ANNUAL REPORT OF THE RESIDENT/HUMANITARIAN COORDINATOR ON THE USE OF CERF GRANTS

Country	**Nepal**
Resident/Humanitarian Coordinator	**Robert Piper**
Reporting Period	**1 January 2009 – 31 December 2009**

I. Summary of Funding and Beneficiaries

Funding (US$)	Total amount required for the humanitarian response:		$129,220,163
	Total amount received for the humanitarian response:		$115,656 million
	Breakdown of total country funding received by source:	CERF	$6 million
		CHF/HRF COUNTRY LEVEL FUNDS	none
		OTHER (Bilateral/Multilateral)	$126,051,735
	Total amount of CERF funding received from the Rapid Response window:		$6 million
	Total amount of CERF funding received from the Underfunded window:		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	$5,373,804
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	$626,196
		c. Funds for Government implementation:	
		d. **TOTAL:**	**$6 million**
Beneficiaries	Total number of individuals affected by the crisis:		3.5 million
	Total number of individuals reached with CERF funding:		302,300
			146,200 children under 5
			151,300 females
Geographical areas of implementation:		Mid- and Far-Western Regions of Nepal	

II. Analysis

N.B Analysis includes reference to no-cost extension projects from 2008 CERF Funding

The conflict and its aftermath have left Nepal with marked and prevalent humanitarian challenges. Key issues such as the integration of two standing armies and the rise of ethnic groups seeking autonomy are destabilising the peace process. The Government requested a 4-month extension of the United Nations Mission in Nepal (UNMIN) on 20 January 2010, aiming to finalise the constitution and the integration of the armies by end May 2010. Nepal is highly vulnerable to natural disasters, including floods, landslides and earthquakes. A significant number of people, including the nation's poorest, remain vulnerable to external shocks as evidenced by the impact of natural disasters (droughts, floods) and high food prices.

Nepal continues to struggle in the wake of combined international and economic crises. These global factors serve to exacerbate pre-existing food production deficits, high rates of poverty, 10 years of civil conflict and ongoing political instability.

Food Security

Recent estimates show that 3.5 million people in Nepal are highly to severely food insecure, mainly due to the increase in food prices in recent years and compounded by the 2008/09 winter drought. Three years of sustained high food prices in Nepal are believed to have caused an additional 5 million people to fall below the poverty line. Meanwhile, the Government of Nepal estimates indicate a nationwide cereal deficit of 400,000 MT.

The CERF contribution of US$ 6 million supports households in need of critical food, nutritional and agricultural assistance as identified by Nepal's Food Security Monitoring and Analysis System (NFSMAS). This population was deemed highly to severely food insecure based on a set of internationally recognized criteria. Food consumption rates were cross tabulated with a vulnerability index incorporating beneficiaries' wealth ranking and coping levels. CERF funds supported communities and households based on the following criteria: 1) medium/high vulnerability; 2) poor/borderline food consumption; and 3) live-in pocket areas of high food insecurity (mainly in the Mid- and Far-Western regions of Nepal).

WFP has provided critical food assistance by employing a short-term, emergency-like food for assets (FFA) intervention for those most affected by the 2008/9 winter and summer droughts. Conditional transfers, in the form of labour-intensive FFA schemes have generated social capital for communities through critical, rural infrastructure construction that links farmers to markets. The schemes enable farmers to increase their agricultural output and sell products in new markets. In particular, communities have benefited from the creation of basic infrastructure such as small irrigation systems, community ponds and water harvest tanks, micro-hydro schemes and storage facilities.

NGO partners were selected based on their presence in the proposed districts, ability to rapid respond, targeting and social mobilization capacities, and proposed project types corresponding to immediate drought intervention, and logistical, monitoring and human resource capacities.

In the midst of severe funding shortfalls and in the absence of other forecasted donations for the operation in December, the rapid allocation of CERF funds allowed the project to meet beneficiaries' needs during a critical drought period.

With CERF's prompt response, WFP averted the suspension of food for over 302,000 beneficiaries, thus preventing a further deterioration in the nutritional status of the most vulnerable populations. Previous programme evaluations have shown that, without food assistance, the most vulnerable revert to negative coping strategies. These include reducing meal frequency and size, selling critical assets, consuming seed stocks and out-migration to neighbouring districts or to India for work. Seeking work outside can pose an increased risk to livelihood stability and often results in the deterioration of the health, nutritional status and overall well-being of children and women left at home.

