering company to undertake these activities within the various schools. To ensure ownership and sustainability of this intervention, School Management Committees are involved during site selection and supervision of the construction process. By the end of September 2012, the site selection and construction schedule had been finalized and one tank had been completed. The others will be finalized in the next quarter.

II. Sanitation

Sanitation activities are focused on the construction of 24 latrines and 24 hand-washing stations for the same schools (12) targeted for the water subsector within Garissa County, two latrines and two hand-washing stations for each school to address cultural and gender sensitive issues. By the end of September, two latrines had been completed and two hand-washing stations installed at one school. The others will be finalized in the next quarter.

III. Hygiene Promotion

This is supported at health facility, community and school level. At health facility level, hygiene promotion is included in the daily health education sessions at different service delivery points, while at the community level, it is achieved through quarterly integrated community education targeting nutrition, health and WASH topics. The September preliminary survey results indicate that only 28.1% of the population practice proper hand washing and 34.6% proper household water disposal. After the end of this project, it is expected that these indicators will improve significantly.

In January 2013, School Management Committees (SMCs) from the 12 schools, district water and education officers, community leaders and public health officers will be targeted for hygiene promotion training. These participants are expected to engage in hygiene and sanitation promotion activities at the school and community level and act as agents of change within the community. Mercy-USA WASH Officers continue to work closely with the SMCs especially in formation of school WASH clubs and organizing for school hygiene promotion activities.

CONSTRAINTS TO PROJECT IMPLEMENTATION

- Successive incidences of insecurity during the reporting period are significantly affecting the implementation of program activities in some locations.
- High staff turnover and limited human resources have negatively affected the capacity of the health facilities in providing integrated quality interventions.
- Competing health and nutrition events in the county such as polio and measles campaigns have delayed implementation of certain activities such as the MIYCN component.
- Progress of OJT, which is the sectors' preferred approach, has been slower than expected since the DHMT were not sensitized so formation of the core team was delayed. In addition, it is not possible to combine OJT and joint supportive supervision due to the OJT's design. Some health workers are not receptive to OJT since it is time consuming, considering high workload due to limited human resources. Availability of the DHMTs, who form the core team, is a challenge since they are engaged in other activities.
- Cessation of distribution of plumpysup during the last week of July resulted in delays in distribution of SFP rations.
- A teachers' strike led to delays in school WASH activities.
- Inadequate support for the Community Health Strategy has resulted in weak linkage between the health facilities and the community.
- Internal migration of population in search of pasture and water led to defaulters in the outreaches and some health facilities.

CONCLUSIONS/RECOMENDATIONS

In future programming, due to the multi-causal factors of malnutrition, not only is there a need for a multi-sectoral approach but also for more long-term developmental interventions to address these issues and consequently build the resilience of the targeted community. MoPHS needs to mobilize human resources to improve staffing so as to enhance quality and integrated service delivery at both the health facility and community levels. The Community Health Strategy needs to be strengthened to enhance linkages between the health facilities and the community to improve Behavior Change Communication, which will equip the community with the knowledge and skills to better address their own nutrition and health status.

GOAL	<ul style="list-style-type: none"> To improve the well-being of families at the community level through improved access to Nutrition and WASH services for vulnerable groups (children <5 and Pregnant and Lactating Women (PLW) and selected schools within Garissa County. 				
OBJECTIVE	<ul style="list-style-type: none"> Reduce malnutrition and improve nutrition levels of children <5 and pregnant/lactating women through nutrition support activities. Increase access to safe water and promote proper hygiene and sanitation practices among target communities. 				
BENEFICIARIES	<ul style="list-style-type: none"> 10,748 children <5 (8,624 moderately malnourished and 2,124 severely malnourished) 3,150 PLW and 1,290 PLW in 86 MTMSG 2,148 school going children in 12 schools 				
GEOGRAPHIC LOCATIONS:	<p>NUTRITION: Lagdera district Garissa District Balambala district Fafi district Ijara district <i>See Annex 1 and Annex 2 for detailed list</i></p>				
SECTOR	SUB- SECTOR	INDICATOR	TARGET	ACHIEVEMENT	REMARKS
NUTRITION	MANAGEMENT OF MODERATE ACUTE MALNUTRITION	Number of sites managing moderate acute malnutrition	43	40	Two facilities in Lagdera (Maalmin and Afwein) were having inter-clan issues and lacked health workers. By the end of September 2012, the health workers had been deployed though not trained on IMAM. They will be prioritized for OJT in the next year. Due to many INGOs, it was not possible to get the 43rd facility.
		Number of beneficiaries admitted to Moderate Acute Malnutrition (MAM) services by beneficiary type (< 5s and adults)	8,624 moderately malnourished <5 and 3,150 PLW	1,636 children <5 and 992 PLW	This is the cumulative coverage since inception of this award. Mobilization and admission is on-going and the targets will be reached by the end of the project.
		Number of health care providers and volunteers trained in the prevention and management of Moderate Acute Malnutrition (MAM)	86 Health workers	30	This was done through OJT by the OJT core team and was based on the gaps identified.

