

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
NEPAL
RAPID RESPONSE
DROUGHT 2016**

RESIDENT/HUMANITARIAN COORDINATOR

Valerie Julliard

REPORTING PROCESS AND CONSULTATION SUMMARY

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

An AAR was conducted on 20 March 2017. Staff from the Food Security and Nutrition Clusters participated along with the program staff from UNICEF and WFP. The meeting was chaired by staff from the UNRCO.

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

YES NO

The final CERF report was shared with HCT and Cluster representatives prior to submission to the CERF Secretariat with feedback requested.

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

YES NO

A draft of the final RC/HC support was shared with the Food Security and Nutrition Clusters as well as with program staff from FAO, UNICEF and WFP.

I. HUMANITARIAN CONTEX

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response:		
Breakdown of total response funding received by source	Source	Amount
	CERF	1,942,999
	COUNTRY-BASED POOL FUND (if applicable)	
	OTHER (bilateral/multilateral)	
	TOTAL	1,942,999

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 19/07/2016			
Agency	Project code	Cluster/Sector	Amount
FAO	16-RR-FAO-019	Agriculture	159,133
UNICEF	16-RR-CEF-083	Nutrition	225,004
WFP	16-RR-WFP-044	Food Aid	960,107
WFP	16-RR-WFP-045	Nutrition	598,755
TOTAL			1,942,999

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN Agencies implementation	1,179,042
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	763,957
Funds forwarded to government partners	
TOTAL	1,942,999

HUMANITARIAN NEEDS

Erratic rainfall patterns in 2015 and early 2016 affected the Mid and Far-Western regions of Nepal, in particular the Karnali and Seti zones. A weak monsoon in 2015 contributed to major drops in agricultural production resulting in combined losses of more than 8,100 metric tons (MT) of crops. Specific districts experienced very significant falls in production. Humla, for example, in 2015 saw a 50% drop in agricultural production compared to the previous year.

The poorly performing monsoon rains of 2015 were exacerbated by significantly reduced rainfall levels during the winter period (November 2015 to January 2016) across the whole Karnali region encompassing Dolpa, Humla, Jumla, Kalikot and Mugu districts and Bajura district in the Seti region. Parts of Mugu received one-third of expected rainfall levels during the 2015/2016 winter. Satellite-based monitoring tools in early 2016 assessed conditions as indicative of 'extreme' and 'severe' drought with some actors judging it the worst drought in the region since 1960.

The impacts of drought were compounded by movement restrictions across the India-Nepal border which commenced in late 2015. Such restrictions greatly reduced the flow of commodities into Nepal including fuel and agricultural inputs. This led to fuel shortages across the country and reduced transportation services as well complicating access to fertilizers.

The combined effects of drought and reduced levels of imports into Nepal resulted in major increases in the costs of staples. For example, the wholesale price index of agricultural commodities in major markets increased by more than 13% over corresponding periods in 2015 and 2016. Supply constraints led to huge price differentials across markets in Nepal e.g. prices in the mountains were 73% and 56% higher than in the Terai and hills respectively. However, high altitude and remote and inaccessible mountainous regions of Nepal experienced pronounced price inflation. The cost of rice in Humla district, for example, increased from 55 Nepali rupees (NPR) per kilogram to 130 NPR within a period of 12 months i.e. a jump of more than 150%. The cost of lentils, an important food commodity, increased at a comparable rate.

The humanitarian and development context in the Karnali and Seti regions was already very challenging even before the combined effects of drought and import restrictions took hold. A joint WFP, UNICEF, World Bank and GoN study completed in 2015 showed the prevalence of low-calorie intake in Humla district was at 53.2%.¹ Against this backdrop adverse climatic conditions and hikes in the cost of staples added additional pressures on already highly vulnerable communities.

At the beginning of 2016 the impacts of drought and import restrictions were clear. For example, in March 2016, district food security networks in the Karnali region reported that a majority of households had less than one month's worth of food stocks. In July 2016, the Nepal Food Security Monitoring system (NeKSAP) assessed that of the 152,000 households in Mid and Far-Western regions 30,000 households (equivalent to 150,000 people) were in acute need of food assistance. NeKSAP assessed that priority needs were in Dolpa, Jumla, Kalikot, Mugu and Humla districts in the Karnali zone with urgent needs in Bajura in the Seti region also.

II. FOCUS AREAS AND PRIORITIZATION

Drought in 2015 and 2016, resulting in major agricultural losses, and the closure of the Nepal: India border in late 2015, which contributed to significant increases in the cost of staples, combined to engender a spike in humanitarian needs in the Karnali and Seti regions. Of particular concern was the alarming deterioration in the nutritional status of communities across Dolpa, Humla, Jumla, Kalikot and Mugu districts in Karnali and Bajura district in the Seti region.

The humanitarian context in Mid and Far-Western regions of Nepal prior to the onset of drought in 2015 was already very challenging with high levels of chronic food insecurity. Events in 2015 and 2016 placed communities in the Karnali and Seti regions under huge pressure and overburdened their already limited coping capacity.

¹ WFP, UNICEF, World Bank and Government of Nepal, *Small Area Estimation of Food Insecurity and Undernutrition in Nepal (2015)*

In March 2016, district food security networks via the NeKSAP system reported that a majority of households in the Karnali zone had food stocks sufficient for less than one month. NeKSAP also identified 59 village development committees (VDCs) in Dolpa, Kalikot, Mugu, Humla and Bajura districts as worst affected and were in a state of “crisis” according to Integrated Food Security Phase Classification (IPC) criteria. Four months later, in July 2016, NeKSAP assessed that 30,000 households / 150,000 people (equivalent to roughly 20% of the population of Mid and Far-Western districts) were in acute need of food assistance. At the time of the CERF application NeKSAP observed that a number of VDC in affected districts, principally in Dolpa and Humla, were likely to deteriorate into IPC phase IV i.e. conditions indicative of a humanitarian “emergency”.

In October 2016, shortly after the start of the CERF program, nutritional monitoring undertaken by UNICEF evidenced the impacts of the deteriorating humanitarian context particularly on young children. Assessments by UNICEF showed that rates of severe acute malnutrition (SAM) had increased by 72% and 100% in Humla and Jumla districts respectively from April to October 2016. Further, UNICEF’s monitoring also showed the prevailing global acute malnutrition (GAM) rate across Humla, Kalikot, Jumla and Mugu districts as of October 2016 was indicative of a “critical” humanitarian context according to classifications used by the World Health Organization (WHO).

The components of the CERF program managed by FAO, WFP and UNICEF were designed to address the immediate needs of vulnerable communities in the worst affected districts of Dolpa, Humla, Jumla, Kalikot, Mugu and Bajura. Recovery from drought was also supported where this contributed to enhanced food security.