CERF's flexibility was also greatly appreciated, as the funds were not earmarked according to specific target groups (only requirement was for the funds to be used for drought beneficiaries in need of humanitarian assistance); neither was it based on geographic regions that would have precluded optimal usage of the funds.

Nutrition

Recurrent droughts and persistently high food prices in 2008/2009 led to widespread food insecurity in the Mid and Far Western regions of Nepal. The high fuel price rise aggravated the situation as it impacted upon the transportation costs of food items leading to frequent supply constraints thus limiting food access. The food insecurity placed a number of households in a precarious situation and had direct consequences on the nutritional situation of young children.

Evidence from nutrition surveys in highly vulnerable districts pointed to very high levels of acute malnutrition relative to the WHO classification of serious and critical levels of acute malnutrition. The worst affected district - Mugu - had over a quarter of the children suffering from acute malnutrition with 7.1 percent having severe forms of acute malnutrition. Similarly in Achham, a hilly district, Kanchanpur and Bardiya in the Terai (lowland) belt of the Mid- and Far West, the levels of acute malnutrition exceeded the WHO emergency thresholds of 15 percent global acute malnutrition. This situation warranted an immediate nutritional response in order to mitigate the impacts of the various adverse factors on child nutrition and health.

The CERF UFE contribution came at a critical time when the nutrition sector was facing funding constraints limiting its ability to mount rapid emergency nutrition interventions. Underpinned by UNICEF's commitments for children in humanitarian action, CERF was used to support national capacities and enhance their ability to fulfil accountabilities for children's rights to adequate nutrition particularly in the most food insecure districts. This was done through implementation of a lifesaving community based management of acute malnutrition (CMAM) intervention in districts with high levels of acute malnutrition. In addition, this funding enabled the fostering of effective partnerships with MoHP, Concern Worldwide, ACF, Friends of Needy Children and WHO in addressing acute malnutrition and with WFP in preventing severe micronutrient deprivation in young children in food insecure districts of the Mid and Far Western region.

The capacity of the district health systems to deliver CMAM interventions was augmented through strengthening of health worker and female community health volunteer (FCHV) competencies for effective case-management of acute malnutrition. Consequently outpatient therapeutic programme (OTP) centres were initiated in 33 health posts, and inpatient stabilization centres set up in district hospitals significantly increased access to treatment and care for children suffering from acute malnutrition. As a result, over 1,266 children suffering from severe acute malnutrition were treated, with recovery rates of over 60 percent and death rates below the 5 percent SPHERE standard threshold was attained.

A successful partnership undertaken with WFP in developing an emergency micronutrient powder (MNP) supplementation programme in the most food insecure districts resulted in nearly 10,000 vulnerable children under-five receiving MNP supplementation in Dolpa, Jumla and Rolpa districts. This prevented severe micronutrient deprivation in communities where almost 80 percent of children under two years are anaemic. Successful implementation of this intervention led to its scale up by WFP to additional food insecure districts using other resources. Recognising the impact of HIV/AIDS on children in some of the districts with high levels of malnutrition, support was provided for protection and care for children affected by HIV/AIDS through the provision of fortified blended food. As a result of this effort about 1,474 children affected by AIDS (CABA) were provided with supplementary feeding on a regular basis.

Flexibility of CERF funding allowed for interventions to be implemented in the Mid and Far Western region where nutrition needs were more concentrated.

Protection

Sexual and Reproductive Health/Gender Based Violence (GBV)

Nepal has some of the poorest Reproductive Health (RH) indicators in the world. The maternal mortality rate is 281 per 100,000 live births (2006, DHS). Child delivery and attendance during

child birth by a trained health worker is below 20 percent. In many parts of the country, there are still people who have never seen a doctor. These constraints are in addition to an increased prevalence of maternal morbidity and mortality despite the Government's declaration in the Interim Constitution of health being a basic human right of every individual.

The project supported by CERF funds focused on providing basic essential and RH services for people living in five mountain districts of Mid-western Nepal. Access to basic RH care by people in these remote districts was far from adequate. The vulnerability of women and girls to RH complications is immense, resulting in severely decreased access and delivery of reproductive health services. The operational costs for delivering services to these areas are significantly high. Therefore, funding from CERF was critical towards the provision of services through mobile health camps as well as building capacities of service providers on RH care, preventative care measures, strengthening their capacity to deliver key RH services, including family planning.

