A SOUND HUMANITARIAN INVESTMENT

RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS NEPAL

RESIDENT/HUMANITARIAN COORDINATOR	Mr. Terence D. Jones

PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012[1]

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US$)		
Breakdown of total response funding received by source	CERF	4,997,385
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	0
	OTHER (Bilateral/Multilateral)	13,666,999
	TOTAL	18,664,384
Breakdown of CERF funds received by window and emergency	**Underfunded Emergencies**	
	First Round	4,997,385
	Second Round	0

II. REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please confirm that the 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 ☐

b. 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, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The CERF report was developed in close consultation with all recipient agencies and the draft was shared with them for their review and comments. It was shared with the cluster coordinators and was discussed at HCT Operational meeting. All the comments from the recipient agencies and the cluster coordinators were incorporated and the final version was shared with the Humanitarian Country Team, implementing partners and the relevant government counterparts.

[1] Does not include late 2011 allocation.

PART 2: CERF EMERGENCY RESPONSE – MULTIPLE EMERGENCIES (UNDERFUNDED ROUND I2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response:		**18,664,384**
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	4,997,385
	OTHER (Bilateral/Multilateral)	13,666,999
	TOTAL	18,664,384

TABLE 2: CERF EMERGENCY FUNDING BY AGENCY (US$)			
Allocation 1 – Date of Official Submission: 23 February 2012			
Agency	**Project Code**	**Cluster/Sector**	**Amount**
FAO	12-FAO-010	Agriculture	796.886
UNICEF	12-CEF-013-A	Health-Nutrition	1,019,762
UNICEF	12-CEF-013-B	Water and Sanitation	472,141
WFP	12-WFP-017	Food	2,199,999
WHO	12-WHO-014	Health	297,353
UN-HABITAT	12-HAB-001	Water and Sanitation	211,244
Sub-total CERF Allocation			**4,997,385**
TOTAL			**4,997,385**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of Implementation Modality	**Amount**
Direct UN agencies/IOM implementation	1,088,726
Funds forwarded to NGOs for implementation	3,169,007
Funds forwarded to government partners	739,652
TOTAL	4,997,385

In Nepal, some parts of the country continued to face silent humanitarian crisis particularly in the area of food security and nutrition. Information from WFP's Food Security Monitoring and Analysis System reveals that 3.5 million people in the country are facing food insecurity. Unavailability of food at the household level is an acute problem in most of the Mid-West and Far-West districts of the country and this has been compounded by natural events (particularly heavy storms and landslides) which have had a severe impact on agricultural production in these regions.

Acute malnutrition among children under-five is a silent emergency and it is a protracted problem in Nepal. Wasting, which is a manifestation of acute malnutrition, has remained relatively high over the last decade; it was estimated at 11 per cent in 2001, 13 per cent in 2006, and 11 per cent in 2011.[2] As per the WHO criteria, acute malnutrition is at a critical level affecting 385,000 children under five years. These factors multiply occurrences of widespread epidemics (mainly diarrhoea), due to body weaknesses, with a corollary amplified mortality and morbidity rate in the most affected areas, further aggravating the dimension of the humanitarian crisis. Recent WHO estimates have shown that mortality among children with severe acute malnutrition (SAM) is 5 to 20 times higher compared to well-nourished children.[3] As per the latest data available (DHS, 2011), 2.6 per cent or 91,000 under-five year old children in Nepal are suffering from severe acute malnutrition. Most of these affected children are found in the flood-prone districts of the western and central Tarai and the drought affected Far and Mid-western mountains and hills. These children are not likely to survive, unless they are identified and treated in a timely and effective manner. UNICEF, WHO and UN Habitat in partnership with other national stakeholders represented in the nutrition, health and water, sanitation and hygiene (WASH) sectors supported the GoN to manage severe acute malnutrition and infections in children (especially diarrhoea) through an integrated approach, using Community Management of Acute Malnutrition (CMAM) as an entry point.

Diseases related to WASH promotion accounts for about 80 per cent of the total disease burden in Nepal[4]. About 40 per cent of the population is still living without basic sanitation facilities[5]. With low coverage and use of latrines, open defecation is widespread, exposing large numbers of people to pathogenic organisms found in human waste and increasing their vulnerability to debilitating and fatal diseases and subsequent death. Lack of adequate toilets and waste disposal facilities in schools and health facilities maintains a high risk of spreading diseases.