The response strategy targeted the following beneficiaries per sector:

Sector	# of people supported
Food assistance	30,589
Agricultural livelihoods	30,273
Nutrition	94,529

III. CERF PROCESS

The strategic objectives of the CERF response were to address the immediate food and nutritional needs of people in areas suffering from extreme food shortages. The interventions delivered with resources from the CERF complemented those funded by the GoN. Prior to the start of CERF activities GoN actors had begun work to:

- Provide 3,000 MT of rice across the Karnali region as well subsidising distribution costs.
- The GoN had also approved a budget for a cash-for-work / asset creation initiative targeting 30,000 households.
- Increased the quota by 40% of subsidized rice to the Karnali region through the Nepal Food Corporation (NFC).
- In financial terms the GoN’s humanitarian response to needs in the Karnali region amounted to nearly US\$4.5 million.

To augment the GoN’s efforts and to ensure an effective response in the most remote areas, the HCT activated the Food Security and the Nutrition Clusters. Through activation of Clusters the Humanitarian Country Team (HCT), working alongside the GoN, were able to identify critical needs and subsequently to design a response strategy that targeted the most vulnerable. The NeKSAP provided the HCT with critical information on needs with data from other sources helping to provide further nuance. Secondary data, including relating to the 2008/2009 drought which affected Mid and Far Western districts, provided HCT members with additional important information.

In March 2016, the UN Resident Coordinator (UNRC) convened a meeting of the HCT to discuss the situation in the Karnali and Seti regions following the release of initial data from NeKSAP. HCT members subsequently undertook advocacy and lobbying in order to make clear the extent of humanitarian requirements – and the likelihood that the situation would worsen – amongst humanitarian stakeholders including donors. HCT members also worked with Government of Nepal (GoN) Cluster leads to appraise planned response activities by GoN actors such as the NFC.

The HCT took the decision to submit a funding proposal to the CERF due to the unavailability of resources from the in-country donor community and given the extent of humanitarian suffering despite the GoN’s efforts. Forecasts from NeKSAP suggested a significant worsening of the humanitarian context in mid to late 2016 another motivating factor in the HCT’s decision to apply to the CERF.

The HCT focused its response planning on the most vulnerable households in the worst affected VDCs across Dolpa, Humla, Jumla, Kalikot, Mugu and Bajura. Planning was done in consultation with implementing partners and other humanitarian stakeholders with

planning estimates compared and triangulated with GoN figures. Once the estimates were completed, the HCT determined the following key priorities Cluster/sectors for this CERF request: food, nutrition and the restoration of agricultural livelihoods. Protection issues, including gender concerns, influenced the HCT's decision making and subsequent beneficiary targeting. The CERF activities were based on initial assessment findings that were generated by NeKSAP and observation missions, guided by and refined through consultations with Cluster/sector leads. The activities were aimed at building and complementing, rather than duplicating, the GoN's response.

All relevant Cluster/sectors conducted coordination meetings and consulted members on the CERF application. The decision of the RC/HC a.i. to request CERF Rapid Response funding was communicated to and agreed by the Heads of UN Agencies via the HCT and with OCHA staff in Bangkok. To facilitate timely action and to support time-critical response activities, the HCT applied for a CERF Rapid Response grant of US\$1.9 million to cover life-saving activities targeting more than 90,000 people affected by drought and other factors in six districts.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹									
Total number of individuals affected by the crisis:									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture	5,160	9,578	14,738	5,470	10,065	15,535	10,630	19,643	30,273
Food Aid	4,455	9,370	13,825	5,019	11,745	16,764	9,474	21,115	30,589
Nutrition (BSF)	34,169	15,694	49,863	31,811		31,811	65,980	15,694	81,674
Nutrition (non-BSF)	54,676	11,443	66,119	28,410		28,410	83,086	11,443	94,529

Agriculture

CERF funding enabled FAO to initiate a response that addressed household and community level food insecurity and undernutrition through a range of activities that strengthened agricultural production. In total 30,273 people benefitted from CERF supported activities.

Notable outputs from FAO managed interventions include:

- The provision of packets of vegetable seeds (containing 8 different varieties of vegetables) to 5,752 vulnerable households, comprising 30,273 persons, in Kalikot and Mugu districts.
- The erection of 48 poly-tunnels for 1,200 households to enable year-round agricultural production.
- 5,800 households, 40 staff members from implementing partners and local government officials (all from Mugu and Kalikot districts) received technical instruction on aspects of kitchen gardening and other techniques.

Food Aid

WFP addressed immediate food needs, and therefore a critical humanitarian priority, via the distribution of 916 MT of food assistance to 30,589 people in Bajura, Dolpa, Humla, Jumla, Kalikot, and Mugu. This component of the CERF funded program was delivered through a food for assets (FFA) project which supported the construction and rehabilitation of community infrastructure that contributes to strengthened food security.

Notable outputs from WFP managed interventions include:

- 916 MT of food aid provided to more than 30,000 people.
- Construction and rehabilitation of irrigation channels and ponds benefitting 201 hectares of agricultural land.
- Rehabilitation of 34km of mule trails and roads facilitating improved access to local markets.

Nutrition

Both UNICEF and WFP targeted urgent nutrition-related needs via blanket supplementary feeding (BSF) and other activities. Support provided by both agencies addressed the immediate nature of humanitarian needs for example through specialist treatment of children affected by SAM. In addition, training of caregivers and community health volunteers is likely to have long-term beneficial impacts.

Key results delivered by both agencies include:

- 52,280 children screened for SAM.
- 55 OTCs established in six districts to support treatment of SAM.
- More than 81,000 people provided with 634 MT of fortified foodstuffs.

BENEFICIARY ESTIMATION

The targeting criteria that was used by CERF supported actors, specifically the blanket nature of support provided by WFP and the provision of vitamin A supplements and iron and folic acid (IFA) by UNICEF, complicates our ability to accurately determine a figure for total beneficiaries reached. For example, table 4 shows that 94,529 people were supported under the non-BSF nutrition component of the CERF grant (by UNICEF via the supply of vitamin A supplements and IFA). Such people may have also benefitted from the agricultural and food aid components of the CERF grant.

To avoid overlap and duplication table 5 provides a *conservative* estimate of total beneficiaries reached and only includes results from the nutrition (non-BSF) component.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	54,676	11,443	66,119
Male	28,410	0	28,410
Total individuals (Female and male)	83,086	11,443	94,529

CERF RESULTS

WFP: The provision of 916MT of food assistance by WFP to 30,589 people in Kalikot and Bajura districts helped to stabilize food security during lean periods and was therefore a critical activity of the CERF program. WFP distributed food prior to the late 2016 / early 2017 harvest when crops from the summer planting season become available. WFP's food assistance was timed to coincide with this lean period and plugged gaps in the coping strategies of affected communities.

WFP's food assistance component was provided to drought affected households via a FFA initiative. Under this program one person from approximately 6,000 households participated in FFA construction activities for 30 days and in return received 150kg of food. FFA activities focused on the construction/rehabilitation of public infrastructures such as roads, trails, irrigation channels, ponds and a community health post. These community-level assets were selected due to their productive nature i.e. irrigation channels and ponds were installed to facilitate improved agriculture production; trails and road were rehabilitated to facilitate access to markets. As noted by WFP in the proposal "the creation of community assets directly enhance their agricultural production thereby increasing households' income".