Due to the urgent need for essential RH services, various RH Kits were supplied immediately and made readily available. Similarly this was the case with the training on Minimal Initial Service Package (MISP) and utilization of RH Kits for the service providers to make them better prepared for any eventuality during emergencies.

Since all the districts were mountainous and access difficult, five different partners were contracted to implement mobile health camps. Each partner was assigned one district, and coordination linkages among UNFPA, implementing agencies and WFP were established to implement programmes as planned.

Six three-day RH camps each in five districts were organised. The total number of persons registered in the camps was 10,023 (male 41.1%, female 58.9%). 1,914 women were provided with essential RH; and 156 women were screened for SGBV and received counselling and referral services. A total of 100 persons received HIV/AIDS test and counselling/referral services. Alarmingly, the camps found 9 HIV positive cases out of 34 VCT cases in a camp in Jumla (26.5%), when the national average HIV prevalence rate is 0.5%.

Sixteen different types of Emergency RH kits were also pre-positioned at 35 strategic locations in 13 districts. Similarly, 44 sets of locally assembled RH kits, 2,600 individual kits and seven medical tents were also procured and pre-positioned. The project also covered one more district (Achham), more than what was proposed in the no-cost extension request; because of its vulnerability to disasters that emerged following a landslide.

Reproductive Health Services - Koshi Flood Victims

In August 2008, the eastern embankment was swept away by the Koshi river, the biggest river in Nepal. As a result, about 70,000 people were affected by the flood, with thousands displaced and living in camps. The Government of Nepal (GoN) was unable to sufficiently address the needs of the displaced, who had no access to basic means of livelihoods including health, education, food, transportation, and communication.

UNFPA Nepal intervened in the emergency phase of the floods and was able to provide lifesaving services from CERF funds. Activities included the provision of essential health care including emergency obstetric care, prevention of gender based violence, and prevention of HIV/AIDS transmission. The project began on 1 November 2008 and implementation ended on 30 June 2009, due to the extended nature of displacement after the floods.

The role of the local government officials in leading the clusters at the district level was crucial for the coordinated response, and the medical doctor and protection officer recruited from CERF funds were able to support these local level structures to strengthen the district level coordination. Negotiation and coordination with temporary shelter management teams, local/national NGOs, District Public Health Office (DPHO), Department of Health Services (Family Health Division) and UN Agencies ensured the provision of RH services required in an emergency situation. The lifesaving interventions in the field of reproductive health and gender based violence (GBV) were guided by the SPHERE standards and IASC guidelines on gender and gender based violence (GBV) programming in humanitarian settings.

UNFPA, with other protection cluster partners strongly advocated for the inclusion of necessary GBV prevention activities such as light installation, placing women police in the camp/shelters, capacity building of uniformed (police) personnel through training on GBV/protection, building doors on latrines and ensuring women's participation in camp management committees. CERF funds enabled direct service delivery to vulnerable populations in the areas of health care, GBV screening and HIV prevention.

Two NGOs were contracted to implement the CERF funded programmes. Adventist Development and Relief Agency (ADRA) Nepal, implemented a static and a mobile medical health facility along with a female medical doctor in the IDP camp. Similarly, a local NGO - Kirat Yakthung Chumlung (KYC) - was contracted to identify means for reducing the risk of HIV/AIDS transmission. KYC raised awareness around HIV/AIDS prevention and made special efforts to involve youths aged 10-24 by establishing youth corners, training peer educators and conducting awareness raising activities in Sunsari and Saptari.

Two 45-day mobile camps run by ADRA Nepal ensured that health services reached 6,888 (4669 women (685) and 2219 men (32%)) individuals. One of the major components of the health camps was counselling, and this benefited 1508 persons. 84% were women, who were provided with RH, GBV and psychosocial counselling. As part of a youth focus programme, 16 peer educators (eight male and eight female) were trained and eight youth corners were established to allow for efficient HIV programming. Both implementing partners also conducted various activities such as street dramas, video shows, *miking* (*announcing messages through loudspeakers*) in weekly markets where a large number of people assemble, door to door visits, distribution of IEC materials and health education to raise awareness and disseminate information among the affected people. Through these means, the programme was able to directly reach at least 7,000 people.

