



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN NEPAL 2011

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|--|---------------------|
| COUNTRY | NEPAL |
| RESIDENT/HUMANITARIAN COORDINATOR | Robert Piper |

I. SUMMARY OF FUNDING IN 2011 – US\$

| | | | | |
|----------------|---|---|---------------|-------------------|
| Funding | 1. Total amount required for the humanitarian response | | 34,611,667.80 | |
| | 2. Breakdown of total response funding received by source | 2.1 CERF | | 1,999,994.00 |
| | | 2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (<i>if applicable</i>) | | N/A |
| | | 2.3 OTHER (Bilateral/Multilateral) | | 8,500,000.00 |
| | | 2.4 TOTAL | | 10,499,994.00 |
| | 3. Breakdown of funds received by window | <input checked="" type="checkbox"/> Underfunded | | 1,999,994.00 |
| | | 1. <i>First Round</i> | | N/A |
| | | 2. <i>Second Round</i> | | US\$ 1,999,994.00 |
| | | <input type="checkbox"/> Rapid Response | | N/A |
| | 4. Please provide the breakdown of CERF funds by type of partner (<i>These amounts should follow the instructions in Annex 2</i>) | 4.1 Direct UN agencies/IOM implementation | | 979,625.00 |
| | | 4.2 Funds forwarded to NGOs for implementation | | 1,020,369.00 |
| | | 4.3 Funds forwarded to government partners | | N/A |
| | | 4.4 TOTAL | | 1,999,994.00 |

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

| | | |
|---|-------------------------------------|--------|
| Total number of individuals affected by the crisis | Individuals | 63,194 |
| Total number of individuals reached with CERF funding | Female | 30,923 |
| | Male | 32,271 |
| | Total individuals (Female and male) | 63,194 |
| | Of total, children <u>under</u> 5 | 5,502 |

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

Four camps for refugees from Bhutan in Nepal

IV. PROCESS AND CONSULTATION SUMMARY

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
YES NO

Remarks: Yes, the CERF report was discussed with the participating agencies as well as the humanitarian country team.

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
YES NO

Before finalizing, the report was shared with the CERF recipient agencies for their final comment

V. ANALYSIS

1. The humanitarian context

The four refugee camps in eastern Nepal host some 63,194 refugees from Bhutan who have received international protection and assistance from UNHCR since 1992. Under the supervision of the Refugee Coordination Unit (RCU) and the Ministry of Home Affairs, the camps are managed by the refugee Camp Management Committee (CMC), comprised of elected representatives of the refugee community (50 per cent women). The refugee camps are administered by the Government of Nepal through its National Unit for the Coordination of Refugee Affairs (NUCRA) under the Ministry of Home Affairs at the central-level and the Refugee Co-ordination Unit (RCU) headed by the Chief District Officer of Jhapa district at the field-level. The refugees from Bhutan in Nepal are totally dependent on the humanitarian assistance provided by the international community as they do not have legal access to gainful employment.

In October 2007, a large-scale, third-country resettlement programme for the refugees commenced with the agreement of the Government of Nepal. Nearly 58,543 individuals have already departed to eight core-group countries as of 31 December 2011. Based on the projection of resettlement departures (18,200 persons/year), it is estimated that the refugee population will be further reduced to in the coming years. Of the current population in camps, 49 per cent were girls/women and 34 per cent children (boys/girls). The elderly (60+) composed 7 per cent of the population. All activities in the camps were implemented in coordination with the Government of Nepal (GoN), UN Agencies and operational partners. The assistance package included food and non-food item distribution, primary health care, education, community services, shelter, water and sanitation activities. It was crucial that continuous funding was assured to maintain the progress made in these sectors.

With the concurrence of the Government of Nepal and taking into account the rapidly decreasing refugee population, UNHCR started in early 2011 to consolidate and close a number of camps. The three Beldangi camps (Beldangi-I, Beldangi – II and Beldangi – II Extension) were merged administratively in January 2011. Goldhap and Timai camps were closed in mid-June 2011 and during the first week of January 2012, respectively, following the relocation of refugees and their belongings to Beldangi and Sanischare camps. UNHCR started preparation to close the Khudunabari camp and expect to complete this within the first half of 2012 by relocating the remaining refugees to Beldangi and Sanischare camps.