Considering those vulnerabilities and critical conditions, CERF funded actions were designed for "Priority Action for Lifesaving Response" through Integrated Nutrition, WASH and Health Interventions jointly by Nutrition, Health and WASH clusters in order to address the issues of acute malnutrition with special focus to severe acute malnutrition in 10 high burden districts. The joint project of UNICEF, UNHABITAT and WHO covered essential lifesaving commodities and related lifesaving health and nutrition support for the treatment of children with Severe Acute Malnutrition (SAM) in six high priority CMAM districts namely Jumla of mid-western region, Kapilvastu of Western Region, Dhanusha and Sarlahi of Central Region and Saptari and Okhaldhunga of Eastern Region, as well as five previous CMAM districts of Achham and Kanchanpur of Far Western Region, Bardiya, Mugu and Jajarkot of Mid Western Region.

II. FOCUS AREAS AND PRIORITIZATION

The different need assessments conducted in the recent past revealed a number of findings relating to causes of humanitarian crisis. One immediate conclusion was that the drought in the hill districts of Western Nepal was not the only cause for the widespread food shortages; erratic rainfall; landslides and storms also contributed to low agricultural production during the 2011/12 cropping season. The unavailability of food at the household level is an acute problem in most of the hills and mountain districts located in Karnali-Bheri-Rapti regions of the country where acute food shortages persist in 63 per cent of households.

In 2009 Nepal faced a large scale diarrhoea outbreak in Mid- and Far-Western districts that resulted in 59,000 cases and almost 400 related deaths. The immediate WASH interventions in these districts made a significant contribution to control the outbreaks. However, the longer term underlying causes of severe malnutrition in children were not addressed which further affected children's access to diarrheal treatment to enhance their survival.

Epidemiology and Disease Control Division (EDCD) of the Ministry of Health and Population (MoHP) has classified the on-going five Community Management of Acute Malnutrition (CMAM) districts namely Achham, Kanchanpur, Mugu, Bardiya and Jajarkot and the new high burden districts (Jumla, Kapilvastu, Sarlahi, Dhanusha and Saptari), as critical for diarrhoea outbreaks.[6] The affected children in these districts are facing high risks of morbidity and fatality associated with acute malnutrition.

WFP's Protracted Relief and Recovery Operation (PRRO) covering the years 2011 and 2012 was designed to provide critical relief food assistance to approximately 1,200,000 vulnerable people in the Mid- and Far-Western Hill and Mountain districts of Nepal. CERF funding was used for PRRO to safeguard the lives of communities suffering from acute food-insecurity as a result of soaring food prices compounded by recurring natural disasters in Bajura, Mugu and Kalikot districts of the Karnali-Bheri-Rapti regions. Assistance focused on vulnerable households suffering from severe food insecurity measured through food sufficiency status, access to income and vulnerability to recurring natural disasters.

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[2] Nepal Demographic and Health Survey (NDHS) 2001, 2006, and 2011.
[3] WHO, 2007, 'Community-based Management of Severe Acute Malnutrition: A joint statement of the World Health Organization, World Food Programme, United Nation System Standing Committee on Nutrition and United Nations Children's Fund', Geneva, World Health Organization
[4] NDHS Report 2011
[5] Census Report 2011
[6] Epidemiology and Disease Control Division 2011 has classified that the proposed 10 districts for CERF are high disease burden especially diarrhoea diseases

III. CERF PROCESS

The prioritization process on the allocation of these CERF funds were completed in consultation with the Government and Humanitarian Country Team. It took into account each agency's on-ground capacity, presence in the target area, alternative source of funding, food security status and needs of most affected households as well as the districts' cropping calendar. WFP and FAO as cluster leads for Food Security, and UNICEF as cluster lead for Nutrition and WASH liaised with partner agencies to develop appropriate projects and programmes. Each selected cluster targeted life-saving needs for the people of Nepal, covering immediate food assistance, urgent food production, and the provision of supplementary and therapeutic feeding to children living in acutely malnourished districts. Other criteria for selecting districts included: high prevalence of Global Acute Malnutrition (more than 10 per cent)[7]based on the DHS 2011 report with aggravating factors such as the high burden of recurrent floods and diarrhoeal diseases; high burden of food insecurity in the mountain districts; stabilisation capacity (hospital infrastructure) and capacity of the implementing partners (district public health offices) in the districts. Also, the process of prioritization of the geographical area was carried out through a series of consultations between agencies.

Information about the CERF grant, application process and relevant guidelines were shared with humanitarian actors including heads of agencies and clusters coordinators; and consultations made by cluster leads within the clusters to identify the lifesaving projects in line with the lifesaving criteria. Priority to have a joint intervention of WASH, Health and Nutrition was based on consultations among IASC clusters and key Government line agencies, such as Department of Health Services and Department of Water Supply and Sewerage, including its District Offices and sector Coordination Committees. Agencies utilized their on-going standby agreements with their implementing partners such as Oxfam and Nepal Red Cross Society who were conducting humanitarian and development activities in various districts of Nepal.