		Moderate Acute Malnutrition (MAM) rates decrease to below pre-crisis level (5.9%).	<5.9%	16.2%	This is per the preliminary survey results done in September indicating an increase in MAM rates as compared to the April 2011 survey, whereby MAM rates were 13%
MANAGEMENT OF SEVERE ACUTE MALNUTRITION		Number of health care providers and volunteers trained in the prevention and management of Severe Acute Malnutrition (SAM)	84 Health workers and 84 Community volunteers	30	This was through OJT by the core team and included both the health workers and community health workers. The focus was on case management, reporting and recording.
		Number of sites established/rehabilitated for inpatient and outpatient care	43 OTP and 4 Stabilization Centers	40 OTP and 4 SC	Two facilities in Lagdera (Maalmin and Afwein) were having inter-clan issues and lacked health workers. By the end of September 2012, the health workers had been deployed though not trained on SAM. They will be prioritized for OJT in the next year. Due to many INGOs, it was not possible to get the 43 rd OTP facility.
		Number of beneficiaries treated for Severe Acute Malnutrition (SAM) by type (<5s & adults; inpatient care with complications; outpatient care without complications)	2,124 severely malnourished <5	852 in OTP and 91 children in SC	This is the cumulative coverage since inception of this award. Mobilization and admission is on-going and the targets will be reached by the end of the project.
		GAM and SAM rates decreased to below pre-crisis level (5.9%).	<5.9%	1.2%	This is as per the preliminary September SMART survey results indicating improvement in the SAM rate as compared to the April 2011 survey, whereby the SAM rate were at 3.2%.
		Number of beneficiaries benefiting from cash assistance interventions	700 families	0	By the end of September, registration and verification was being finalized. There were some delays in the registration process as some beneficiaries lacked national identity cards and the MPESA provider had limited human resources.
NUTRITION EDUCATION		Number of providers (health care and/or community volunteers) trained in provision of nutrition education	86 health workers and 84 Community volunteers	157	This was done by the core team with technical and logistical support from Mercy-USA in the 5 districts.
		Percent change in practice and/or knowledge pertaining to nutrition education topics		To be determined.	This will be determined during program evaluation.
		Number of beneficiaries receiving nutrition education		4,224 –beneficiaries attending community education sessions 6,572-receiving individual	The sessions are integrated with nutrition, WASH and health topics.

				counseling	
	INFANT AND YOUNG CHILD FEEDING	Is an Infant and Young child feeding in Emergency policy in place?	YES	YES	All the health facilities being supported have the MYICN policy in place which is being communicated to the health workers often during OJT and field supervision visits.
		Number and percent of infants 0-6 months of age who are exclusively breastfed	40%	18.3%	This is as per the preliminary survey results for September. With scaling up of MIYCN intervention the rates are expected to increase by the end of the award.
		Number and percent of children 6-24 months of age receiving 4 or more food groups		66%	This is as per the preliminary survey results for September. With scaling up of MIYCN intervention and integrated community education this is expected to improve.
		Number of mother to mother support groups formed and active	86	56	These are groups formed by the end of September and more groups are expected to be formed. The delay in formation of these groups was due to competing activities of health workers thus the IYCN training was also delayed which was a pre-requisite.
		Number of community mentors trained on IYCN	86	0	By the end of September, none had been trained due to delayed health workers' training. This activity has prioritized for the next quarter.
WASH	WATER	Number and percent of water supplies with 0 coli form bacteria per 100ml	12	To be determined once the tanks are in use.	As of September, only 1 water tank had been constructed in 1 school. The remaining 11 tanks are expected to be completed in the next quarter.
		Average water usage of target population in liters per person per day prior to and after interventions	2 liters /day (Prior to intervention)		
		Number and percent of water points with measurable chlorine residual exceeding 0.2 mg/l	12		
	SANITATION	Number and percent of latrines completed that are clean and in use in compliance with SPHERE standards	24	2 (8.3%)	The remaining 22 latrines and 22 hand-washing stations are expected to be completed in the next quarter.
		Number and percent of hand-washing facilities completed and in use	24	2 (8.3%)	
		Number and percent of individuals disposing of solid waste appropriately	2,148 school children		This will be determined once the construction of the latrines are done and hygiene promotion training for the