UNHCR key indicators on health, education, water, sanitation were within standards. The mortality and morbidity indicators were also within accepted standards Measles vaccination coverage: 101.4 per cent, CBR: 1.5/1000/month, CMR: 0.3/1000/month, U5MR:0.3/1000/month, IMR: 17.3/1000 live births. The community-based management of acute malnutrition was one of the key interventions to addressing nutritional issues. According to a nutrition survey conducted by the Centre for Disease Control (CDC) during December 2011, the prevalence of main nutrition indicators of the refugee camps were as follows:

Global Acute Malnutrition (GAM): WFH <-2SD (WHO) – 6.8 per cent, Severe Acute Malnutrition (SAM): WFH > -3SD (WHO) –0.4 %, underweight: WFA <-2SD (WHO) –20.0 per cent, anaemia in children aged 6 to 59 months – 26.1 per cent and Stunting: HFA<-2SD (WHO Standard) – 28.5 per cent.

Participatory and other assessments indicated that the on-going large-scale resettlement operation changed the previous camps' dynamics considerably. Maintaining camp services at the desired level proved difficult due to the departure of skilled refugee workers, particularly in health and education sectors. UNHCR has implemented a training programme to replace departing workers, including using professionals from the local community to ensure the continuation of services.

In addition to a fragile political situation in Nepal, increasing food prices have deteriorated the already fragile food security situation for Nepal's most vulnerable families. WFP food security and analysis shows that vulnerable households experiencing rising food prices are skipping meals, reducing expenditure on non-food items (such as children's education) and switching to less preferred - often less nutritious - foods. The price of petrol has also increased by 10 per cent and food price inflation remains at 16 per cent according to the Central Bank of Nepal.

In 2011, under WFP's protracted relief and recovery operation, "Assistance to Vulnerable Populations Affected by Conflict, Natural Disasters and High Food Prices in Nepal", WFP planned to provide food assistance to almost 1.2 million people suffering from the triple shock of drought, high food prices and continued political instability. WFP implements food and cash-for-asset schemes to create productive assets and to restore and rebuild livelihoods as well as nutrition interventions to reduce acute malnutrition and micronutrient deficiencies. WFP's interventions concentrate on the most vulnerable populations in the Mid- and Far-Western Hills and Mountains regions.

For the past 18 years, WFP has also provided humanitarian assistance to 70,000 Bhutanese refugees living in camps in Nepal – all of whom are entirely dependent on external assistance to meet their daily needs. As the only available durable solution, since February 2011 third-country resettlement has allowed for the departure of more than 40,000 refugees and the camp population currently totals just under 70,000 refugees. Seventy-six per cent of the current camp population has submitted declarations of interest (DOI) for third-country resettlement. Despite many rounds of negotiations towards repatriation or integration, neither of the remaining durable solutions has been realized. It will take years before all declarations of interest applicants are processed. As long as refugees live in the camps and current Government of Nepal employment and livelihood restrictions remain static, humanitarian assistance will be needed.

In line with Strategic Objective 1, the objectives of WFP's protracted relief and recovery operation, "Nepal PRRO 200136 "Food Assistance to Refugees from Bhutan"", were to:

- save lives and protect livelihoods in emergencies;
- improve and/or maintain the nutritional status of refugees; and
- promote and expand opportunities of self-reliance for refugees to meet their basic needs.

These objectives were achieved through General Food Distribution (GFD), supplementary feeding programmes for malnourished children, pregnant and lactating women, elderly and the chronically ill and participation in training and income-generating activities. The latter activities were also accessible to host-community members.

The general food basket and ration-scale was in line with the average minimum daily requirement of 2,100 kcal per person per day and included parboiled rice or raw rice, wheat-soya blend (super cereal), pulses, vegetable or palm oil, sugar and salt. All children 6–59 months of age also received micronutrient powder (MNP) to reduce rates of anaemia and other micronutrient deficiencies with a ration of half-a-sachet per day throughout the year.

In implementing this activity, WFP and UNHCR worked closely with the Refugee Coordination Unit of the Ministry of Home Affairs. Regular inter-agency coordination meetings by WFP, UNHCR, government counterparts and NGOs were held at both central and field-levels to review programme implementation and management.