Gender was taken into account throughout the project cycle. During assessment, gender disaggregated information was collected and while selecting the staff gender balance was taken into consideration. Special attention was paid to the hygiene needs of girls and young women including basic facilities for menstrual hygiene and also easy access for latrines for delivering mothers. Similarly, at the local level for resource mobilization and decision making, women's participation was encouraged to the maximum. Livelihoods and Assets creation activities such as kitchen gardening, agricultural extension and crop production activities were specifically tailored to address women's needs. Social protection measures were also put in place for marginalized groups including vulnerable female groups such as pregnant women, the elderly and/or disabled, etc.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 402,202				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Agriculture	44790	43650	88440
	Nutrition	42804	32508	75312
	Water and Sanitation	57399	37690	95089
	Food	17422	16782	34160
	Health	62066	47135	109201

The number of beneficiaries was chosen following extensive consultations at the Ministry and at District level GoN counterparts. Following approval of the project, follow-up meetings were held with District Disaster Relief Committees (DDRCs) in each district to decide on the precise beneficiary selection criteria. Implementing partners assisted agencies to conduct baseline surveys where necessary.

For food assistance, WFP estimated and targeted the number of beneficiaries in cooperation with WFP Food Security Monitoring and Analysis Unit, District Food Security Network (DFSN), District Development Committee (DDC). With this data, the most food insecure areas were prioritized for assistance using indicators related to food access, food availability, food utilization, hazards, out-migration, coping strategies and civil security. The prioritized areas were further classified and clustered based on number of populations coping with severe, high and moderate food insecurity in consultation with local stakeholders and local communities. CERF contributions were utilized

[7] WHO crisis threshold

to address the need of targeted beneficiaries that fell under the category of high and severe food insecurity. Similarly, for health and nutrition interventions, the figures from Nepal Demographic and Health Survey reports 2001, 2006, and 2011 were used towards estimating the affected individuals.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	114,988	105,016
Male	67,910	92,940
Total individuals (Female and male)	213,862	197,956
Of total, children under 5	129,818	80,623

CERF Results

The CERF funding supported joint implementation of lifesaving nutrition, WASH and health interventions in 11 nutritionally deficient districts of Nepal. The CERF funded activities related to nutrition were implemented by the Child Health Division (CHD) of the MoHP with the support of NGO partners.

A total of 6,136 children (3,437 girls and 2,699 boys) aged 5-59 months suffering from SAM without medical complications were identified and admitted in the Outpatient Therapeutic Programme (OTP) in all priority districts and treated as per the CMAM treatment protocol. Furthermore, 97 children suffering from acute malnutrition with medical complications were admitted in the facility stabilization centres and treated as per the WHO defined treatment protocol. The caretakers of 24,822 children under five years suffering from moderate acute malnutrition (MAM) were provided with community-based counselling services.

The capacity of 3,618 health workers and volunteers to identify SAM and GAM early through community screening and mobilization, with referral for the appropriate treatment has been developed in all the six new high burden districts. Similarly, the CMAM capacity of 3,558 health workers and volunteers was strengthened through refresher training in five previous districts as well.

CERF funds helped establish 73 OTPs and 8 Stabilization Centres (SCs) in six new high burden districts and provided an opportunity to continue to strengthen 76 OTPs and 6 SCs in the previous five districts.

During the project implementation period WASH facilities were provided in 87 OTPs/SCs in 5 high burden districts (Saptari, Sarlahi, Dhanusa, Kapilvastu and Bardiya). This includes ensuring availability of safe water supply, sanitation facilities, and hand washing facilities together with regular operation and maintenance to cater the needs of children and women of the vulnerable population. Altogether, 5200 Female Community Health Volunteers (FCHV) trained on household level WASH promotion together with Nutrition counselling. In addition, 286 DPHO staffs, 97 Local NGO staff and 175 national and district stakeholders were oriented on the linkage between WASH, Nutrition and Health interventions, which have been further strengthened to improve coordination among the three sectors. Furthermore, the counselling sessions (1433 sessions) by FCHVs and health workers to mothers and caretakers of malnourished children, through interaction and demonstration of WASH behaviours has enhanced their knowledge and skills on hand washing with soap, safe disposal of faeces and drinking water treatment.

During the project implementation period, a total of 6,100 highly food insecure households in Bajura, Mugu and Kalikot districts were provided with humanitarian relief food assistance for three months. WFP was able to reach the planned beneficiaries and able to achieve almost all planned activities as per the CERF proposal plan. In some instances WFP exceeded the expectations of planned assets construction outputs. The funds covered 10 per cent[8]of PRRO's total needs in the Mid- and Far-Western Hill and Mountain districts of Nepal for 2012. The fund helped to address the food security needs of subsistence farmers which could not be possible only with WFP's annual budget. Through CERF funding, 34,160 beneficiaries received 1,636 MT of food commodity (rice 1,455 MT; pulse 182 MT). All children under 5 in each targeted household benefited from the daily rations provided.

