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

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**FINAL REPORT**

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## **A. BACKGROUND**

In early 2011, the Horn of Africa experienced one of the worst drought seasons in many years during which time food security, livelihoods, health and nutrition, as well as WASH needs within the communities living in the affected areas were severely compromised. Garissa County, which is located in Kenya's North Eastern province, was the focus of Mercy-USA's response at the height of this emergency situation. A Mercy-USA survey conducted in April 2011, in partnership with the Ministry of Medical Services (MoMS) and Ministry of Public Health and Sanitation (MoPHS) with funding from UNICEF, indicated GAM and SAM rates of 16.2% and 3.2% respectively, which are levels above the emergency threshold requiring urgent interventions to save lives and prevent deterioration in the nutritional status of children and women in the community.

## **B. PROGRAM DESCRIPTION**

### **PROGRAM GOAL:**

The goal of this project was 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.

### **PROGRAM OBJECTIVES**

The objectives of the program were to:

- 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.

### **SECTORS:**

For this program, the main sectors under which program activities were defined were Nutrition and WASH.

### **PROGRAM DURATION:**

The duration of the program was twelve months from March 15, 2011 to March 14, 2012.

### **BENEFICIARIES:**

The direct beneficiaries of the interventions were children < 5 and Pregnant and Lactating Women (PLW) within Garissa County. Specifically, this program targeted:

#### Direct Beneficiaries

- 14,374 moderately malnourished and 3,539 severely malnourished children <5, as well as 2,397 moderately malnourished PLW
- 5,250 PLW for nutrition education
- 3,200 children attending Early Childhood Development (ECD) and schooling institutions

#### Indirect Beneficiaries

- 167,400 community members

### **GEOGRAPHIC LOCATIONS:**

The geographical locations for this program were in Garissa County. Kindly see Annex 1, a table indicating specific locations of health facilities where program activities and interventions were undertaken. During the second quarter and following the increased caseloads within the County, there was a need to reprioritize and consolidate Mercy-USA efforts in relation to geographical coverage. This re-mapping of response in Garissa County was due to an additional number of INGOs establishing operations in the County and the new demarcation of administrative boundaries where new facilities were established and others upgraded. This was after extensive consultation within the Nutrition Technical Forum to ensure good coverage of nutrition

interventions within the County. Mercy-USA continued to support up to 42 sites, though the locations varied from those previously indicated in the grant modification.

### **CRITICAL ASSUMPTIONS**

The critical assumptions upon which the program activities were implemented were:

- UNICEF and WFP were to continue providing supplies for the nutrition services and no interruption in the delivery of supplies was to be experienced.
- During the project period, no new natural calamities of significant effect that could influence the outcome of the project as planned would be experienced, thus the expected outcomes and benefits would be achieved.
- There was to be adequate funding, human resources, facilities and supplies in the sites throughout the program period to ensure timely service delivery to the intended beneficiaries.

During program implementation, there were unanticipated events that were experienced that influenced the implementation of activities.

- During the second quarter of operations, the security situation in Garissa County deteriorated with cases of kidnapping of INGO staff and direct threats of the same to other INGOs including Mercy-USA. Despite this threat not being executed, Mercy-USA put in measures as stipulated in its security manual and specific security plan for Garissa and kept close contact with the local authorities, security networks and other international and local NGOs on the ground for information sharing. The Kenyan government intensified its security measures within the County through regular patrols by the Kenya Defense Forces (KDF) and administration police in towns and villages. Towards the end of the program, levels of insecurity continued to remain high, though incidences of targeted attacks on public, private or government institutions did significantly decrease. As a safety precaution, Mercy-USA continued to maintain security measures to protect its staff and property in Garissa County, including security escort in some locations, curfews and heightened security/vigilance at its offices in Garissa and Ijara towns.
- During the annual rainy seasons, there were heavy rains that resulted in some locations becoming inaccessible for service delivery due to impassable roads. This reduced access contributed to some delays in actual activity implementation.
- Following the good performance of the short rains in later 2011, it was expected that there would be improvements in food security, livelihoods and the general nutrition situation. However, the Kenya Meteorological Department (KMD) projected a poor performance for the long rains in the Arid and Semi-arid Lands (ASALs) in northern Kenya, and, thus far, this prediction has held true as we near the end of the long rains period. As such, Garissa County continues to be one of the areas in Kenya that is in need of continued emergency and recovery support to strengthen gains that have been made from the humanitarian response, especially as the county enters the dry *Hagai* season.