2. Provide brief overview of CERF's role in the country

CERF's contribution for the project was to provide international protection and assistance to the refugees from Bhutan living in camps. UNHCR implemented the programmes for the refugee multi-sector independent of the cluster-based approach except in the food component, which WFP directly implemented.

UNHCR is mandated by the United Nations to lead and co-ordinate international action for the worldwide protection of refugees and the resolution of refugee problems. Its work is based on the UN Charter and the Universal Declaration of Human Rights. UNHCR's efforts are mandated by the organisation's Statute and guided by the 1951 United Nations Convention relating to the Status of Refugees and its 1967 Protocol. International refugee law and human rights law provide the essential framework of principles for UNHCR's activities.

UNHCR's primary purpose is to safeguard the rights and well-being of refugees. In its efforts to achieve this objective, UNHCR strives to ensure that everyone can exercise the right to seek asylum and to find safe refuge in another state, and to return home voluntarily and obtain lasting solutions to their plight. UNHCR is an impartial organisation, offering protection and assistance to refugees and others on the basis of their

needs and regardless of their race, religion, political opinion or gender. In all of its activities, UNHCR pays particular attention to the needs of children and seeks to promote the equal rights of women and girls. Particular attention is also paid to environmental issues and on mitigating the adverse consequences of large refugee influxes on host countries.

In this project, UNHCR sought to ensure that 50 per cent of the beneficiaries of all projects were women and 50 per cent of camp leaders engaged in the relief work who were women were mobilized to address issues related to women and children, in particular. UNHCR Nepal will continue to implement the age-gender diversity mainstreaming and community participation approach to ensure that the voices of women, children, disabled and elderly are integrated in programme design. The office prioritized UNHCR global priorities such as the provision of comprehensive health services for women and children through programmes on nutrition, access to reproductive health and antenatal care. Specific interventions for those with specific needs including women at risk, children and elderly were prioritized through timely documentation of all refugees, legal and psychosocial counselling, prompt redress for SGBV cases and support programmes for children and unaccompanied minors.

For more information on UNHCR's policies on these issues, please consult UNHCR's Global Appeal, which details UNHCR's policy priorities on refugee women and gender equality, refugee children, adolescents and the elderly and on environment. An electronic version can be consulted on UNHCR's website www.unhcr.org. The following documents may also be consulted: UNHCR's policy on Refugee Women, UNHCR's policy on Refugee Children and UNHCR's Environmental guidelines, and Reproductive Health in Refugee Situations, an Inter-agency Field Manual, available from UNHCR's website.

3. What was accomplished with CERF funding

The CERF funding supported the implementation of activities in four different sectors which were implemented through UNHCR's NGO partners, namely the Association of Medical Doctors of Asia (AMDA) and the Lutheran World Federation. Though some of the activities under this funding are still being implemented, the following were the major achievement during 2011.

CERF funding was key to achieving UNHCR standards for essential Primary Health Centre (PHC) and its main components; and as a result, mortality and morbidity indicators were maintained during 2011. CERF funding was very instrumental to completing the relocation of refugees from Timai to Beldangi and Sanischare as the funding was utilized to complete the construction of the latrines for these families. Regular water supply was maintained and adequate (25 litres/person/day) potable water distributed to refugees; one water tap was available for 102 persons as of the end of 2012; 1,657 water samples were collected and tested; water and sanitation awareness sessions in all camps were carried out and a camp cleaning campaign was organised. Waste collection and the making of manure has been continued in Sanischare camps and Pathari and construction of an overhead water tank (100,000 litres capacity) completed in Beldangi Camp.

The WFP Refugee Operation urgently needed a contribution to ensure a continuous supply of food to 62,200 refugees beyond September 2011 when its food stocks were depleted. CERF funds of US\$ 1 million provided a over one month's worth of food supplies and associated costs for all the refugee camps (on average US\$ 900,000 was needed to run all WFP operations in the camps – including food commodities). Funds were used to purchase food commodities for general food distribution and supplementary feeding, as the micronutrient powder programme was already fully-funded until December 2011.