The FFA program also supported the rehabilitation/construction of 15km and 19km of road and mule trails respectively. These works have improved accessibility to local markets for drought affected communities. Further, the construction of irrigation channels and ponds helped CERF supported communities to irrigate 201 hectares of agricultural land that was otherwise only partially suitable for the cultivation of crops.

Favourable price fluctuations under the FFA program enabled WFP to reach an additional 589 more beneficiaries than originally planned. Targeting criteria were based on accessibility and the degree of support provided by the GoN. GoN actors at both central and local levels were consulted the selection of districts for food assistance. For the CERF program, WFP targeted highly remote and drought affected VDCs which had not been benefitted from GoN food assistance.

Through BSF activities WFP provided urgent assistance to 81,674 pregnant and lactating women (PLW) and children (aged 6-59 months) in the most severely drought affected districts of Bajura, Dolpa, Humla, Jumla, Kalikot, and Mugu. PLW and young children were selected as the primary targets for this intervention because of the increased risk of acute malnutrition and micronutrient deficiencies they face. BSF was a critical activity owing to the chronic nature of food insecurity, under nutrition and micronutrient deficiencies that were prevalent across the Karnali and Seti regions prior to the onset of the 2015 drought. From a humanitarian perspective, drought and import restrictions added further pressures on already stressed communities.

Original planning figures for this area of the program (45,500 PLW and young children) were *significantly* eclipsed by WFP. In January 2017, an additional 35,000 children received support from WFP. This assistance was provided following a request from the GoN for WFP to support children aged <59 months. The GoN's request came after the release of nutrition data which showed that GAM rates in the Karnali and Seti regions in targeted districts had exceeded emergency thresholds.

UNICEF: Working in partnership with relevant GoN actors, with WFP and Nutrition Cluster members UNICEF identified seven priorities for the nutrition response in the Karnali and Seti regions:

1. Promotion, protection and support for early initiation and exclusive breastfeeding targeting caregivers of children aged <6 months through community/family based counselling services;
2. Promotion of timely and appropriately introduction of complementary feeding targeting mothers and caretakers of children aged 6-23 months including extended breast feeding through community/family based counselling services;
3. Prevention and management of moderate acute malnutrition (MAM) for children <5 years through infant and young child feeding (IYCF) counselling services including promotion for utilization of locally available diversified complementary food;
4. Management of SAM for children aged 6-59 months via the provision of ready-to-use therapeutic food (RUTF);
5. Micro-nutrient supplementation for children and women such as vitamin A capsules supplementation for children aged 6-59 months, IFA for pregnant and postnatal women and for adolescent girls aged 10-19 years;
6. Assessment / monitoring of the nutrition;
7. Support to promote nutrition resilience.

Considering the limited duration of the CERF grant and the competing demands from other Clusters UNICEF implemented activities against five priority areas. This enabled UNICEF to comprehensively address a range of issues that contribute to undernutrition across different age groups.

Activities implemented by UNICEF played a vital role in limiting undernutrition-related mortality amongst young children. With CERF funding UNICEF provided life-saving treatment to 21 children suffering from SAM with medical complications. A further 2,505 children suffering from SAM received successful treatment with RUTF and 6,697 children suffering from MAM were referred to the supplementary feeding program implemented by WFP.

Nutrition results delivered by UNICEF significantly eclipsed targets outlined in the project proposal. For example, UNICEF recorded a coverage rate for SAM of 89% versus a stated goal of 50%. The actual mortality rate recorded by UNICEF in target districts was 0.18% notably lower than the Sphere standard of <5%.

Mothers and caregivers of children with MAM also benefitted from guidance on infant and young child feeding to help promote the long-term wellbeing of children in their care. This aspect of the program enabled UNICEF to provide a comprehensive response to the challenging nutrition context in target districts.

A further aspect of UNICEF's comprehensive response was the establishment of 55 outpatient therapeutic centers (OTCs) in Dolpa, Humla, Jumla, Kalikot, Mugu and Bajura districts. These centres were used to provide urgent treatment of SAM among children aged 6-59 months during the implementation period and they will continue to support nutrition-related activities beyond the lifetime of the grant. Further, the training of FCHVs and personnel from the MoH that UNICEF delivered will strengthen technical capacity across the Karnali and Seti regions which will endure beyond the six-month implementation period.

Additional results achieved by UNICEF include the supply of oral rehydration solution (ORS) for the treatment of diarrhoea to nearly 16,000 children as well de-worming medication to over 48,000 children and more than 5,000 PLW received IFA.

UNICEF was successful in delivering against the majority of objectives stated in the proposal – in some instances objectives were significantly exceeded. Where UNICEF was not able reach stated objectives, this was due to issues beyond its control. For example, GoN supply constraints for IFA tablets adversely affected the ability of UNICEF to provide inputs to PLW and adolescent girls. In addition, delays in the roll out of the Department of Health's (DoH) campaign for the provision of IFA to adolescent girls also negatively impacted UNICEF's activities. As WFP initiated a BSF program for children aged 6-59 months there was no requirement for UNICEF to undertake such activities.

FAO: Activities managed by FAO helped more than 5,700 households / 30,200 people to re-commence agricultural production. Over the medium-term, and beyond the life-time of the CERF grant, FAO's program is likely to help to enhance the food security status of supported households.

FAO prioritized the provision of support to 12 VDCs in Mugu and Kalikot districts with assistance directed at VDCs in a state of "crisis" according to IPC criteria. This targeting criteria was agreed with relevant GoN actors such as district agricultural development officers (DADO), District Disaster Relief Committees (DDRC), local political entities and NGOs including Food Security Cluster members.

FAO's component of the CERF grant consisted of in-kind material assistance and technical support. FAO provided packets of vegetable seeds (each packet containing eight different varieties of vegetable seeds) to 5,752 vulnerable households. FAO's support facilitated households to establish small-scale 'kitchen gardens' which, over the medium-term, will provide beneficiaries with a varied and nutritious diet. In addition, FAO's support was designed to create a surplus of crops enabling supported households to sell goods on the local market. This aspect of the program will help to strengthen the economic resilience of families in Kalikot and Mugu.

FAO also constructed 48 poly-tunnels to enable year-round agricultural production. In addition, FAO also oversaw the installation of drip irrigation systems that provide water to crops in a managed and controlled manner. These systems were designed to limit water usage of crops grown inside the poly-tunnels - a highly important design characteristic given recent drought conditions in the Karnali region.

Important technical support was provided by FAO to local GoN officials as well as to 5,800 households. Training focused on vegetable cultivation which included seedbed preparation and planting, plant protection, harvesting, grading, packaging and also group marketing. Training was also provided on tunnel construction including installation of drip irrigation systems; the aim of this training was to facilitate year-round and sustainable agricultural production.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The remote and inaccessible nature of communities that were targeted under the CERF grant complicated the ability of agencies to deliver assistance swiftly and at pace. For example, nearly 60% of Humla district is between 4,000 – 5,000 metres elevation.