The intervention allowed immediate access to food to the selected vulnerable households, as provision of food is given to participating beneficiaries to compensate for the performed work[9].This approach ensured fulfilling the immediate food gaps (short-term), while also

[8] Out of 20.5 million 2012, CERF filled gap by 2.1 million

[9]The work included: agricultural production activities (agricultural land improvement, demonstration kitchen gardens, river bank protection, micro hydro, surface irrigation, community ponds, plantation, seed multiplication, etc.), construction of public infrastructure (roads and trails), and assets related to water resources (drinking water, water harvesting, water source improvement).

contributing to strengthening resilience (medium, long term). The participants received 4kg of rice and 0.5kg of pulses per day of work and contributed to the creation of protective and productive community assets.

In the case of Agriculture, due to the CERF funded project interventions, 16,000 benefitting households increased their nutritional intake through the consumption of crops grown, and in some cases improved household income by selling a modest surplus as the improved seeds give 15-20 per cent more yield than usual. Therefore, the effect of the intervention has been both an immediate alleviation of food insecurity and a longer-term improvement in the food security and resilience of the target group.

CERF Value Added

The CERF funds were catalytic to generate the additional necessary resources to address the issues of acute malnutrition in Nepal, especially among the most affected districts. For example: the MoHP, UNICEF and Action Contre La Faim (ACF France) among other international partners allocated additional funds and human resources for the early identification and management of acute malnutrition in children across all the priority districts. As a result, the CERF funds have contributed to save the lives of some 6,136 SAM children (approx. 20 per cent of SAM) and 97 SAM with medical complications through the comprehensive CMAM services – including the use of RUTF and essential medications in the OTPs and SCs.

The CERF funds also brought Nutrition, WASH and Health clusters together to launch a lifesaving response through integrated Nutrition, WASH and Health Priority Interventions across the 11 high burden districts. It would not have been possible to expand the CMAM programme in additional six priority districts without CERF funding allocation to Nepal. The CMAM programme was piloted in five districts as of 2009 (in 3 districts) and as of 2010 (in additional 2 districts). The pilot programme was evaluated in 2011/2012. The CMAM evaluation findings and recommendations served as an input to the GoN's policy decision to further strengthen and expand the CMAM programme in the 6 high priority districts. The CERF allocation made to the target districts enhanced their capacity in Facility-based Health and Nutrition Interventions in Emergencies and developed a training manual on 'Treatment guidelines on facility-based health and nutrition related life-saving interventions including inpatient care of acutely malnourished children with medical complications' and the training manual was used to train four member team in each districts by the experts supported through CERF. The training manual was translated into Nepali and the same was utilized for district level training to the health care workers based in district hospitals, primary health care centres, health posts, sub-health posts.

Without the CERF intervention, the food-insecure rural households would have faced further impoverishment and marginalisation. CERF funding enabled Food and Agriculture Organization's (FAO's) partners to respond to this critical situation, and in so doing strengthened their technical and managerial capacities. It also established new channels of coordination and communication between the local NGOs and the government counterparts. Overall the CERF funds filled the gap in the on-going WASH Humanitarian Capacity Building Programme of UNICEF and CMAM programme of UNICEF and MoHP. The joint project brought an understanding of the linkage of malnutrition with WASH at scale among the responders and helped to increase their capacity/skills to conduct joint counselling for malnutrition and WASH. Beneficiaries can now link malnutrition and waterborne diseases and have essential knowledge and practices to prevent transmission of waterborne diseases and malnutrition.

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

YES ☒ PARTIALLY ☐ NO ☐

Timely delivery of high-quality improved seeds to the intended beneficiaries resulted in timely sowing of crops and a subsequent increase in crop production, which made a substantial contribution to food and nutritional security of the affected population.

CERF funds were rapidly released to target gaps in funding for targeted beneficiaries identified in the PRRO planning phase. The funding therefore enabled the timely completion of PRRO's yearly cycle which had been designed to address the immediate, short-term food needs of vulnerable populations and support their recovery from multiple shocks.

The CERF funds led to a fast delivery of assistance to the beneficiaries through availability of life-saving drugs/medicines and life-saving interventions provided by the CERF trained health care workers at various health facilities in target districts. The CERF contributed to the establishment of a four-member trained team on health and nutrition life-saving interventions, in each target district. Similarly, CERF helped ensure adequate budget for supporting integrated nutrition, health and WASH to further enhance survival of children in the high burden districts due to severe acute malnutrition and childhood illnesses, especially diarrhoea.

b) Did CERF funds help respond to time critical needs[10]?