4. An analysis of the added value of CERF to the humanitarian response

The CERF contribution supported the implementation of the proposed activities by the Association of Medical Doctors of Asia (AMDA) and the Lutheran World Federation (LWF) Nepal as well as NGO partners of UNHCR. The funds were to be used to cover the period from October 2011 to June 2012. The funds cover 19 per cent of UNHCR's total needs (excluding UNHCR staff and administrative cost) for the refugees from Bhutan and were able to address the humanitarian health needs of refugees, which could not be met through

UNHCR's annual budget. CERF's contribution supported WFP to avoid and minimize disruptions of its food pipeline in 2011. The Bhutanese refugees were provided with blanket food rations through general food distribution, supplementary food distribution and micronutrient powder supplements provided by cooperating partners the Lutheran World Federation (LWF) Nepal and by the Association of Medical Doctors of Asia (AMDA). The Bhutanese refugees fully relied on WFP to provide food commodities to maintain their daily need of 2,100 kcal/person/day. WFP assistance is ongoing in 2012, where CERF contributions will help ensure distribution of life-saving food assistance to refugees.

CERF funding was crucial in the relocation of refugees from Goldhap and Timai camp to Beldangi and Sansichare by 05 January 2012 while Khudunabari camp relocation is expected to be completed by May 2012. The relocated families were provided with habitable shelter and latrines in the new location. The funds were also used to maintain regular supply of adequate potable water through construction and repair of systems and support the cost of staff (including refugee incentive workers) to maintain such services, purchase of bathing and laundry soap, and complete the construction of an overhead water tank in Beldangi camp

The Association of Medical Doctors of Asia (AMDA) was UNHCR's health partner and was responsible for maintaining primary health services, including referral management of the patient to better health centres and hospitals. The implementation of CERF-supported health-related activities helped fund key health staff positions, to supply of essential drugs, and to ensure medical services and referrals for refugees. UNHCR's standards for morbidity and mortality indicators were met adequately in 2011.

All the above-mentioned activities are ongoing and support the immediate operational and refugees' life-saving needs.

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

YES NO

CERF funding helped to ensure a good implementation of regular care and assistance activities while also ensuring an adequate budget for underfunded activities such as health, water and sanitation, which were stretched due to the ongoing camp consolidation.

Did CERF funds help respond to time critical needs?

YES NO

As UNHCR's care and maintenance activities are of a life saving nature, CERF funding has helped balance ongoing interventions in the refugee camps, specifically in the areas of health, shelter and water. IT has supported emerging protection needs that have been highlighted due to resettlement and movement to different camp location.

b) Did CERF funds result in other funds being mobilized?

YES NO

In 2011, UNHCR mobilized additional resources from ECHO and CIDA to assist in responding to the Goldhap and Sansichare fires, which affected around 722 families. In the current context, which includes completing camp consolidation/rehabilitation of the area and the expected transition from humanitarian to development funds through the launch of the Community-Based Development programme, UNHCR has reached out to other UN agencies and donors. As a result, the office has been able to mobilise core contributions from other UN agencies in the sector of environment and livelihood for the refugees and host communities in Jhapa and Morang. Similarly, the office was able to secure a multi-year contribution from EU for the refugee operation

c) Did CERF improve coordination amongst the humanitarian community?

YES NO

CERF funding process and implementation enabled UNHCR and WFP to manage the refugee operation in an effective manner and to ensure interagency coordination met the needs of the most vulnerable during the challenging camp coordination exercise.

VI. LESSONS LEARNED

| LESSONS LEARNED | SUGGESTION FOR FOLLOW-UP/IMPROVEMENT | RESPONSIBLE ENTITY |
|---|--|--------------------|
| Vulnerable host communities that live adjacent to the refugee camps benefit indirectly from interventions targeting refugees | Expand services of sectors such as health to identified vulnerable communities as a part of UNHCR's Comprehensive Durable Solution Strategy. | UNHCR |
| CERF funding was instrumental in maintaining UNHCR's life-saving activities at the same level as in the previous years and to ensure continued international protection and assistance of the refugee population. | The refugee operation should be considered a critical sector in Nepal by the UN Country Team and be prioritized to receive CERF funding given the lack of government support in this area and the decrease in traditional donors' funding. | UN Country Team |
| Active engagement and participation of refugee representatives was effective to manage expectations and avoid discontentment in case of pipeline breaks and commodity-related issues | This should be continued as a good practice in future | WFP |