### **PROGRAM PERFORMANCE**

Mercy-USA, with funding from OFDA, began the implementation of an Emergency Nutrition program in April 2011 focused on IMAM interventions to support delivery of quality services by the MoMS/MoPHS to the community. Following a cost modification from OFDA and additional funding support from UNICEF, Mercy-USA, together with the MoPHS, scaled up its support from 30 locations to 42 locations and 60 outreach sites across Garissa County where integrated health, nutrition and WASH services were provided under the High Impact Nutrition Interventions (HINI) approach approved through the Nutrition Technical Forum. Under this approach, IMAM, Infant and Young Child Feeding (IYCF), micronutrient supplementation and de-worming, Hygiene promotion (especially hand washing) and utilization of iodized

salt were the interventions employed to address the nutrition, health and WASH needs in the community targeted. The primary focus of this support was at facility and community level.

The program also focused on strengthening the capacity at facility level for HINI scale-up and quality service delivery through the Primary Health Care (PHC) system. This capacity building was undertaken through both classroom and on-the-job (OJT) training activities facilitated by the District Health Management Team (DHMT), UNICEF (through its Nutrition Support Officer on ground), WFP and Mercy-USA staff. In addition to protocol for the management of Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM), mentorship and supportive supervision also focused on supplies' management at facility level (requisition, utilization, recording and reporting), integration of services at facility and outreach level, strengthening facility and community interface through the Community Health Strategy (CHS) and data management (timely and accurate recording and reporting) from facility to district level, which is expected to improve decision making by the DHMT and other partners supporting the MoPHS. Additional areas of support included coordination and advocacy for sectoral linkages with other relevant sectors such as WASH. Mercy-USA supported the MoPHS to conduct monthly Nutrition Technical Forum (NTF) meetings at district level attended by MoPHS partners and relevant stakeholders, where response planning, district progress reviews and dissemination of information occurred.

Performance of the program was guided by national, international and donor specific performance standards, which defined various indicators that were monitored. The table below shows performance of the program activities against the various indicators.

SECTOR	SUB- SECTOR	INDICATOR	TARGET	ACHIEVEMENT	REMARKS
NUTRITION	MANAGEMENT OF MODERATE ACUTE MALNUTRITION	Number of sites managing moderate acute malnutrition	42	42	The target was achieved despite remapping of partner presence. The opening of new facilities enabled Mercy-USA to attain the facility coverage targeted.
		Number of beneficiaries admitted to Moderate Acute Malnutrition (MAM) services by beneficiary type (< 5s and adults)	14,374 moderately malnourished <5 and 2,397 PLW	8,724 children <5 and 5,042 PLW	The coverage of MAM services by the end of the program was at 82% (both <5 and PLW) which met SPHERE standards for this rural setting. However, there still remains a need to strengthen active case finding through the community volunteers and continue outreach activities in priority locations to reach as many children <5 and PLW as possible.
		Number of health care providers and volunteers trained in the prevention and management of Moderate Acute Malnutrition (MAM)	84 Health workers and 84 Community volunteers	72 health workers 12 district health officials 79 Community volunteers (CHWs)	Mercy-USA was able to facilitate classroom training on IMAM and HINI for both health workers and community volunteers to strengthen delivery and uptake of services at facility and community level. The rainy seasons and other scheduled activities in the MoPHS calendar caused delays in executing these activities and in accessing facilities for OJT. Despite this, Mercy-USA and the DHMTs were able to accomplish the targeted activity.

		Moderate Acute Malnutrition (MAM) rates decrease to below pre-crisis level (5.9%).	<5.9%	Mercy-USA and the MoPHS have not been able to conduct a specific Nutrition survey by the end of the program though from the data collected from the end of program evaluation, out of 508 children screened for acute malnutrition (WHO 2006 standards) across the 4 districts in Garissa County, 107 (21%) children were found to be malnourished, with 90 of them being moderately malnourished (17.7%).	This is still above emergency thresholds and can be attributed to slowed gains especially following the dry period in January 2012 and the inadequacy of the short rains.
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	72 health workers, 12 district health officials 79 CHWs	Mercy-USA was able to facilitate classroom training on IMAM and HINI for both health workers and community volunteers to strengthen delivery and uptake of services at facility and community level. The rainy seasons and other scheduled activities in the MoPHS calendar caused delays in executing these activities and in accessing facilities for OJT. Despite this, Mercy-USA and the DHMTs were able to accomplish the targeted activity.
		Number of sites established/rehabilitated for inpatient and outpatient care	42 OTP and 3 Stabilization Centers	42 OTP and 3 SC	The target was achieved despite remapping of partner presence. The opening of new facilities enabled Mercy-USA to attain the facility coverage targeted.
		Number of beneficiaries treated for Severe Acute Malnutrition (SAM) by type (<5s & adults; inpatient care with complications; outpatient care without complications)	3,539 severely malnourished <5	3,205 children < 5 in OTP and 259 children in SC	The coverage of OTP services was at 98% by the end of the program period, which also met the SPHERE standards. In light of the current poor performance of the long rains, there is a need to continue with active case finding and outreach services