CERF activities were complemented by other ongoing protection activities, including the training of police officers on protection including GBV issues and the establishment of protection committees, together with UNICEF, and the placement of women police in several camp sites.

CERF funds enabled the pre-positioning of 16 different types of Emergency RH kits in five strategic locations in the two programme districts and in the referral district (Morang).

The cluster approach was utilized in this response, with good coordination amongst UN agencies, NGOs and district officials. UN staff facilitated cluster meetings, and relevant reporting to the central level, particularly to highlight gaps in humanitarian response. Regular cluster meetings in the field and at national level enhanced information sharing between all actors. This enabled the HCT to address the cross-cutting issues and inter-agency concerns to ensure a common approach. This was particularly important in discussions concerning camp consolidation and returns policies, which are politically sensitive.

III. Results:

Sector / Cluster	CERF project number and title	Amount disbursed from CERF (US$)	Total Project Budget (US$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Food Security	09-WFP-075 "Food Assistance to Vulnerable Populations Affected by Conflict and High Food Prices"	$6,000,000	$169,668,420	302,300 people (146,200 children 151,300 women)	Secure/protect the lives and livelihoods of food-insecure populations most severely affected by the 2008/9 winter and summer droughts	The CERF contribution was used to purchase 4,528 mt of rice for 302,300 people in 16 districts at a critical period. The rice was purchased in India. Assets created during the period of drought assistance include small-scale trails, micro irrigation schemes, storage facilities, water retention ponds, and water mills.	In the midst of severe funding shortfalls and absence of other donations forecasted for the operation in December, the rapid allocation of CERF funds allowed the project to meet needs at a critical period of drought. CERF's contribution allowed for enough flexibility that funds were not earmarked according to specific target groups (other than that the funds be used for drought beneficiaries in need of humanitarian assistance) or other geopolitical interests.	WFP's field monitors and partners collect monitoring/ evaluation data according to a predefined sample, result-based monitoring plan and standardized field check-lists. Data directly submitted to WFP via a web-based monitoring system which allows WFP and NGO counterparts to monitor progress towards set programme targets on a continuous basis. WFP field staff verify data and conduct random, issue-based monitoring visits to the programme sites.	Measures taken on improved work norms, inclusion of women's activities of preference and ensuring greater involvement of women in households' utilization of food compensation. Measures were taken to ensure that women-headed households receive the same amount of entitlements as other beneficiaries and that their protection concerns are addressed. At least half of the representatives of user committees were women.

Nutrition	08-CEF-085 Rapid response for community-based management of acute malnutrition in four most food insecure districts in Mid and Far Western hills and mountains in Nepal"	$607,517	$607,517	2,240 severely malnourished children in the 6-59 months age group	Adequate management of severe acute malnutrition through community based identification, treatment and follow up in 4 food insecure districts Malnutrition cases with medical complications requiring stabilization treated through referral to existing facilities or stabilization centres established in selected hospitals	CMAM intervention initiated in 3 districts and Nutrition Rehabilitation Homes (NRH) in other food insecure districts was supported with therapeutic supplies. Outpatient therapeutic programme (OTP) centres initiated in 33 health posts and inpatient stabilization centres set up in district hospitals significantly increasing access to treatment and care for children suffering from acute malnutrition. As a result, over 1,266 children suffering from severe acute malnutrition have been treated with recovery rates of over 60 per cent and death rates below the SPHERE standards 5 percent threshold being attained. The project was implemented in districts with difficult terrain and this limited access as a result the project attained a lower coverage of severely malnourished children treated than originally planned. Successful partnership with WFP in developing emergency micronutrient powder (MNP) supplementation programme in the most food insecure districts resulted in nearly 10,000 vulnerable children under five receiving MNP supplementation in Dolpa, Jumla and Rolpa districts preventing severe micronutrient deprivation in communities where almost 80 percent of	Rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified avoiding unnecessary mortality and morbidity associated with acute malnutrition.	Regular monitoring and supportive supervision was undertaken through field visits by UNICEF country and regional office staff, MoHP and implementing partner staff in order to ensure efficient service delivery. Standardized supervision checklists were used during monitoring. Feedback was provided to districts during review meetings and corrective actions taken to ensure efficient implementation of activities. Standardized monitoring formats and tally sheets were developed and used in the health facilities to capture gender disaggregated programme data	Children under the age of five suffering from acute malnutrition benefited from this intervention. Programme data suggested greater admission rates for girls e.g. admission rates for girls were about 1.7 times more than those of boys in Bardiya district while in Mugu they are approximately 1.4 times more.