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY

UNHCR-MULTISECTOR

| CERF PROJECT NUMBER | 11-HCR-044 | Total Project Budget | \$8,569,010 | Beneficiaries | | | Gender Equity |
|---|--|--|-------------|-------------------------------------|---------------|--|---|
| | | | | Targeted | Reached | | |
| PROJECT TITLE | Care and Maintenance of Refugees from Bhutan | Total Funding Received for Project | \$ 999,991 | Individuals | 63,194 | 63,194 | All the refugees from Bhutan residing in refugee camps were covered under the scope of these activities taking into account age, gender and diversity. Many of the programmes such as reproductive health, nutrition and sanitation programmes had a special focus on women, children and youths. |
| | | | | Female | 30,923 | 30,923 | |
| STATUS OF CERF GRANT | Ongoing | Amount disbursed from CERF | \$ 999,991 | Male | 32,271 | 32,271 | |
| | | | | Total individuals (Female and male) | 63,194 | 63,194 | |
| | | | | Of total, children under 5 | 5,502 | 5,502 | |
| | | | | TOTAL | 63,194 | 63,194 | |
| OBJECTIVES AS STATED IN FINAL CERF PROPOSAL | | ACTUAL OUTCOMES | | | | MONITORING AND EVALUATION MECHANISMS | |
| Health status of the population improved | | <p>Health status of the population improved</p> <p>Basic health status improved or maintained:</p> <ul style="list-style-type: none"> Uninterrupted supply of the essential drugs and consumable items with 25 per cent buffer stock through out the year; Medicines for chronic patients and consultant medicines were available on time; Emergency management of resettlement cases conducted timely; The apparent figures of the total vaccine coverage and measles vaccine coverage were 100 per cent due to the population dynamics with the resettlement movement; 6,833 patients were managed at primary health care centres; 3,738 cases were transferred to higher referral levels for further management; and Medical staff (four Camp Medical Officers, four Staff Nurses, eight Health Assistants, four Laboratory Assistant, four Pharmacy Assistants, one Project Director and Health Coordinator) were maintained. | | | | <p>The activities covered by CERF funding were closely monitored and technically supported by UNHCR Sub-Office Damak through its Programme, Field Protection and Community Services Units to ensure speedy and effective implementation.</p> | |
| Population lives in satisfactory sanitary condition | | <p>Population lives in satisfactory sanitary condition</p> <p>Sanitary conditions improved or maintained::</p> <ul style="list-style-type: none"> 400 latrines were constructed in Beldangi camp for relocated refugees from Timai camps; 365 refugee latrines were renovated in all camps and roofing were replaced; 31 agencies' latrines and 164 damaged latrines were repaired in all camps; 87 latrine pits were maintained in all camps; All the refuse pits were maintained in all camps; One camp-cleaning campaign was held and a rally and meetings were continued in five camps; and 76,276 bars of laundry soap and 73,314 bars of bathing soap were distributed to refugee families. | | | | <p>The implementing partners submitted monthly health information system (HIS) reports and progress report to UNHCR based on which any project adjustments were made. Field monitoring by UNHCR staff and regular participatory assessments on topics such as vulnerability assessment, school drop out with the target groups enabled the office to evaluate the gaps and realign current and future programme.</p> | |
| Population has optimal access to potable water | | <p>Population has optimal access to potable water</p> <p>The provision of potable water to Bhutanese refugees in all camps (25 litres per person per day ensured):</p> <ul style="list-style-type: none"> Water supply system maintained; One water tap was made available for 102 persons near their hut locations; 414 water samples were collected and tested; | | | | <p>In addition a Joint Needs Assessment involving multiple stakeholders was conducted in five sectors (Environment; Gender, Social Inclusion, Legal and Community Services; Education; Health; and Livelihoods),</p> | |

| | | |
|--|--|--|
| <p>Population has adequate shelter</p> | <ul style="list-style-type: none"> ▪ Water and sanitation awareness sessions in all camps were carried out and camp-cleaning campaigns were held. Waste collection and manure production has been continued in Sanischare camps and Pathari; ▪ Construction of an overhead water tank (100,000 litres capacity) completed in Beldangi Camp; and ▪ NGO staff (one Camp Management Officer, one Water Lab Technician, Water/Sanitation Technician, and refugee incentive holders (plumbers) were maintained <p>Population has adequate shelter Adequate shelters constructed and renovate for vulnerable and relocated refugees from Goldhap and Timai:</p> <ul style="list-style-type: none"> ▪ 950 new refugee shelters constructed in Beldangi and Sanischare camps for the relocated refugee families from Timai camp. | |
|--|--|--|