YES ☒ PARTIALLY ☐ NO ☐

[10] *Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust* control)

Because of natural disasters of previous years, poor and marginalized households who were facing time critical need for seeds. CERF allocation greatly helped support those affected households, reliant on agriculture for livelihood, received seeds on time.

The CERF funds ensured early identification of acute malnutrition with referral for the appropriate and effective treatment, thereby saving lives of the affected children in priority districts. The CERF support helped provide the necessary Ready to Use Therapeutic Food (RUTF) and essential medications as part of the comprehensive CMAM programme in six nutritionally high burden districts and supported to maintain capacity of grass root level health workers and Community Health and WASH Volunteers.

The demonstration on use of water purifier and soap for hand washing and use of oral rehydration solution (ORS) along with key hygiene messages was done effectively during the rainy season when the incidence of diarrhoea and other water borne diseases was frequent. CERF funding provided highly effective and immediate support by rehabilitating and constructing essential food security related infrastructures such as drinking water systems and agricultural infrastructures.

The CERF funds helped in responding to critical need on time, since the morbidity and mortality due to diarrheal disease cases including cholera through intervention by Oral Rehydration Therapy/Zinc. Malnourished children were treated with Vitamin A Deficiency, especially those who were diagnosed with Measles; and the cases with Micronutrient Deficiencies (MND) especially iodine, vitamin A and iron among children and adults.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

The CERF fund certainly helped improve resource mobilization from other sources. For example: Ministry of Agriculture Development (MoAD) allocated additional relief funding of NRP 1,400,000 (approx. US$16,500) to the affected districts to purchase seeds for the affected households. To supplement the CERF funding support, UNICEF in collaboration with ACF France and the MoHP mobilized additional resources to support implementation of the comprehensive CMAM programme in the identified high burden districts. The main sources of the additional funding were the European Union, UNICEF's regular resources, ACF France's regular resources, and MoHP government funds. Other resources along with CERF funds were used to undertake district level CMAM training, regular follow-up and monitoring, refresher training of health workers and volunteers, and transportation of ready to use therapeutic food and other nutrition commodities. Similarly, GoN involvement and collaboration with NGO partners resulted in a substantial increase of financial and material contributions in WFP-supported activities, especially in terms of complementary non-food items.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

The CERF allocation provided an avenue for the government and humanitarian partners to prioritize the humanitarian need of the country. It allowed implementing agencies continued partnerships with a diverse range of stakeholders. The coordination between different stakeholders, government and community based organizations also helped meet the needs of the most vulnerable during the project implementation period. The government and NGO partners were effectively involved in all stages of the planning, implementation and monitoring the projects.

CERF helped improve inter-cluster coordination mechanism among the humanitarian actors involved in the Nutrition, WASH and Health clusters at the national and district levels. Moreover, strong coordination and linkages were established with the regional health directorates, MoHP and other national level government structures that are key responsible for nutrition response during humanitarian crisis in the country. CERF Project implemented jointly by UNICEF, UN-Habitat and WHO in partnership with Government of Nepal have made joint efforts in integrated Nutrition, WASH and Health intervention to manage severe acute malnutrition and infections in children has been landmark intervention. Likewise, in the case of Food Security and Agriculture, frequent consultative meetings at local and national level were coupled with involving governmental stakeholders at all stages of the planning and implementation process, ensuring committed buy-in from partners and creating channels or coordination and communication which should facilitate future interventions as well. This had been exemplary initiation of collaboration among various sector for one goal.

V. LESSONS LEARNED

TABLE 6:OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
The CERF funding was instrumental in saving lives of children suffering from SAM who face a 5-20 times greater chance of mortality as compared to well-nourished children. Therefore, it is critical for CERF to provide focused attention to countries like Nepal that have a relatively high burden of SAM children due to protracted aggravating factors – including persistent severe food insecurity and disease epidemics	Management of SAM should be considered as a high priority survival issue in children of Nepal. Due to limited government capacity to respond in a timely and effective manner, and the heightened risk of mortality and morbidity among children suffering from SAM and related medical complications, CERF funds can help to provide essential humanitarian support to save the lives of the affected children.	UNCT, OCHA, CERF secretariat
CERF provided opportunities to bring together not only the humanitarian actors across three IASC clusters – Nutrition, WASH and Health - but also strengthened coordination between the GoN, development agencies and NGOs to address the humanitarian issue of acute malnutrition in children of Nepal.	CERF funds should help strengthen inter-sector cluster coordination mechanisms and to support addressing humanitarian situations through a multi-sector and integrated approach for a more effective results and efficient use of existing resources. The CERF application should be through multi-sector and multi-stakeholders involvement. CERF can also help address the on-going silent emergency in Nepal – including both visible and invisible humanitarian issues e.g. acute malnutrition and severe micro-nutrient deficiency disorders.	OCHA, UNHCT, CERF secretariat
Government entities involved in the monitoring and evaluation of the project progress ensures sustainability.	Involvement of Government entities in project monitoring and evaluation should be made mandatory in the CERF implementation process.	Implementing UN agencies at country level
CERF fundedproject in which UNICEF, UN-Habitat and WHO in partnership with Government of Nepal have made joint efforts in integrated Nutrition, WASH and Health intervention to manage severe acute malnutrition and infections in children has been landmark intervention.	Strong inter and intra sector collaboration for integrated interventions for concrete results.	Clusters and IASC