					to reach as many severely malnourished children as possible and avert deaths.
		GAM and SAM rates decreased to below pre-crisis level (5.9%).	<5.9%	The end of program evaluation found that out of the 508 children screened, 107 (21%) were acutely malnourished (WHO 2006 standards), with 17 (3.3%) of them being severely malnourished.	This is still above emergency thresholds and can be attributed to slowed gains especially following the dry period in January 2012 and the inadequacy of the short rains.
NUTRITION EDUCATION		Number of providers (health care and/or community volunteers) trained in provision of nutrition education	84 health workers and 84 Community volunteers	72 health workers, 12 district health officials 79 CHWs	During the training (both classroom and OJT), emphasis on the provision of nutrition education was placed through a specific session in the training schedule. As such, all the health workers and CHWs who attended the trainings and were mentored through OJT now have the capacity to provide nutrition education to their clients/ beneficiaries.
		Percent change in practice and/or knowledge pertaining to nutrition education topics		The end of program evaluation also focused on gathering information from the community on the practices relating to nutrition education topics that the program focused on. According to the information obtained, there was some improvement in IYCF practices of breastfeeding and complimentary feeding, where EBF and timely initiation of breastfeeding were found to be at 85% and 51% up from 76% and 41% respectively.	There is need to intensify IYCF activities through targeted Behavior Change Communication (BCC) strategies to improve on complimentary feeding practice. This will involve the use of communication avenues such as Mother to Mother Support Groups (MTMSG) and linkages of the same to livelihood support programs to promote sustainability. Additionally, there is a gap in the interventions to enhance sustainability of these mechanisms which would involve inter-sectoral collaboration at district level.

		Number of beneficiaries receiving nutrition education	5,250	6,281 at the community level and 17,230 at the facility level through individual counseling	Nutrition education activities were carried out within the facility and at outreach sites as individual counseling for caregivers and as a community activity on a quarterly basis.
WASH	WATER	Number and percent of water supplies with 0 coli form bacteria per 100ml	14		Mercy-USA expected to conduct water testing activities with the assistance of UNICEF and the Ministry of Water and Irrigation (MoWI), as Mercy-USA did not have the relevant equipment. This was not possible by the end of the program period, though under the new OFDA award, Mercy-USA will purchase its own water testing equipment and should be able to determine the safety of the water.
		Number and percent of water points with measurable chlorine residual exceeding 0.2 mg/l	14		
		Average water usage of target population in liters per person per day prior to and after interventions	5L/child/day	5 liters/child/day after intervention	By increasing the water storage capacity and linking schools with water supply mechanisms at district level through the MoWI and other partners, children (especially those <5 years in the ECD centers) in the 14 schools targeted are now able to access sufficient water for hand washing and drinking during their stay at school.
	SANITATION	Number and percent of latrines completed that are clean and in use in compliance with SPHERE standards	24	24 (100%)	Mercy-USA was able to complete construction of latrines in 12 schools to support improved sanitation at the school level.
		Number and percent of hand-washing facilities completed and in use	24	24 (100%)	At each latrine, a hand-washing station was provided to support improved hand washing practice, directly reducing risk of diarrhea

					amongst children and morbidity-related malnutrition.
		Number and percent of individuals disposing of solid waste appropriately	3,200	3,200 (100%)	Within the schools and following training of School Management Committees (SMCs) and the MoWI and Ministry of Education (MoE) officers on PHAST and CHAST, mobilization for clean-up and disposal of waste was done and this has been going on within the schools with support from Mercy-USA officers for monitoring.
	HYGIENE PROMOTION	Percent of target population demonstrating good hand-washing practices	3,200 school children 5,250 community members	3,200 children at school level	At school level, hand-washing stations provide easier access to water for this particular activity for the children.
		Percent of target population demonstrating correct water usage and storage	3,200 school children 5,250 community members	The end of program evaluation information has shown that 79% of households practice some form of water treatment at home including boiling, chemical treatment, filtering and settling, while 21% did not. This is an improvement compared to 48.6% at the beginning of the program.	There is need to intensify Point of Use water treatment which is known to contribute up to 57% in reduction of diarrhea cases. This, when combined with proper hand washing and sanitation practices, is likely to significantly contribute to reduced morbidity and morbidity-related malnutrition.
		Number and percent of clean water points functioning three months after completion	14	14	Despite the inability to test the water safety at school level, all 14 tanks constructed are functional and providing the schools with adequate services.
Key Words	Children	Number of children assisted by the program activities	21,113	15,395	This program was designed to provide life-saving support to children especially those <5 years of age. The program reached 73% of the target beneficiaries.