					SMCs. This will be done during program evaluation in April.
		Number of villages attaining ODF status by end of program period.	12	0	Identification of the villages will be done together with the DHMT in the next quarter followed by a trigger exercise in the communities around the 12 schools within the 5 districts.
	HYGIENE PROMOTION	Percent of target population demonstrating good hand-washing practices	2,148 school children		To be determined during program evaluation in April after the construction work is complete.
		Percent of target population demonstrating correct water usage and storage	2,148 school children		To be determined during program evaluation in April.
		Number and percent of clean water points functioning three months after completion	12	0	Water testing will be conducted every 3 months. This should be done in January 2013 after construction work is complete. The testing kit has been procured.
Key Words	Children	Number of children assisted by the program activities	12,986	Cumulatively 2,579 children had been reached with IMAM interventions.	This project is designed to directly target children <5 for nutrition and WASH interventions.
	Capacity building/Training	Number of health care providers and community volunteers trained.	86 health facility workers and 86 community health workers	157 health workers and CHWS were trained	Mercy-USA has been providing training and mentorship to health workers and community volunteers through classroom trainings and OJT on nutrition and WASH.
	Host government	Number of Host Government workers/officers trained	86 health facility workers	47	Mercy-USA has been providing training for the Ministry of Public Health and Sanitation personnel at health facilities on HINI components.
	HIV/AIDS	Number of health workers trained in management of malnutrition in HIV/AIDS cases.	84 health workers	42	Training on HINI component encompasses the protocol for nutritional care provided to patients with HIV/AIDS.

Annex 1

Distribution of Health Facility Coverage

District	Division	Hospitals	Health centers	Dispensaries
Garissa	Central	<ul style="list-style-type: none"> • Garissa PGH 	<ul style="list-style-type: none"> • Bulla Medina 	<ul style="list-style-type: none"> • Raya • Police Line • GK Prisons • Utawala • Alfarouq • GTTC • Bulla Mzuri
	Sankuri		<ul style="list-style-type: none"> • Saka • Sankuri 	<ul style="list-style-type: none"> • Shimbirey • Abdisamat • Balich
	Balambala	<ul style="list-style-type: none"> • Balambala Sub-district Hospital 		<ul style="list-style-type: none"> • Dujis • Jarajara • Daley • Kuno
	Danyere		<ul style="list-style-type: none"> • Danyere 	
Ijara	Masalani	<ul style="list-style-type: none"> • Ijara/Masalani District Hospital 		<ul style="list-style-type: none"> • Korisa • Hara • Gababa • Furqan
	Sangailu		<ul style="list-style-type: none"> • Sangailu 	<ul style="list-style-type: none"> • Handaro
	Ijara		<ul style="list-style-type: none"> • Ijara 	<ul style="list-style-type: none"> • Sangole • Jalish
	Ruka			<ul style="list-style-type: none"> • Ruqa
	Kotile		<ul style="list-style-type: none"> • Kotile 	
	Bodhai			<ul style="list-style-type: none"> • Bodhai
Lagdera	Modogashe		<ul style="list-style-type: none"> • Maalmin 	<ul style="list-style-type: none"> • Afweine
	Benane		<ul style="list-style-type: none"> • Benane 	<ul style="list-style-type: none"> • Eldere
Fafi	Galmagalla		<ul style="list-style-type: none"> • Galmagala 	
	Bura	<ul style="list-style-type: none"> • Bura District Hospital 	<ul style="list-style-type: none"> • Nanighi • Mansabubu 	<ul style="list-style-type: none"> • Kamuthe

Annex 2
List of Schools supported for WASH interventions

District	Division	Schools	WASH Interventions
Garissa	Sankuri	Lago Primary School	<ul style="list-style-type: none"> • Water Tanks Construction • School Latrine Construction • Hygiene Promotion
		Nunow Primary School	<ul style="list-style-type: none"> • Water Tanks Construction • School Latrine Construction • Hygiene Promotion
	Balambala	Bura Dansa Primary School	<ul style="list-style-type: none"> • Water Tanks Construction • School Latrine Construction • Hygiene Promotion
		Orohey Primary School	<ul style="list-style-type: none"> • Water Tanks Construction • School Latrine Construction • Hygiene Promotion
		Mudey Primary School	<ul style="list-style-type: none"> • Water Tanks Construction • School Latrine Construction • Hygiene Promotion
Ijara	Masalani	Kotile Primary School	<ul style="list-style-type: none"> • Water Tanks Construction • School Latrine Construction • Hygiene Promotion
		Mai Primary School	<ul style="list-style-type: none"> • Water Tanks Construction • School Latrine Construction • Hygiene Promotion
	Ijara	Gerille Primary School	<ul style="list-style-type: none"> • Water Tanks Construction • School Latrine Construction • Hygiene Promotion
Lagdera	Lagdera	Garse Primary School	<ul style="list-style-type: none"> • Water Tanks Construction • School Latrine Construction • Hygiene Promotion
		Barkuke Primary School	<ul style="list-style-type: none"> • Water Tanks Construction • School Latrine Construction • Hygiene Promotion
Fafi	Bura	Bura Primary School	<ul style="list-style-type: none"> • Water Tanks Construction • School Latrine Construction • Hygiene Promotion
		Fafi Boarding Primary School	<ul style="list-style-type: none"> • Water Tanks Construction • School Latrine Construction • Hygiene Promotion