By working through existing networks FAO, UNICEF and WFP sought to identify opportunities to quicken delivery. For example, UNICEF and FAO provided technical guidance on nutrition and vegetable production respectively via civil society networks and government systems. This enabled the overall CERF program to address and overcome the access constraints involved with working in the Karnali and Seti regions but delivering assistance via existing mechanisms.

b) Did CERF funds help respond to time critical needs?

YES PARTIALLY NO

The CERF grant enabled UN agencies to plug time critical gaps. As noted previously, WFP distributed food aid prior to the late 2016 / early 2017 harvest when crops from the summer planting season become available. WFP's assistance was timed to coincide with this lean period and plugged gaps in the coping strategies of highly vulnerable communities.

Monitoring by UNICEF, undertaken in October 2016, evidenced the serious and rapid diminution in the nutrition context across targeted districts. The provision of assistance to young children with MAM and SAM helped UNICEF to arrest further nutritional deterioration and mortality; the timing of this component of the CERF grant was therefore highly significant.

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

YES PARTIALLY NO

The HCT was not able to mobilize additional resources beyond the CERF grant for the response in the Karnali and Seti regions.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Processes related to the CERF provided a helpful boon to coordination. For example, in early 2016 joint situational analysis was undertaken by the HCT with HCT members providing inputs and information through coordinated channels. This enabled to the HCT to develop a shared and collective understanding of needs in the Karnali and Seti regions.

The decision of the RC/HC a.i. to request CERF Rapid Response funding was communicated to and agreed by the Heads of UN Agencies via the HCT and with OCHA staff in Bangkok. The geographic focus and sectoral prioritization of the grant was developed by the HCT in coordination with relevant GoN counterparts.

At the Kathmandu level, regular meetings of CERF supported agencies, which the UNRCO chaired, helped to further strengthen coordination. The CERF program also contributed to effective coordination at the district level. For example, in all six target districts Nutrition Cluster coordination meetings were conducted during the implementation period.

UN agencies have also worked jointly to develop post-CERF thinking for the Karnali and Seti regions.

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

The emergency response delivered by FAO helped to reinforce and protect agricultural livelihoods (providing seeds, agricultural tools, technical advice etc.) and underscored the importance and relevance of emergency livelihood responses in humanitarian contexts. It demonstrated that alongside food assistance—measures that directly address food consumption requirements—complementary measures are also vital, particularly when addressing the livelihood-related needs of specific groups e.g. context specific drip irrigation systems for drought affected farming communities.

The CERF grant has made clear the usefulness and importance of inter-agency working particularly to address chronic humanitarian vulnerability. The comparative advantage of the UN to deliver a comprehensive response ranging from nutritional monitoring, physical upgrade of community infrastructure, food distribution to treatment of SAM was a key characteristic of the CERF grant.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Time-critical interventions began promptly thanks to the quick disbursement of CERF funds.	To continue to provide funds quickly to facilitate early action.	CERF Secretariat
Length of duration of CERF activities	To consider extending the length of time permitted for interventions to enable specific activities to take hold and to address access constraints e.g. restoration of livelihoods in remote and inaccessible communities would benefit from an extended implementation period.	CERF Secretariat
Eligibility requirements	The drought specific CERF guidance developed by OCHA is helpful and very clear. However, the guidance is very explicit and says that the CERF cannot support anticipatory responses based on forward looking meteorological data, for example, which might show that a period of drought is likely. This means that the UN cannot deliver optimum VfM – anticipatory / preparedness interventions deliver much better VfM than early or late responses (see https://assets.publishing.service.gov.uk/media/57a08a0ced915d3cfd000570/61114_Bangladesh_Report.pdf) and it means communities must first fall into a state of worsened humanitarian vulnerability before assistance is forthcoming.	CERF Secretariat
Technical analysis of agricultural interventions	Feedback on the agriculture / FAO component of the grant from the CERF Secretariat was helpful. However, some of the questions posed to FAO highlighted that the Secretariat could benefit from focused technical support related to agriculture. This might help the Secretariat to better appraise applications and to understand the importance of emergency livelihood responses in humanitarian contexts.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
GoN absenteeism	High rates of absenteeism by GoN staff particularly within clinics and other medical centers is a key challenge for communities in the Karanli and Seti regions. During implementation UN agencies received reports from beneficiaries of sustained absenteeism of six months plus in certain districts. Advocacy with the GoN should be undertaken to highlight this issue.	HCT / Cluster Co-Leads
Post-CERF thinking	The humanitarian context in Mid and Far-Western regions of Nepal was concerning even before the impact of drought and border restrictions took hold. The limited resilience and coping capacity of communities in the Karnali and Seti regions was exposed by events in 2015 and 2016. The CERF grant was instrumental in limiting a major deterioration and worsening of the humanitarian situation. The promotion of long-term resilience to future shocks should be addressed by the UN building on the CERF grant.	HCT / Cluster Co-Leads

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WFP		5. CERF grant period:	05/08/2016 - 04/02/2017		
2. CERF project code:	16-RR-WFP-044		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Food Assistance to the Drought Affected Population of Karnali including Bajura district					
7. Funding	a. Total funding requirements:	US\$ 3,180,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received:	US\$ 960,107	<ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$94,984 ▪ Government Partners: 			
	c. Amount received from CERF:	US\$ 960,107				
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	6,885	6,948	13,833	4,455	5,019	9,474
Adults (≥ 18)	8,245	7,922	16,167	9,370	11,745	21,115
Total	15,130	14,870	30,000	13,825	16,764	30,589
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population						
Other affected people	30,000		30,589			
Total (same as in 8a)	30,000		30,589			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	As stated in the proposal, WFP initially sought to support 30,000 people / 6,000 households. However, favourable price fluctuations in the cost of rice on local markets meant WFP could procure additional food sufficient for an extra 589 people.					

please describe reasons:

CERF Result Framework			
9. Project objective	Improving the short-term food security and reducing hunger and under nutrition among 30,000 targeted drought-affected households and/or individuals, in particular children and women, of, Kalikot and Bajura districts for the period of six months. This will contribute to save lives and protect livelihoods, in line with WFP Strategic Objective 1 (SO1) and Sustainable Development Goal 2 (Zero Hunger Challenge).		
10. Outcome statement	Stabilized or improved food consumption over assistance period for targeted drought affected households and/or individuals.		
Cross cutting results:	Gender equality and empowerment improved: Proportion of assisted women, men or both women and men who make decisions over the use of food within the household. (Target (Women) > 52% Target (Men) > 48%). WFP assistance delivered and utilized in safe, accountable and dignified conditions: <ul style="list-style-type: none"> • Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme sites (Target- >80%). • Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain (Target- >80%). 		
11. Outputs			
Output 1	Improved and/or stabilized access to the adequate and nutritious food has increased through distribution of food, nutritional products in sufficient quantity and quality and in a timely manner to targeted beneficiaries.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of women, men, boys and girls receiving food disaggregated by activity, beneficiary category, sex, as planned.	>30,000	30,589 people
Indicator 1.2	Quantity of input items distributed, disaggregated by type as per planned.	>900 MT	916.60 MT
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and delivery of 900 metric tons of food commodities.	WFP	WFP
Activity 1.2	Distribution of 900 metric ton of food commodities to approximately 30,000 beneficiaries.	NGO partners	Manahari Development Institute-Nepal (MDI) and Support Activities for Poor Producers of Nepal (SAPPROS)

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

As noted above, favourable price fluctuations in the cost of rice on local markets meant WFP could procure additional food sufficient for an extra 589 people.