| WFP-FOOD | | | | | | | |
|---|---|--|------------------|-------------------------------------|---------|---|---|
| CERF PROJECT NUMBER | 11-WFP-057 | Total Project Budget | \$ 26,042,657.80 | Beneficiaries | | | Gender Equity |
| | | | | Targeted | Reached | | |
| PROJECT TITLE | Food Assistance to Refugees from Bhutan | Total Funding Received for Project | \$ 9,500,003.00 | Individuals | 62,288 | 60,395 | <p>All the registered refugees residing in the camps and having valid ration cards received general food ration in a fortnightly basis. The female representative of each individual household was the key recipient of the WFP provided food rations.</p> <p>WFP has ensured women's participation at all levels as per its Enhanced Commitment to Women. At least 50 per cent of women are in leadership positions in the Camp Management Committees and Distribution Sub-Committees.</p> |
| STATUS OF CERF GRANT | Completed | Amount disbursed from CERF | \$ 1,000,003.00 | Female | 31,808 | 29,594 | |
| | | | | Male | 30,480 | 30,801 | |
| | | | | Total individuals (Female and male) | 62,288 | 60,395 | |
| | | | | Of total, children under 5 | 5,423 | 5,436 | |
| | | | | TOTAL | 62,288 | 60,395 | |
| OBJECTIVES AS STATED IN FINAL CERF PROPOSAL | | ACTUAL OUTCOMES | | | | MONITORING AND EVALUATION MECHANISMS | |
| <p>To contribute to saving lives and protecting livelihoods of the refugee population by providing secure access to food and safeguarding the nutritional status of refugee beneficiaries until they attain food self-sufficiency or are resettled to their final destination</p> | | <p>Outcome 1: Reduced or stabilized acute malnutrition in children under 5 in the targeted refugee population.</p> <ul style="list-style-type: none"> Prevalence of acute malnutrition (weight/height < -2 z- score) among children under 5 kept below 5 per cent, globally acceptable standard (source of verification: Annual UNHCR/WFP nutrition survey, conducted with technical assistance from the Centre for Disease Control (CDC) and the Association of Medical Doctors of Asia: As per the preliminary report of the 2011 Centre for Disease Control survey, the prevalence of global acute malnutrition (GAM) in children under 5 was 6.8 per cent. It is the gradual decreasing of the malnutrition rate but not to the expected level. Though the food intake is 2100 kcal, food is not the sole reason for the lack of decrease. WFP is conducting an assessment through an nutrition expert and there is a plan to do further analysis on this issue with UNHCR. <p>To Note: <i>This is an improvement from the earlier survey in May 2010 in which the global acute malnutrition score was 8.1 per cent and a result of increased focus on community awareness. The office is conducting further studies to understand the reason for not fulfilling this indicator despite multi-faceted intervention. However, the prevalence of moderate anaemia rate among children has decreased from 14.4 in May 2010 to 7.6 in 2011.</i></p> <p>Coverage of supplementary feeding is at least 90 per cent of targeted population (source of verification: Monthly Health and Nutrition Sit-Rep of the Association of Medical Doctors of Asia)</p> <ul style="list-style-type: none"> The Supplementary Feeding Programme (SFP) January-December 2011 ranges between 72 per cent and 100 per cent. The Supplementary Feeding Programme coverage for malnourished children is based on the number of children identified as malnourished during monthly growth monitoring carried out in each camp against the number of malnourished children enrolled that receive supplementary feeding rations. These figures are based on the Association of Medical Doctors of Asia monthly growth monitoring and Supplementary Feeding Programme reports. The number of malnourished children as per the Moderately Acute Malnutrition/Global Acute Malnutrition rate of the 2010 Centre for Disease Control survey was significantly higher than the number of malnourished children identified through the existing screening process (monthly growth monitoring) in the camps by the Association of Medical Doctors of Asia. Therefore, the Supplementary Feeding Programme coverage of the 2010 Centre for Disease Control survey global acute malnutrition rate was significantly less, varying from 37 to 81 per cent | | | | <p>The annual health and nutrition survey was carried out in December 2011 in the technical support of the Centre For Disease Control (CDC)-US based. UNHCR, WFP and Association of Medical Doctors of Asia-Nepal worked together with Centre for Disease Control to accomplish the survey.</p> <p>Association of Medical Doctors of Asia-Nepal carries out regular food basket monitoring of basic food rations at distribution sites. To ensure that refugees receive their entitled rations, Food Basket Monitors randomly select 14 ration samples per distribution day in each camp. If there is ± 2% error, Lutheran World Federation-Nepal Food Distribution Monitors are notified and the ration is corrected accordingly. In addition, Association of Medical Doctors of Asia-Nepal monitors the consumption of blended food dry rations that are provided within the supplementary feeding programme at camp health centres.</p> <p>Lutheran World Federation-Nepal is responsible for food and non-food distribution and issues a Weekly/Monthly Situation Report, which details the number of assisted refugees by location, gender and age, actual food and non-food distribution and shortfalls, and stock balances in warehouses.</p> <p>The WFP field office prepares a monthly supply schedule</p> | |