TABLE 7:OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
Emergency seed procurement may face availability constraints, often caused by the same conditions (e.g. floods, drought) which lead to the necessity of emergency seed distribution.	Conduct market assessment of the availability of seeds as soon as possible in future projects.	FAO Nepal
Time-critical agricultural interventions are constrained by the cropping calendar, which may not always match with the CERF calendar.	Ensure that selected varieties are selected realistically taking into consideration the time needed to procure, test and distribute them. In this case, summer rice (planted in May) was an unrealistic choice of crop for a project where funds were released in April.	FAO Nepal
Cultivating public ownership of the project (DDRC at district level and MoAD from the centre) leads to smooth implementation and easy problem-solving.	Maintain high levels of consultation and coordination with key government authorities at all stages of the project.	FAO Nepal, UNCT
CERF funds have added value in additional six priority districts, with hundreds of health workers and volunteers being trained on providing CMAM to SAM and MAM children services.	Maintain and further strengthen capacity in these priority districts by applying the revised national Integrated Management of Acute Malnutrition (IMAM) guideline by using the revised training packages, management/treatment protocol and training materials as part of emergency preparedness activities.	MoHP, UNICEF and other nutrition cluster partners
It is always good in terms of cost saving if programmes are implemented jointly in an organized way. Integration of WASH with CMAM was one of the major achievements in this period to leverage other resources and capacitate stakeholders to address aggravating factors concerning acute malnutrition.	Joint programming needs flexibility as the programs of individual sector have different timings and working modalities. Even though lifesaving interventions are critical and plans are set, such interventions also need to consider current capacities of the district government and partners for sustainability.	All involved parties
CHD/MoHP made an exceptional approval to accept CERF funding at the last minute of the deadline due to complex Governments administrative procedures (REDBOOK).	At the time of development of CERF proposal it is suggested to consider the government administrative procedures for timely approval.	WHO and UNICEF
Strengthening of district level and national level capacities in WASH is critical to ensure a quick emergency response in areas with recurrence of diarrhoea/cholera outbreaks.	Conduct capacity-building activities on effective management of WASH issues in districts prone to epidemics of diarrhoeal disease.	MoUD, DWSS, UNICEF and other WASH cluster members

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	FAO	5. CERF Grant Period:	16 April - 31 December 2012
2. CERF project code:	12-FAO-010	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Agriculture		☒ Concluded
4. Project Title:	Urgent assistance to Severely Food Insecure Rural Households in Karnali-Bheri-RaptiRegions of Nepal		

7. Funding		
	a. Total project budget:	US$ 1,165,178
	b. Total funding received for the project:	US$ 365,178
	c. Amount received from CERF:	US$ 796,886

RESULTS

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	35500	44,790	As mentioned above, the number of households targeted increased from 15,000 to 16,000 following beneficiary survey work, while the release of new census data showed that each household included a higher number of individuals and a different gender and age composition.
b. Male	35000	43,650	
c. Total individuals (female + male):	70500	88,440	
d. Of total, children under 5	15000	12,595	

9. Original project objective from approved CERF proposal

The project's objective was to provide immediate relief assistance to reduce hunger, enhance the food and nutritional security of the targeted vulnerable subsistence farming families of the project districts by restoring the production capacity through the provision of the critical inputs.

10. Original expected outcomes from approved CERF proposal

- A total 15,000 households consisting of approximately 70,500 individuals (or an average of 4.7 members per households) would undertake agricultural activities that directly improve their food, nutrient and livelihood security;
- 1,800 ha of rice would be planted and cropped and at least 4,815 mt (2.7 mt/per ha) of paddy would be produced by 10,000 small and marginal farmers in the summer season (May-September);
- 1,500 ha of winter wheat would be planted in order for 15,000 marginal farmers to produce at least 3,234 mt (2.16 mt/ha) during the winter season (October-March);
- 15,000 vegetable gardens would be planted, rapidly providing essential vitamins and minerals while delivering improved food security to 15,000 households;
- Multiplier effects: Once the improved seeds and related agronomic information were promoted within the project households, it was expected that improvements would also be felt in subsequent cropping seasons. Indirect beneficiaries would also benefit from improvements in their crop production through sharing of improved seeds varieties and related technical

knowledge.