	Capacity building/Training	Number of health care providers and community volunteers trained.	84 health workers 84 community volunteers 90 school leaders and community members on PHAST	72 health workers 12 district health officials 79 CHWs 66 school leaders and community members on PHAST	This program also contributed to capacity support for the existing systems for continued quality service delivery. This activity attained 89% in relation to reaching the targeted health workers, officials and volunteers within Garissa County in support of nutrition, health and WASH services.
	Host government	Number of Host Government workers/officers trained	84 health facility workers	72 facility health workers 12 district health officials	This activity attained 100% in relation to reaching the targeted health workers, within Garissa County in support of nutrition, health and WASH services provided through health facilities.
	HIV/AIDS	Number of health workers trained in management of malnutrition in HIV/AIDS cases.	84 health workers	72 health workers 12 district health officials	Part of the training curriculum under the IMAM approach also includes the management of malnutrition for HIV/AIDS cases which was part of the training that was provided to health workers during this program period.

### **CHALLENGES TO PROGRAM IMPLEMENTATION:**

1. The heightened level of insecurity led to significant re-planning of program activities, especially as a result of suspension of operations in some districts (mainly Ijara and Fafi) in quarter 3.
2. Road infrastructure in various districts within the county is poor, which, during the rainy seasons, resulted in significant delays in service delivery in Ijara and Fafi districts as the roads were rendered impassible for periods of up to two weeks. Mercy-USA officers worked closely with the DHMTs to pre-position supplies, which enabled facility-level activities to go on though outreach services were interrupted.
3. The late start to the long rains could affect household food security, as the improvements from the short rains (October to December 2011) were not sufficient enough to sustain the gains made from various humanitarian and government interventions.
4. There was high demand and need for WASH interventions in schools and health facilities, as well as communities though the funding received was only enough for 14 schools.
5. At district level, linkages with other sectors continued to be poor as a result of poor networking between various government departments in the district. Mercy-USA has been attending both the district Nutrition Technical Forums (NTFs) and Water, Environment and Sanitation Coordination (WESCOORD) meetings and has been advocating for inter cluster/sector response planning.
6. Owing to various other MoPHS and MoMS activities (trainings, seminars and population-based campaigns), there were delays in execution of some activities such as trainings due to lack of availability of health workers and DHMT. This led to late implementation, though these activities were finally accomplished.

### **CONCLUSIONS AND RECOMMENDATIONS**

Despite the challenges that were experienced, the program did meet the majority of the outcomes intended and did reach the intended beneficiaries.

For future programming, it is necessary to:

1. Make provision for unforeseen risks such as that related to insecurity which requires significant financial resources to ensure safety of staff and property of the organization.
2. Focus on supporting the Community Health Strategy through capacity building of the community. This improves interface between the community and the health facility and provides information on the relevance, coherence and appropriateness of services to the needs of the community.
3. Strengthen systems for reporting and data analysis at district level to enable decision making relevant to the district. This hastens the process of planning and implementation of response led by the MoPHS as is relevant to the district.
4. Strengthen the emergency preparedness capacity at district level.
5. Advocate for inter cluster/sector linkages in response planning and implementation for the MoPHS and partners. This will also involve their participation in district level coordination meetings.

Mercy-USA has proposed an extension of this program to OFDA with modifications to enable livelihood support as part of resilience building and early recovery assistance. This support will continue to build on the gains made so far and seek to meet the emerging needs within the community in Garissa County within the WASH and nutrition sectors.

## Annex 1

## Distribution of Health Facility Coverage

District	Division	Hospitals	Health centers	Dispensaries
Garissa	Central	Garissa PGH Iftin Sub-district Hospital	Korakora Bullamedina	Bour Argi Raya Police Line GK Prisons Utawala Young Muslims Alikuno Alfaruq Bashai
	Sankuri		Saka Sankuri	Shimbirey Balich
	Balambala	Balambala Sub-district Hospital		Dujis Jarajara Daley
	Danyere		Danyere	
Ijara	Masalani	Ijara/Masalani District Hospital		Korisa Hara
	Sangailu		Sangailu	Handaro
	Ijara		Ijara	Sangole Jalish
	Ruka			Ruka
	Kotile		Kotile	
	Bodhai			Bodhai
Lagdera	Modogashe		Maalmin	Afweine
	Benane		Benane	Eldere
Fafi	Galmagalla		Galmagala	
	Bura	Bura District Hospital	Nanighi Mansabubu	Kamuthe