| | | |
|--|--|--|
| | <p>depending on the month.</p> <ul style="list-style-type: none"> ▪ The difference might be due to growth monitoring screening protocol. For example, Weight for Age and Weight for Height are both measured during the Centre for Disease Control survey. In cases where there is a reason to double check the result Weight for Height are also measured after measuring Weight of Age to confirm the malnutrition during monthly growth monitoring exercise in the camps by the Association of Medical Doctors of Asia. <p>Reduction in the prevalence of iron deficiency anaemia (IDA) in children by 5 per cent (source of verification: Annual UNHCR/WFP nutrition survey, conducted with technical assistance from the Centre for Disease Control (CDC) and the Association of Medical Doctors of Asia.)</p> <ul style="list-style-type: none"> ▪ As per the preliminary report of the 2011 Centre for Disease Control survey, 26.1 per cent of all children under 5 were affected by anaemia. The prevalence was highest among children below 2 years. The anaemia prevalence was reported 40.2 per cent in 2010. <p>Outcome 2: Improved food consumption over assistance period for refugee households</p> <ul style="list-style-type: none"> ▪ Household food consumption score above 42 (measured through Food Consumption Score): ▪ The data collected for the first Monitoring and Evaluation cycle in 2011 took place between March and June and showed an average Food Consumption Score of 65.94, well above the target of 42. Furthermore, 94.6 per cent of respondents' households fall under acceptable consumption groups. This was followed by 2.7 per cent households in the poor consumption groups and 2.7 per cent households in the borderline consumption groups. The second cycle was conducted between August-November 2011 and the report is under preparation. <p>Output 1: Supplementary food and non-food items distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions.</p> <p>Indicators:</p> <p>Quantity of fortified foods and special nutritional products distributed by type as the percentage of actual distribution.</p> <ul style="list-style-type: none"> ▪ Slightly higher than 90 per cent of fortified foods and special nutritional products were distributed against plan during the entire year. <p>Supplementary food ration distributed on planned distribution date (programme monitoring report reporting by the implementing partners and food commodity tracking report)</p> <ul style="list-style-type: none"> ▪ During this reporting period, 100 per cent of supplementary food rations were distributed on the planned distribution dates. Micronutrient powder for the month of March and April was distributed on a monthly basis for both 6-23 months and 24-59 months of age categories due to shortage of stock in March. The normal distribution of micronutrient powder 15 sachets/month to 6-23 months children on a monthly basis and 30 sachets/two month to 24-59 months children in bi-monthly basis was resumed from May 2011 when 0.630 metric tonnes of micronutrient powder had arrived in Damak (5 April 2011). ▪ Furthermore, following the decision of the joint WFP/UNHCR meeting held in April 2011, MNP distribution to tuberculosis patients and people living with HIV/AIDS has started by AMDA on a monthly basis from June 2011. The beneficiaries receive monthly take home ration (15 sachets of 1 gram) of micronutrient powder to be consumed every alternate day by sprinkling it on their meal. <p>Output 2: Distribution of food (general ration) and non-food items distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions</p> <p>Indicators:</p> <p>Quantity of food distributed, by type, as % of planned distribution. (source: reporting by cooperating partners/food commodity tracking report)</p> <ul style="list-style-type: none"> ▪ Slightly higher than 94 per cent of foods were distributed against plan during the entire year. <p>Number of beneficiaries receiving entitled food items, by category and as per cent of planned figures.</p> <ul style="list-style-type: none"> ▪ 99 per cent of beneficiaries received entitled food items against plan during 2011. | <p>and a projection of requirements, which are consolidated by the Commodity Movement Processing and Analysis System (COMPAS) into monthly food pipeline reports for effective commodity planning and tracking. Close monitoring and regular reporting by WFP and its Cooperating Partners have contributed to keeping post-delivery food losses at a very low level.</p> <p>WFP annually conducts two cycle-based monitoring and evaluation activities of four months in order to verify proper utilization of food rations at the household level and to assess output and outcome level indicators. The programme monitoring reports are shared with partners and donors. The review of the programme is carried out based on the gaps identified and recommendations made. Two monitoring and evaluation cycles were carried out during the period of March-June and August-November 2011. 360 Post-distribution monitoring huts, 31 Food Distribution Counters, 21 warehouses (once in each month), and 7 food basket monitoring centre, and 7 supplementary feeding programme monitoring (twice in a month for the complete four months each cycles) were visited in each monitoring cycle</p> |
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| | <p>Food ration distributed on planned distribution date (programme monitoring report reporting by the implementing partners and food commodity tracking report)</p> <ul style="list-style-type: none">▪ During this reporting period, food rations were distributed within the planned distribution cycle (95 per cent on the planned distribution date due to one round lack of super cereal and two rounds lack of oil). The WFP food basket for Bhutanese refugees was comprised of seven different commodities, which were distributed on fortnight basis.▪ In the case of a shortfall of one commodity, the regular distribution day for the remaining food basket is not disrupted. Instead, the particular missing food commodity is distributed to refugees later within the same distribution cycle if it has become available. If the commodity is only available in the camps after the specific distribution cycle, it is not distributed retroactively.▪ One distribution cycle (14 days food requirement) was missed for super cereal and two distribution cycles (28 days food requirement) were missed for oil during the January to September period, equivalent to reducing this indicator to 95 per cent. | |
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ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