11. Actual outcomes achieved with CERF funds

- 16,000 households consisting of 88,440 individuals have had access to 192.32 mt of improved seeds (maize 96 mt, wheat 88 mt, vegetable 8.32 mt) that directly improved their food, nutrient and livelihood security.
- 733 ha of wheat were been planted by the 16,000 small and marginal farmers, which yield 1,584 mt of wheat.
- 16,000 rural households have planted kitchen gardens with vegetables.
- Fresh vegetable consumption by local rural beneficiaries has increased resulting in enhanced nutritional (vitamins, minerals, protein) uptake.
- 4,800 ha of land is brought under improved maize cultivation by 16,000 households, yielding 10,560 mt of maize grain.
- Targeted beneficiaries reported that seeds and training were delivered on time, and the performance of crops so far has been good. Beneficiary farmers expressed their intention to save seeds for the successive season to enhance production.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

- The actual numbers of disaster affected households was more than that of projection.
- Rice seed could not be supported as per project plan since project implementation timing did not meet the cropping season (for the targeted hilly regions) in Nepal. When planned in early to mid-February it was thought that it would be possible to procure and distribute rice by the planting deadline in late May, but the project's planners underestimated when they could start implementing the activities. By the time that funds were disbursed on April 16th, it was at least three weeks too late to procure, test and deliver seeds to beneficiaries in the most remote locations. This is a lesson highlighted in Table 7 above.
- Due to reduced availability of sufficient quantities of the recommended variety of high-quality wheat seed, the target area under wheat was reduced. This was due to heavy rain in the eastern region - the main area of seed production – which damaged the seeds, and a refusal by FAO to distribute inferior quality seeds. This resulted in unused funds being returned to the CERF at the end of the project, and is another lesson learned for future similar interventions.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):

In project design a total of 35,500 female beneficiaries were targeted and during the course of implementation 44,790 women benefitted from the project. However, it was not an explicit goal of the project to target a particular gender or to enhance gender equality.

14. M&E: Has this project been evaluated?	YES ☐NO☒

The project has not yet been formally evaluated, but it is intended to assess the impact of the intervention in late 2013 with respect to baseline status. Forms have already been distributed to NGO and public-sector partners, and they have started providing feedback on yields, impacts, farmers' preceptions and challenges. Additionally, in the course of implementation, ongoing monitoring was carried out by District Coordinators, IPs, DDRC, DADO and FAO.

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	Start Date: 16 April -31 December 2012
2. CERF project code:	UNICEF (Nutrition)12-CEF-013-A	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Nutrition		☒ Concluded
4. Project Title:	Priority Action for Lifesaving Response through Integrated Nutrition, WASH and Health Interventions – Nepal, 2012		

7. Funding		
	a. Total project budget:	US$ 1,819,762
	b. Total funding received for the project:	US$ 1,366,895
	c. Amount received from CERF:	US$ 1,019,762

RESULTS

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	42,804	17,477	The total planned beneficiaries are those to be managed by the CERF project. Due to delays in finalizing the training materials, it was difficult to complete the project and initiate management of SAM and MAM children. However, all the planned activities have been fully implemented. Therefore within one year of starting the project, all the targeted beneficiaries will be reached as planned and all the target beneficiaries are under five years.
b. Male	32,508	13,709	
c. Total individuals (female + male):	75,312	31,186	
d. Of total, children under 5	*75,312*	31,186	

9. Original project objective from approved CERF proposal

"To save lives of some 72,000 under five children affected with global acute malnutrition in 10 high burden districts with above the WHO criteria of 10 per cent GAM threshold; and reduce diarrhoea incidence and associated mortality in 5 out of these 10 priority districts".

10. Original expected outcomes from approved CERF proposal

- All children suffering from SAM are timely identified through community based screening mechanism and referred to the nearest OTP centres by FCHVs and community health workers; and managed them with RUTF and essential medicines as per SPHERE standard.
- All identified children suffering from acute malnutrition with medical complications are referred to the stabilisation centres located in the hospitals of all CMAM districts and treated as per the WHO defined treatment protocol; the identified SAM children without complications are referred for treatment in the OTPs of all CMAM districts as per the treatment protocol.
- RUTF, F100F75, ReSoMal, antibiotics and other essential drugs are timely available at stabilization centres for facility based management of GAM children with medical complications, and SAM children without complications.
- Parents and care takers of the children suffering from MAM are able to prevent their children from deteriorating further into SAM through community and facility based counselling on IYCF, care, WASH and health counselling services and to enhance their capacity to recover MAM children to normal nutrition status.