Nutrition						children under-two years are anaemic. Successful implementation of this intervention led to its scale up by WFP to 27 additional food insecure districts using other resources. Support was provided for protection and care for children affected by HIV/AIDS through provision of fortified blended food. 144 MT of fortified blended food was procured and distributed to children affected by HIV/AIDS (CABA). This greatly enhanced the impacts of the nutrition intervention especially in districts with high HIV/AIDS prevalence. As a result of this effort about 1,474 children affected by AIDS (CABA) were provided with supplementary feeding on a regular basis in 2009. Of these children, 1,200 were from Achham district while the remainder was from Sunsari and Syangja. As a result of strong community outreach and early identification of cases with acute malnutrition, less than 10-15 percent of cases admitted had complications. Cases with complications were referred to stabilization centres set up at district hospitals. As a consequence of effective case identification, referral and early treatment the death rate in the programme was less than 5 % (SPHERE standards threshold)			

Nutrition					Adequate supply of therapeutic foods(F75, F100, RUTF) ReSoMal, antibiotics, and other essential drugs to health facility based management of severely malnourished children with medical complications Project performance monitored	The resource capacity of OTPs and stabilization centers initiated in the districts was augmented through procurement and provisioning of Ready to Use Therapeutic Food (RUTF), anthropometric equipment and other essential nutrition and medical supplies. 1,600 cartons (22,080 kg) of Ready to Use Therapeutic Food , 150 kg of F75 and 2,052 kg of F100 therapeutic milk. Moreover, 50,000 packets of emergency multi micronutrient powder supplements were procured and utilized in addressing severe micronutrient deprivation in malnourished children residing in the food insecure districts. Monitoring support was provided on a regular basis to ensure supplies reach the beneficiaries on time and that they were being used appropriately while also providing useful information required for improving service delivery. As a result no supply stock outs were experienced at any of the OTPs and children with acute malnutrition were able to access CMAM treatment service without interruption. Regular monitoring and supportive supervision was undertaken through field visits by UNICEF country and regional office staff, MoHP and implementing partner staff in order to ensure efficient service			

Nutrition					Nutrition rehabilitation treatment, screening, and infant and young child feeding and care counselling capacity build for local partner NGO staff , volunteers and hospital staff. Reduced severe acute malnutrition prevalence in children under-five years of age.	-delivery. As a result recovery rates of over 60 percent and death rates below the SPHERE standards 5 percent threshold were attained Support for education and counselling covering a range of subjects including nutrition, health and hygiene promotion. In Mugu district 1,334 caregivers participated in the educational sessions conducted by partner NGO. In Bardiya district, 3,970 counselling sessions were conducted. In addition, public cooking demonstrations were conducted in 26 locations promoting a balanced family meal and nutritious weaning food to 1006 participating care takers. The education and counselling sessions helped to strengthen local capacities for screening and IYCF support. The CMAM intervention reached over a quarter of targeted children in Mugu while in Bardiya it reached almost all the targeted number of children. The project facilitated building of capacity for effective management of acute malnutrition in these districts which in the longer term will lead to significant reductions in prevalence levels of acute malnutrition. Actual reduction in severe acute malnutrition prevalence could not be ascertained at the time of submission of this report as survey data in some districts was still being analyzed.			