In addition to food distribution WFP also sought to bolster the asset-base of food insecure households with the aim of strengthening their food security. This was achieved through FFA activities which focused on community infrastructure that contributes positively to food security and local market functionality. For example, WFP assisted the construction/rehabilitation of irrigation channels and water harvesting tanks which enabled local households to undertake agricultural activities on 201 hectares of land that were otherwise suitable for partial/limited cultivation. Further, 15km and 19km of road and mule trails respectively were constructed/rehabilitated to increase accessibility to local markets for drought affected communities. A community level Health Post building and four drinking water taps were also constructed to provide access to health and improve sanitation of the affected population. All FFA activities were implemented in a close consultation and coordination with the GoN.

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

Program beneficiaries, community leaders and local GoN officials were consulted by WFP during the design phase of the CERF supported intervention. As part of this WFP worked to convey information pertaining to beneficiary selection criteria and about the nature of FFA scheme and how and why specific infrastructure would be repaired/constructed. AAP was therefore taken into account by WFP from the outset of the of the intervention.

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

EVALUATION CARRIED OUT

No evaluation of the program is planned. However, regular food security monitoring of the Karnali region will be undertaken by WFP as part of the NeKSAP program. Through this intervention it will be possible to assess the food security context in areas of the Karnali region that benefitted from CERF funds to FFA activities.

EVALUATION PENDING

Regular monitoring was conducted by WFP Sub-Office staff throughout the implementation period. In addition, technical staff from implementing partners also undertook regular monitoring of CERF funded operation activities.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WFP		5. CERF grant period:	05/08/2016 - 04/02/2017		
2. CERF project code:	16-RR-WFP-045		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Blanket Supplementary Feeding Program in Karnali Region, Nepal					
7. Funding	a. Total funding requirements:	U1,660,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received:	US\$ 598,755	▪ NGO partners and Red Cross/Crescent:		US\$418,615	
	c. Amount received from CERF:	US\$ 598,755	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	7,789	8,172	15,961	34,169	31,811	65,980
Adults (≥ 18)	30,460		30,460	15,694		15,694
Total	38,249	8,172	46,421	49,863	31,811	81,674
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population						
Other affected people	46,421		81,674			
Total (same as in 8a)	46,421		81,674			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	35,253 children aged 24-59 months (comprised of 17,409 girls and 17,844 boys) received assistance under the WFP blanket supplementary feeding (BSF) program in January 2017: This accounts for the marked increase in beneficiary numbers. This group received support following a request from the GoN that WFP adjust its targeting criteria to include children under the age of 59 months / 5 years. Nutrition data released by UNICEF in November 2016 indicated that rates of GAM had exceeded 16.5% i.e.					

	<p>were at “critical” levels according to WHO’s classification. Given the prevailing nutritional context WFP posits that the request from the national authorities was appropriate and that support from the CERF enabled the UN to address a critical humanitarian requirement.</p> <p>The 35,253 children that WFP assisted benefitted from nearly 77 MT of “Super Cereal” that the Department of Health Services (Child Health Division) distributed.</p>
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CERF Result Framework			
9. Project objective	To prevent malnutrition related morbidity and mortality among children 6-23 months and pregnant and lactating women.		
10. Outcome statement	The deterioration of the nutritional status of vulnerable groups (e.g. children 6-23 months and PLW) is prevented through access to blanket supplementary feeding programmes the target districts		
11. Outputs			
Output 1	15,961 children 6-23 months and 30,460 pregnant and lactating women will receive supplementary food in the 6 target districts (Bajura, Dolpa, Humla, Jumla, Kalikot, and Mugu)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children 6-23 months and PLW receiving supplementary food	46,500	81,674
Indicator 1.2	Quantity of supplementary food distributed (MT)	558 MT	634.698 MT
Indicator 1.3	Number of pregnant and lactating women and caregivers of children 6-23 months receiving health/nutrition education	46,500	81,674
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Develop Field Level Agreements with implementing partners	WFP	WFP
Activity 1.2	Procurement of supplementary food	WFP	Government
Activity 1.3	Distribution of supplementary food from extended delivery points to final distribution points (Health Posts).	Implementing Partners	Implementing Partners Manahari Development Institute-Nepal (MDI) and Support Activities for Poor Producers of Nepal (SAPPROS)
Activity 1.4	Recruit and train staff and community volunteers for the BSF programme.	Implementing Partner (SAPPROS and MDI)	Implementing Partners (MDI & SAPPROS)
Activity 1.5	Undertake Community sensitization and advocacy activities to present the project to stakeholders	Implementing Partner (SAPPROS; MDI)	Implementing Partners (MDI & SAPPROS)
Activity 1.6	Distribute supplementary food to registered beneficiaries	Implementing Partner (SAPPROS; MDI)	Implementing Partners (MDI & SAPPROS)
Activity 1.7	Support middle-upper arm circumference (MUAC) /	Implementing	Implementing

	anaemia screening to identify malnourished cases and refer SAM children for treatment	Partner (SAPPROS; MDI)	Partners (MDI & SAPPROS)
Activity 1.8	Provide information on health and nutrition to target beneficiaries	Implementing Partner (SAPPROS; MDI)	Implementing Partners (MDI & SAPPROS)
Activity 1.9	Project close up activities and final report writing and submission	WFP	WFP

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

An additional 35,253 children aged 24-59 months (comprised of 17,409 girls and 17,844 boys) benefitted from the WFP BSF program than originally planned. This support was provided in order to address the alarming levels of GAM that monitoring by UNICEF had detected.

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

All beneficiaries were invited to attend a public gathering in each VDC or at the health post of the given target district for a brief orientation about the WFP nutrition program and the nature of the CERF intervention. Through this meeting beneficiaries were encouraged to ask questions and were reminded of the importance of airing concerns, posing questions etc. to WFP throughout the implementation period. This initial meeting helped to highlight the importance of AAP from the outset of the intervention.

For the most part PLW, social workers, teachers, health workers, female community health volunteers (FCHV) and members of the Health Facility Operation and Management Committee (HFOMC) attended the initial meetings. Their roles and responsibilities were made clear regarding the running of monthly clinics, dates of food distributions and how these could be linked with the provision of existing services for ante and post-natal care, counselling on maternal and infant and young child feeding (IYCF) and child nutrition etc.

As mentioned above, an additional 35,253 children aged 24-59 months were targeted in January 2017 due to growing concerns over the rising GAM rate in the Karnali region. Caregivers for this group of beneficiaries were also provided with support regarding ante and post-natal care, counselling on maternal and infant and young child nutrition etc.

The implementing partners provided regular monitoring and supervision support in addition to technical guidance related to food distribution, overall service delivery, recording and reporting. A monthly meeting of HFOMC members was held which provided a platform at the local level, where the women, caregivers and social workers had opportunities to provide feedback to the health workers, implementing partners and WFP about overall delivery of health and nutrition services.