| CERF PROJECT CODE | CLUSTER/ SECTOR | AGENCY | IMPLEMENTING PARTNER NAME | PARTNER TYPE | TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$ | DATE FIRST INSTALLMENT TRANSFERRED | START DATE OF CERF FUNDED ACTIVITIES BY PARTNER | Comments/ Remarks |
|-------------------|-------------------------------|--------|--|-------------------|--|------------------------------------|---|-------------------|
| 11-HCR-044 | Health | UNHCR | Association of Medical Doctors of Asia | National NGO | 404,970.30 | 07/12/2011 | 01/10/2011 | |
| 11-HCR-044 | Shelter, Water and Sanitation | UNHCR | Lutheran World Federation | International NGO | 66,425.04 | 09/12/2011 | 01/10/2011 | |
| 11-WFP-057 | Food | WFP | Lutheran World Federation (LWF) | International NGO | 98,378.00 | 14/10/2011 | 20/10/2011 | |

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

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|--------------|---|
| AMDA | Association of Medical Doctors of Asia |
| CBR | Crude Birth Rate |
| CDC | Centre for Disease Control |
| CERF | Central Emergency Response Fund |
| CMC | Camp Management Committee |
| CMR | Crude Mortality Rate |
| GAM | Global Acute Malnutrition |
| GoN | Government of Nepal |
| IMR | Infant Mortality Rate |
| IOM | International Organization for Migration |
| LWF | Lutheran World Federation |
| NGO | Non – Governmental Organization |
| NNMR | Neonatal Mortality Rate |
| NUCRA | National Unit for the Coordination of Refugee Affairs |
| PHC | Primary Health Centre |
| RCU | Refugee Coordination Unit |
| SAM | Severe Acute Malnutrition |
| SD | Standard Deviation |
| U5MR | Under 5 Mortality Rate |
| UN | United Nations |
| UNHCR | United Nations High Commissioner for Refugees |
| WFH | Weight for Height |
| WFP | World Food Programme |
| WHO | World Health Organization |