Health and Protection	08-FPA-005 “ Strengthened Delivery of essential and reproductive health, sexual and gender based violence screening and HIV/AIDS awareness ”	$246,708.	$298,530	10,023 direct beneficiaries (4,122 male & 5,901 female)	# of persons registered by camps - 11,250 (2250/camp) # of persons receiving general health services - 8,410 (1682/camp) # of persons provided with essential RH services – 1,866 (311/camp) # of women screened for SGBV receiving counselling and referral services – 78 (13/camp) # of persons provided with diagnostic services by kind of investigations – 468 persons # of women inserted with ring pessary and trained for self insertion of ring pessary – 156 (26/camp)	10,023 (89%) persons registered by camps – male 4,122 (41%), female 5,901(59%) 8,418 (>100%) persons received general health care services 1,914 persons received essential RH services (total 102%; % of women attending the camp - 32.4%) 156 (200%) women screened for SGBV receiving counselling and referral services 889 (190%) persons provided with basic laboratory diagnostic services 45 (29%) women with uterine prolapse inserted with ring pessary and trained for self care 286 women with uterine prolapse identified for surgical service for referral and future care, 4 cases referred for surgery	Rapid response allocation of CERF funds allowed the project begin immediately after the needs were identified.	UNFPA deployed staff from the Country Office and district offices to monitor and backstop camps. Government Regional Health Directorate and District Health Offices also monitored the camps individually and jointly with UNFPA.	Women and girls who benefitted the most from the camps as those were targeted to live saving actions for Reproductive Health. GBV was given due preference and a rational balance of male and female service providers was maintained in all camps.

Health and Protection					# of women by age group and detailed address and contact points listed for surgery for uterine prolapse Proportion of people accessing health services in the mobile camps who had HIV/AIDS test and know the result disaggregated by sex & age RH kits prepositioned Users trained on utilization of RH kits and Minimum Initial Service Package (MISP)	100 people received HIV/AIDS test and counselling/referral services of which 9 were found positive 18 different types of RH kits prepositioned at 35 strategic locations in 13 disaster affected/ prone districts in the country 218 persons were provided orientation at 7 different locations on RH kits and MISP			

Health and Protection	08-FPA-039 "Provision of essential reproductive health care for flood-affected women, men and adolescents in Sunsari and Saptari districts of Nepal"	$228,546.9	$272,000	4678 men + 3000 women = 7678 (4,850 adolescent girls between age 13-18 350 male and female youth of **10-24** yr	Increased utilisation of life-saving and essential health services, particularly reproductive health services; Increased utilisation of screening, counselling and referral services by victims of sexual and gender based violence; Increased utilisation of voluntary counselling and testing services for HIV/AIDS Enhanced awareness on RH, personal hygiene, and sanitation including breast feeding through health education	6,888 individuals served through two events of 45 days of mobile camps – female 4669 (68%) and male 2219 (32%) including 670 (10%) under five children. About 44% (3016) people received general primary health care and the rest received RH services. Total 1034 clients provided with various lab services among them women accounted for 74%. 1,508 clients among whom 84% were women received RH Counselling Services. 39 clients received GBV Counselling. Similarly, 82 adolescents and youths including 72% girls received counselling services on RH, STI and HIV and AIDS. 0.024% of clients, all male, receiving lab services were tested for HIV and knew their result, One case of HIV/AIDS was identified and referred for ART. A total of 174 adolescents (85% female) were referred for VCT and STI treatment. Altogether 6271 (of which 96% were female) clients received health education through various means. In addition to that, 2787 adolescents and youth including 57% girls received HIV/AIDS and STI education 16 peer educators trained and 40 youths including 50% females trained on youth mobilization	Rapid allocation of CERF funds allowed the project begin immediately after the needs were identified.	UNFPA deployed staffs from the Country Office and district offices to monitor and backstop camps. Government Regional Health Directorate and District Health Offices also monitored the services individually and jointly with UNFPA. Also deployed a GBV specialist to conduct monitoring in the field. During all visits groups discussion and interaction with rights holders were done to ensure delivery of quality services. Dist. Disaster Committee also made monitoring visits. A medical doctor and a protection officer, both female, were hired by UNFPA and were based in the field for monitoring, technical backstopping and quality assurance.	Women and girls who benefitted the most from the camps as those were targeted to live saving actions for Reproductive Health. GBV was given due preference. A rational balance of male and female service providers was maintained as service providers. UNFPA's doctor and Protection Officer regularly participated in health cluster meetings and advocated for gender sensitivity in all types of interventions.