Several key issues were raised by beneficiaries during consultations including the presence and absence of health workers during distribution, remoteness of villages from health centers, food quality etc. utilization, recording and reporting were discussed directly with the affected populations in these meetings. The issue of absenteeism was a particular concern raised by beneficiaries.

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

EVALUATION CARRIED OUT

Implementing partners carried out regular monitoring during the delivery period. This enabled WFP to understand how food distributions were being managed. In addition, live program monitoring also helped WFP to assess the extent to which the CERF program was linked to and benefitting from services that were being provided in communities such as nutrition clinics, ante and post-natal clinics. Such services provided an important boon to the CERF program by targeting vulnerable women with important information on health and wellbeing.

EVALUATION PENDING

NO EVALUATION PLANNED

Individual and mass counselling sessions were conducted for the beneficiaries on key aspects of IYCF and nutrition. After the counselling sessions, field supervisors communicated directly with beneficiaries to ascertain whether they understood the information that had been provided and if further technical inputs were needed. This enabled WFP to assess the immediate impact of information dissemination related activities.

No evaluation of the intervention is planned. However, the NeKSAP system will enable WFP to assess the food security context in areas that benefitted from the BSFP supported by the CERF.

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	05/08/2016 - 04/02/2017		
2. CERF project code:	16-RR-CEF-083		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Life Saving Interventions through IMAM					
7. Funding	a. Total funding requirements ² :	US\$ 1,140,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$ 809,559	▪ NGO partners and Red Cross/Crescent:		US\$119,201	
	c. Amount received from CERF:	US\$225,004	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	28,243	23,292	51,535	54,676	28,410	83,086
Adults (≥ 18)	24,039		24,039	11,443		11,443
Total	52,282	23,292	75,574	66,119	28,410	94,529
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	75,574			94,529		
Total (same as in 8a)	75,574			94,529		
In case of significant discrepancy	UNICEF exceeded its nutrition targets for children aged 6-59 months by more than					

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

³ This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>90%.</p> <p>This was achieved as UNICEF used the nationwide vitamin A campaign, which had received helpful publicity and was led by the government, to distribute deworming and vitamin A capsules integrated with CERF.</p> <p>Targets for IFA distribution for pregnant and postnatal mothers could not be achieved due to inadequate supply of IFA from the Department of Health Services (Ministry of Health).</p>
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CERF Result Framework			
9. Project objective	Save lives of 11,263 children (3,306 severely acute malnourished) under five years of age suffering from GAM and improve their families' access to improved care, sanitation and hygiene services in the six drought affected districts, with a focus in the affected areas.		
10. Outcome statement	Incidence of acute malnutrition reduced among children 6-59 months in the target districts.		
11. Outputs			
Output 1	SAM children aged 6-59 months children have identified and admitted in the OTCs for therapeutic feeding and care services.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage of severe acute malnutrition of 6-59 months children have effectively treated as per Sphere standard.	Coverage rate: >50% Death rate: >5% Defaulted rate: >15%, Mean weight gain of SAM: >8g per kg per person per day	Coverage rate: 89% Death rate: 0.18% Defaulted rate: 8% Mean weight gain of SAM: >8.9 g per kg per person per day
Indicator 1.2	Percentage of under five children suffering from acute malnutrition with medical complications are timely identified and referred to the stabilisation centres located in local hospitals	>50%	100% of (21 out of 21) children with severe acute malnutrition combined with medical complications have been successfully treated via UNICEF's activities.
Indicator 1.3	Number of targeted children suffering from acute malnutrition have access to therapeutic and supplementary feeding services in the local health facilities	11,263	81.7% of targeted children (9,202 out of 11,263) suffering from acute malnutrition have been successfully treated in UNICEF supported health facilities.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Orientation and screening of children <5 years by health workers and FCHVs	District health officers (DHO) and civil society organisations (CSO)	DHOs and FCHVs from six drought affected districts were given nutrition related training. UNICEF met 97% of its target for activity 1.1 training 976 personnel against a target of 1,004. Similarly, out of targeted 1,005 FCHVs, 968 (96%)

			were trained in the same six districts. In total, 1,944 health workers and FCHVs received training nutrition-related including screening, SAM case management, MAM case referral etc.
Activity 1.2	Procurement of RUTF and essential medicines	DHOs and CSOs	UNICEF procured: <ul style="list-style-type: none"> • 1,150 cartons of RUTF; • 200 cartoons of F100; • 100 cartons of 'ReSoMal'; • And, 100 cartons of F75;
Activity 1.3	Distribution of RUTF and essential medicines	District Health Office and Civil Society Organizations	Via internal resources, UNICEF supported the distribution of: <ul style="list-style-type: none"> • 3,404 cartons of RUTF (comprising 510,600 sachets) in 6 drought affected districts
Activity 1.4	Establish and strengthen OTCs and stabilization centers	DHOs and CSOs	In total, 55 OTCs have been established by district health offices in all 6 districts and civil society organizations and providing services for the management of severe acute malnutrition.
Activity 1.5	Establish stabilization centers in the local hospitals	DHO	In total, 6 stabilization centers (for the management of severe acute malnutrition with medical complications) have been established in 6 different district-level hospitals.
Activity 1.6	Community based screening of 5-69 months	DHO	Against a total of 52,280 children aged 6-59 months across the 6 drought affected districts UNICEF was able undertake monthly screening (using MUAC tape) of 38,329 i.e. reaching 73% of the overall caseload.
Output 2	All children suffering from Moderate Acute Malnutrition (MAM) are timely identified through community based screening mechanism and referred to WFP managed supplementary feeding sited by FCHVs and community health workers		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of moderate acute malnutrition of 6-59 months children have effectively managed as per Sphere standard	<ul style="list-style-type: none"> • Coverage rate: >50% • Death rate: >3% Defaulted rate: >10%, 	100% moderate acute malnutrition cases identified from community based screening were referred to the WFP CERF supported supplementary feeding programme.

Indicator 2.2	Percentage of caretakers of children with MAM have been provided with guidance on maternal and infant and young child feeding (MIYCF), care, nutrition, water, sanitation and hygiene (WASH), and health counselling services to enhance their recovery to normal nutrition status and to prevent them from deteriorating further into SAM conditions	>50%	Caregivers for 100% of identified MAM cases (for children aged 6-59 months) were provided counselling services on MIYCF care, nutrition, WASH, and health counselling services with the aim enhancing nutritional recovery to normal and to prevent nutritional deterioration into SAM.
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identification of moderate acute malnutrition and refer to supplementary feeding centers	DHOs, WFP and its partners	In total 6,697 moderately acute malnourished children identified from UNICEF screening activities were referred to supplementary feeding programme centers
Activity 2.2	IYCF counselling to the care takers of MAM children	DHO through health workers and FCHVs	Caregivers for 100% of identified MAM cases / 6,697 people were provided counselling services on with MIYCF care, nutrition, WASH, and health counselling services with the aim enhancing nutritional recovery to normal and to prevent nutritional deterioration into SAM.
Output 3	All children age 6-59 months, pregnant and lactating women and adolescent girls age 10-19 years are provided essential micronutrients in all 6 districts		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Percentage 6-59 months children received a dose of vitamin A supplements	45,535	UNICEF was able reach 115.6% of targeted children (i.e. it eclipsed its target by 15.6%) in 6 drought affected districts.
Indicator 3.2	Percentage of pregnant and postnatal women receive iron and folic acid tablets as per rules	24,039	UNICEF reached only 21% of its target owing to the limited availability and supply of iron and folic acid tablets from the Department of Health.
Indicator 3.3	Percentage of adolescent girls (10-19 years) receive iron and folic acid tablets as per rules	4,000	UNICEF was not able to provide any iron and folic acid inputs to adolescent girls owing to delays in the roll out of the Department of Health's campaign for this demographic. However, in fiscal year 2018/2019 UNICEF will support District Health Officers to deliver supplies once the campaign is initiated.
Indicator 3.4	Percentage of children age 12-59 months receive a dose of de-worming tablets	41,561	UNICEF was able reach 116.1% of targeted children (i.e. it eclipsed its target by 16.1%) in 6 drought

			affected districts.
Indicator 3.5	Percentage of children age 6-59 months receive zinc supplementation with ORS in management of diarrhoea	350	15,824 children age 2-59 months received zinc supplementation with ORS in management of diarrhoea.
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Vitamin A supplementation to all 6-59 months children	DHO and health facilities	UNICEF was able reach 115.6% of targeted children (i.e. it eclipsed its target by 15.6%) in 6 drought affected districts.
Activity 3.2	IFA distribution to pregnant and postnatal women through health facilities and primary health care outreach (PHC/ORC)	DHO and health facilities	UNICEF reached only 21% of its target owing to the limited availability and supply of iron and folic acid tablets from the Department of Health.
Output 4	All caretakers of under five children, pregnant and lactating women and adolescent girls receive appropriate counselling services through trained counsellors at community as well as health facilities		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Percentage parents/caretakers of under five children received IYCF, WASH and care counselling services	>90%	63.1% (19,875 out of targeted 14,565) parents/caretakers of under five children received IYCF, WASH and care counselling services.
Indicator 4.2	Percentage of pregnant and lactating women received appropriate counselling services on maternal care and nutrition	>75%	76.5% (11,443 out of targeted 14,565) pregnant and lactating women received appropriate counselling services on maternal care and nutrition
Indicator 4.3	Percentage of adolescent girls received appropriate counselling services on nutrition and care through	>50%	47.3% (28,135 out of targeted 59,521) adolescent girls received appropriate counselling services on nutrition and care through health workers and FCHVs.
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Orientation of FCHVs and health workers and screening of under five children for identification of severe and moderate acute malnutrition and IYCF counselling including breast feeding, complementary feeding, WASH, hygiene and sanitation and care practices including maternal and adolescent nutrition as well	DHO, civil societies and health facilities	DHOs, with the support of civil society organizations, delivered capacity building activities in 6 drought affected districts. In total, 1,944 health workers and FCHVs were trained in nutrition related activities including screening, SAM case management, MAM case referral and other activities. UNICEF met 97% and 96% of targets for health workers and

			FCHVs respectively.
Activity 4.2	IYCF, WASH/hygiene and care counselling to caretakers of children <5 years	DHO, CSO and health facilities	District Health Offices with the support of civil society delivered capacity building activities in 6 drought affected districts regarding IYCF, WASH and care counselling for caregivers of children <5 years. UNICEF met 78% of the target caseload providing training to 11,443 out of 14,656 pregnant and lactating women.
Activity 4.3	Nutrition and care counselling to pregnant, lactating women and adolescent girls (10-19 years)	DHO, CSO and health facilities	DHO with the support of civil society delivered capacity building activities in 6 drought affected districts regarding nutrition and care practices to adolescent girls. UNICEF met 47% of the target caseload providing training to 28,135 out of 59,521 adolescent girls.
Output 5	Coordination system established and strengthened for better nutrition outcomes		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Number of Nutrition Cluster established in all districts	6 (one per district)	6 health and nutrition clusters have been established (one in each district) in all 6-drought affected districts.
Indicator 5.2	Nutrition Cluster coordination meeting conducted	1 per months per district	In all 6 districts nutrition cluster coordination meetings have been conducted when deemed necessary i.e. to respond to spikes in humanitarian vulnerability.
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Establish Nutrition Cluster system in all project districts	DHO, CSO and health facilities	6 health and nutrition clusters have been established (one in each district) in all 6-drought affected districts.
Activity 5.2	Organize monthly meeting of Nutrition Cluster	DHO, CSO and health facilities	In all 6 districts nutrition cluster coordination meetings have been conducted when deemed necessary i.e. to respond to spikes in humanitarian vulnerability.

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

The vast majority of program objectives stated in the proposal were met by UNICEF. Key outputs include the successful treatment of identified SAM cases with rates for coverage, mortality and default in-line with respective Sphere benchmarks.

Supply constraints for IFA adversely affected the ability of UNICEF to provide inputs to PLW and adolescent girls.

In addition, delays in the roll out of the DoH's campaign for the provision of IFA to adolescent girls also negatively impacted UNICEF's activities.

As WFP initiated a blanket supplementary feeding program for children aged 6-59 months there was no requirement for UNICEF to undertake such activities.

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

Prior to the start of the CERF program UNICEF convened meetings with Nutrition Cluster members, development partners and government counterparts to share insights about the humanitarian implications of the drought.

In delivering its CERF supported intervention UNICEF promoted a people-centred and rights-based approach to help uphold the dignity of and strengthen accountability to drought affected people in the Karnali region.

The principal beneficiaries of UNICEF's activities were all children age 6-59 months, pregnant and lactating women and adolescent girls (10-19 years). By delivering program activities through a network of FCHVs, UNICEF provided services to children, women and adolescent girls in a sensitive and appropriate manner and through networks that were well established in targeted districts. This aspect of the program also helped to augment AAP.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation of the UNICEF program is planned. However, regular food security monitoring of the Karnali region will be undertaken by WFP as part of the NeKSAP program. Through this intervention UNICEF will be able to assess the food security context in areas of the Karnali region that benefitted from CERF support.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	FAO		5. CERF grant period:	05/08/2016 - 04/02/2017		
2. CERF project code:	16-RR-FAO-019		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Agriculture			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Support to Vulnerable Farming Households Through The Provision Of Critical Inputs In Order To Resume Agricultural Production And Ensure Food And Nutrition Security					
7. Funding	a. Total funding requirements ⁴ :	US\$ 780,515	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$ 159,133	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 25,354	
	c. Amount received from CERF:	US\$ 159,133	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	5,145	5,355	10,500	5,160	5,470	10,630
<i>Adults (≥ 18)</i>	9,555	9,945	19,500	9,578	10,065	19,643
Total	14,700	15,300	30,000	14,738	15,535	30,273
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>			30,000		30,273	

⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁵ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	30,000	30,273
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		