Health and Protection					RH Kits pre-positioned in districts Users oriented on utilization of RH kits and Minimum Initial Service Package (MISP)	8 youth information corners established with 13-21 affiliated members in each 28 condom demonstration sessions conducted 16829 condoms distributed 9,000 individual kits and NFRIs distributed Street drama (5), miking in weekly markets (3), video show and distribution of IEC materials done 16 different types of RH kits pre-positioned at 5 strategic locations in including at referral centres 30 persons were provided orientation at on RH kits and MISP			

Food Security and Livelihood	08-FAO-059 ISFP-Support to Improve Access to Agricultural Production Inputs and Support Services in Nepal	$899,998	$899,998	180,000 individual farmers and their family members (30,000 vulnerable small and marginal farm households) of which: 90,000 males (11,028 < 5 years of age) and 90,000 females (11,028 < 5 years of age) 72,000 children < 14 years of age	30,000 vulnerable farming households (180,000 farmers and their family members) possessing landholdings of less than 0.5 Ha protected from the food price shocks. Enhanced food security for 30,000 farm households or about 180,000 people of which 72,000 are children below the age of 14. Increase crop production and productivity of the 30,000 targeted households by 20 percent on average (10% for maize, rice, wheat and pulses and 30% for vegetables)	A total of 6 districts have been selected as target areas in the Western Development Region of Nepal. These are Kapilbastu, Nawalparasi, Gulmi, Myagdi, Parbat and Arghakhanchi. 43.92 MT of maize seeds and 159 MT of paddy seeds distributed in order to support farmers in the hills (16,000 households or 96,000 beneficiaries) and in the low lands (2,000 households or 12,000 beneficiaries) in order to increase food availability and households' food security. Vegetable composite packages consisting of 9 different species distributed in order to assist 30,000 households (180,000 beneficiaries) so as to increase vegetable production by 30% and increase local availability of vegetables. Urea (188.55 MT) and complex (N:P:K:S 377 MT) fertilizers distributed to 30,000 households (180,000 beneficiaries) with the aim of increasing productivity and hence production.	The timely availability of CERF funds allowed to promptly respond to the needs of the farmers in the area bringing double benefits in terms of food security and availability of improved seeds varieties also for subsequent cropping seasons	Close monitoring of the project was achieved through a combined and constant supervision carried out by FAO staff both at district and central levels, the DADOs of the different selected districts and FAO's partner NGOs.	Particular attention envisaged for the support of beneficiaries belonging to ethnic minorities, women headed households and families with a large number of children. Out of the total 186 083 individual beneficiaries, 89 803 were women while out of the total 30 000 households over 50 percent (15 016 HHs) were constituted by disadvantaged groups including 6 537 (21.8%) Dalits and 8 479 (28.3%) Janjatis.

Food Security and Livelihood					Increased availability of vegetable seed kits (to cover 766 Ha), Maize seeds (to cover 9,000 Ha), rice seeds (to cover 6,000 Ha), pulses seeds (cowpea and soybean) and fertilizer kits.	50% (1 1650 MT) of the maize seeds produced were retained by farmers for the next planting season while the remaining 1 650 MT produced were consumed. Estimated total production deriving from the rice seeds distributed under the programme was of 9 250 MT, out of which 25% (2 300 MT) was retained by farmers as seeds for future planting The distribution of fertilizers had a significant impact on production as farmers in the selected VDCs, especially those in remote communities, did not have access to such input due to a combination of inaccessibility to the area and high procurement costs.			

Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded	Date Funds Forwarded
Food Security				
SAPPROS	Food Security	09-WFP-075	US$ 75,841	30 March 2010
World Education	Food Security	09-WFP-075	US$ 40,710	22 Feb 2010
Save the Children	Food Security	09-WFP-075	US$ 243,985	30 Dec 2009
TMI	Food Security	09-WFP-075	US$ 133,897	20 January 2010
DEPROSC	Food Security	09-WFP-075	US$ 131,763	30 Dec 2009
Lumbini Integrated Development Organization (LIDO)	Food Security	08-FAO-059	US$ 5,823	25 May 2009
Kapilvastu Integrated Development Services (KIDs) Project	Food Security	08-FAO-059	US$ 8,994	25 May 2009
Utpidit tatha Janajati Development Council	Food Security	08-FAO-059	US$ 7,486	25 May 2009
Nepal Dalit Utthan Sangha	Food Security	08-FAO-059	US$ 6,959	25 May 2009
Nawa Pravat Yuba Sangh	Food Security	08-FAO-059	US$ 12,180	25 May 2009
Rastriya Janajagaran Abhiyan	Food Security	08-FAO-059	US$ 12,180	25 May 2009
School of Energy and Environmental Development (SEED)	Food Security	08-FAO-059	US$ 4,839	25 May 2009
Environmental Preservation Services for Development (ENPRED)	Food Security	08-FAO-059	US$ 6,215	25 May 2009
Rural Environment and Empowerment Centre	Food Security	08-FAO-059	US$ 6,267	25 May 2009
Hill Resource Development Centre	Food Security	08-FAO-059	US$ 7,611	25 May 2009
Trinetra Community Development Foundation	Food Security	08-FAO-059	US$ 5,388	25 May 2009
Indreni Forum for Social Development	Food Security	08-FAO-059	US$ 7,707	25 May 2009
Nutrition				
Action Contre La Faime (ACF)	Nutrition	08-CEF-085	62,358.65	5 Feb 2009
Concern Worldwide	Nutrition	08-CEF-085	141,117.00	26 May 2009
Health and Protection				
CERF 1: "Strengthened Delivery of essential and reproductive health, sexual and gender based violence screening and HIV/AIDS awareness"				
Manmohan Memorial Hospital	Health and Protection	**08-FPA-005**	11,551.86	24/06/2008
	Health and Protection	**08-FPA-005**	6,465.03	13/10/2008
	Health and Protection	**08-FPA-005**	85.37	13/10/2008
Phect- Nepal	Health and Protection	**08-FPA-005**	19,041.2	03/11/2008
Sagarmatha Health Foundation	Health and Protection	**08- FPA-005**	3,115.5	21/12/2008
	Health and Protection	**08- FPA-005**	13,878.32	06/10/2008
Helping Hand Hospital	Health and Protection	**08-FPA-005**	13,014.04	03/11/2008
	Health and Protection	**08-FPA-005**	3,221.04	16/12/2008
BP Memorial Health Foundation	Health and Protection	**08-FPA-005**	16,876.09	23/10/2008

	Health and Protection	**08-FPA-005**	2,313.98	21/12/2008
CERF 2: "Provision of essential reproductive health care for flood-affected women, men and adolescents in Sunsari and Saptari districts of Nepal"				
Adventist Development and Relief Agency (ADRA)	Health and Protection	**08-FPA-039**	32,438.46	26/11/2008
	Health and Protection	**08-FPA-039**	6,308.59	07/05/2009
	Health and Protection	**08-FPA-039**	14,659.06	07/08/2009
Kirat Yakthung Chumlung (KYC)	Health and Protection	**08-FPA-039**	19,909.5	11/11/2008
	Health and Protection	**08-FPA-039**	4,855.61	14/05/2009
	Health and Protection	**08-FPA-039**	10,748.04	20/05/2009
	Health and Protection	**08-FPA-039**	5,140.27	26/08/2009

Annex 2: Acronyms and Abbreviations

ACF	Action Contre La Faime
ADRA	Adventist Development and Relief Agency
AIDS	Acquired Immuno Deficiency Syndrom
BCC	Behavior Change and Communication
CABA	Children Affected by HIV/AIDS
CBO	Community Based Organization
CERF	Central Emergency Relief Fund
CIVICT	Centre for Victims of Torture
CMAM	Community based Management of Acute Malnutrition
DADO	District Agriculture Development Office
DDRC	District Disaster Relief Committee
DEPROSC	Development Project Service Centre
DHO	District Health Office
EHNWG	Emergency Health and Nutrition Working Group
ENPRED	Environmental Preservation Services for Development
FAO	Food and Agriculture Organization
FCHV	Female Community Health Volunteers
FFA	Food for Assets
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus Acquired Immuno Deficiency Syndrom
ICT	Information Communication Technology
KIDSP	Kapilvastu Integrated Development Services (s) Project
KYC	Kirat Yakthung Chumlung
LIDO	Lumbini Integrated Development Organization
MISP	Minimum Initial Service Package
MNP	Micro-nutrient Powder
MoHP	Ministry of Health and Population
NGO:	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
OTP	Outpatient Therapeutic Programme
RH	Reproductive Health
RTI	Respiratory Tract Infection
RUTF	Ready to Use Therapeutic Food
SAPPROS	Support for Poor Producers of Nepal
SEED	School of Energy and Environmental Development
STI	Sexually Transmitted Infection
TMI	The Mountain Institute
TOT	Training of Trainers
UFE	Under-Funded Emergency
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
VCT	Voluntary Counseling and Testing
WDO	Women's Development Office(r)
WFP	World Food Programme
WHO	World Health Organisation