CERF Result Framework			
9. Project objective	To support vulnerable farming households through the provision of critical inputs in order to resume agricultural production and ensure food and nutrition security		
10. Outcome statement	Agricultural production of the most vulnerable farming households in the two most affected districts are preserved and stabilized.		
11. Outputs			
Output 1	5,700 drought affected vulnerable households (30,000 individuals) receive time-critical inputs for vegetable production for resumption of agricultural activities		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	5,700 drought affected HHs will receive composite package of vegetable (30,000 individuals)	5700 HHs	5,752 HHs
Indicator 1.2	1200 drought affected HHs from 48 farmers' groups in 12 VDCs of two districts will receive vegetable seeds with plastic tunnels and drip irrigation.	5700 HHs	5,752 HHs
Indicator 1.3	Project Mid-Term and completion report will be developed and submitted	2	2
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of vegetable seeds and technical support for the resumption of drought damaged cropping areas: This activity will be undertaken in 12 VDCs of two districts (please see targeted VDCs attached). 5700 composite packets of vegetable seeds will be procured and distributed to 5700 HHs in September.	FAO	FAO and Himalayan Community Resource Development Centre (HCRDC) in Kalikot district and Karnali Community Development Centre (KCDC), in Mugu district.
Activity 1.2	Distribution of Plastic tunnels. Water tanks for Drip Irrigation systems for women and vulnerable groups. This activity will be undertaken in 12 VDCs of two districts for 48 groups (25 HHs/group = 1200 HHs).	FAO	FAO and Himalayan Community Resource Development Centre (HCRDC) in Kalikot district and Karnali Community Development Centre (KCDC), in Mugu district.
Output 2	Output 2 48 farmers' groups (1200 individuals) are trained on tunnel farming and 5,700 leaflets with technical information on tunnel farming and vegetable production are developed and disseminated.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	48 farmers' groups (1200 individuals) will develop their capacity for the construction of plastic tunnel to grow offseason vegetable production inside the plastic tunnel	48 groups	48 Groups

Indicator 2.2	5,700 leaflets with technical information on vegetable production are developed and disseminated.	5700	5,700
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Quick training to enhance skills and technology for increased vegetable production and farming in tunnel system to the farmers: This activity will be conducted in coordination with DADO / Local Agriculture Service Centers in each of the VDCs within the first month of program implementation.	FAO	FAO and Himalayan Community Resource Development Centre (HCRDC) in Kalikot district and Karnali Community Development Centre (KCDC), in Mugu district.
Activity 2.2	Monitoring, reporting and documentation: FAO monitors the activities and prepare monthly reports regularly. These reports will be reflected in the mid-term and final progress reports.	FAO	FAO and Himalayan Community Resource Development Centre (HCRDC) in Kalikot district and Karnali Community Development Centre (KCDC)

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

FAO provided packets of vegetable seeds (containing 8 different varieties of vegetables) to 5,752 vulnerable households, comprising 30,273 persons, in Kalikot and Mugu districts. FAO's support facilitated households to establish small-scale 'kitchen gardens' which could help to provide a varied and nutritious diet. In addition, FAO's support was designed to create a surplus of crops enabling supported households to sell goods on the local market. This aspect of the program will help to strengthen the economic resilience of families in Kalikot and Mugu.

1,200 households benefitted from the establishment of drip irrigation systems which FAO oversaw. In total 48 poly-tunnels were erected by FAO in which drip irrigation systems were installed. This enabled supported households to cultivate 6 varieties of vegetables. A further 26 tunnels (constructed using iron bars) were erected by local farmers' groups which FAO supported. This assistance will enable farmers to cultivate crops on a year-round basis and will help to address the humanitarian implications of 'lean' periods. Supported farmers have also agreed to provide crops cultivated in the tunnels at fair prices and will not seek to take advantage of cost-inflation associated with fallow periods. Using resources from the CERF FAO provided a range of different tools to farmers' groups including secateurs etc.

Several tunnels that FAO helped to establish have already started producing seedlings some of which have been distributed to local farmers to support off-season vegetable production. Officials from local DADO will maintain tunnels etc. erected by FAO and these will be used as demonstration sites so that technical guidance can be provided to additional communities.

All supported households also received technical guidance on kitchen-garden vegetable production. In total, 5,800 households, 40 staff members from implementing partners and officials from DADO (all from Mugu and Kalikot districts) received technical instruction. Training focussed on a variety of themes including seedbed preparation, tunnel preparation, tunnel farming and installation of drip irrigation systems. The drip irrigation aspect of the program was designed to meet the specific climatic challenges that communities in the Karnali region face due to low rainfall. Support on group marketing and post-harvest production was also provided to a group of 50 farmers by FAO.

As part of the training FAO also provided 'train-the-trainers' support to DADO staff so that additional households can be provided with technical guidance.

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

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

EVALUATION CARRIED OUT

No evaluation of the FAO program is planned. However, regular food security monitoring of the Karnali region will be undertaken by WFP as part of the NeKSAP program. Through this intervention FAO will be able to assess the food security context in areas of the Karnali region that benefitted from CERF support.

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-WFP-044	Food Assistance	WFP	NNGO	\$39,335
16-RR-WFP-044	Food Assistance	WFP	NNGO	\$55,649
16-RR-WFP-045	Nutrition	WFP	NNGO	\$225,828
16-RR-WFP-045	Nutrition	WFP	NNGO	\$192,787
16-RR-FAO-019	Agriculture	FAO	NNGO	\$15,453
16-RR-FAO-019	Agriculture	FAO	NNGO	\$9,901
16-RR-CEF-083	Nutrition	UNICEF	NNGO	\$34,457.32
16-RR-CEF-083	Nutrition	UNICEF	NNGO	\$34,894.34
16-RR-CEF-083	Nutrition	UNICEF	NNGO	\$49,849.06

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to affected populations
BSF	Blanket supplementary feeding
CSO	Civil society organization
DADO	District Agriculture Development Officer
DDRC	District Disaster Relief Committee
DoH	Department of Health
FCHV	Female community health volunteer
FFA	Food for assets
GAM	Global acute malnutrition
GoN	Government of Nepal
HCT	Humanitarian Country Team
HFOMC	Health Facility Operation Management Committees
IFA	Iron and folic acid
IPC	Integrated Food Security Phase Classification
IYCF	Infant and young child feeding
MAM	Moderate acute malnutrition
MDI	Manahari Development Institute-Nepal
MIYCF	Maternal infant and young child feeding
MoH	Ministry of Health
MT	Metric ton
NeKSAP	Nepal Food Security Monitoring System
NPC	Nepal Food Corporation
NPR	Nepali rupee
ORS	Oral rehydration solutions
OTC	Outpatient Therapeutic Center
PLW	Pregnant and lactating women
PHC/ORC	Primary Health Care Outreach
RC/HC	Resident Coordinator / Humanitarian Coordinator
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe acute malnutrition
SAPPROS	Support Activities for Poor Producers of Nepal
VDC	Village Development Committee
VfM	Value for money
WASH	Water, sanitation and hygiene
WHO	World Health Organization