- Issues, difficulties and positive trends of implemented activities are identified through periodic integrated onsite monitoring CMAM project (with WASH and health) and developed action plan to improve the quality outcomes.
- Health workers, FCHVs and NGOs are able to undertake screening and early identification of SAM, nutrition rehabilitation treatment of SAM, Infant and Young Child Feeding, care and WASH counselling services.
- Prevalence of SAM and MAM among under-five children is reduced in particular among high risk groups including female headed households, poor and food insecure, Dalits and other vulnerable groups.
- Parents, family members and community peoples' capacity is enhanced on Infant and IYCF and care patterns, including hygiene and sanitation, through effective community outreach in all 11 districts.
- Nutrition, WASH and health cluster coordination mechanisms are established and strengthened in 11 project districts in order to respond to humanitarian needs in a timely and appropriate manner.

11. Actual outcomes achieved with CERF funds

Overall outcomes:

6,136 children (2,699 boys) aged 5-59 months suffering from SAM without medical complications were identified and admitted in the Outpatient Therapeutic Programme (OTP) centres in all CMAM districts and treated as per the CMAM treatment protocol. The management of SAM is performing very well. The recovery rate: 89%, defaulter rate: 9%, death rate: 0.44% which are outstanding compared with SPHERE minimum standard (recovery rate: >75%, defaulter rate :< 15% and death rate <10%). Similarly, 97 children suffering from acute malnutrition with medical complications were admitted in the medical stabilization centres and treated as per the WHO defined treatment protocol and all admitted children were recovered in all SCs.

The specific outcomes:

- 97 children suffering from acute malnutrition with medical complications were referred to the stabilisation centres located in the hospitals in CMAM districts and treated as per the WHO defined treatment protocol.
- The care takers of 24,822 children under five years age suffering from MAM were provided community-based counselling services on IYCF, health and WASH prevent their children from deteriorating further into SAM and enhanced their capacity to recover MAM children to normal nutrition status.
- Developed capacity of 3,618 health workers in five targeted districts and the training for remaining volunteers is still on-going. The training of Female Community Health Volunteers and Mother Groups will be completed by March 2013 by using other resources.
- The capacity of 3,050 FCHVs and 508 health workers were updated with refresher trainings on CMAM integrated with IYCF counselling for providing IYCF/CMAM services in ongoing five pilot districts.
- On-going capacity building training for health workers and volunteers was provided for the subsequent capacity building of parents, family members and community people on Infant and IYCF and care patterns, including hygiene and sanitation, through effective community outreach in all 11 districts.
- Established nutrition, WASH and health cluster coordination mechanism and the process of strengthening is on-going in 10 project districts in order to respond humanitarian needs in a timely and appropriate manner.
- Altogether, 73 OTPs and 8 SCs are being established and initiated treatment services to the SAM children and SAM with medically complicated children respectively in new 6 districts. Altogether, 149 OTPs (76 in old pilot districts) and 14 SCs (6 in old pilot districts) are providing the treatment services for SAM and SAM with medical complications.
- All necessary CMAM supplies such as RUTF, F100F75, ReSoMal, antibiotics and other essential drugs are available at OTPs and SCs in all districts in order to treat SAM and SAM with medical complications stabilization centres for facility based management of GAM children with medical complications, and SAM children without complications.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

- All beneficiaries mentioned here are under five children.
- In all targeted districts, capacity building of health workers and volunteers is completed and action is initiated. It was time consuming to bid, capacity build and create appropriate environments in the districts.
- The current political situation also delayed to implement CERF project because of several unions of health workers in the country at district level.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): the CERF project was designed and implemented considering gender equality in the needs assessment of both girls and boys for the management of acute malnutrition and counselling with mothers and child caretakers.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒
Within the project period, the project was not evaluated. However, project monitoring has been undertaken continuously. In order to assess the impact, the project will be evaluated in 2013 through rapid assessment.	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	16 April –31 Dec, 2012
2. CERF project code:	12-CEF-013-B	6. Status of CERF grant:	☐ On-going
3. Cluster/Sector:	WASH		☒ Concluded
4. Project Title:	Priority Action for Lifesaving Response through Integrated Nutrition, WASH and Health Interventions, Nepal		

7. Funding	
a. Total project budget:	US$ 1,072,141
b. Total funding received for the project:	US$ 521,333
c. Amount received from CERF:	US$ 472,141

RESULTS

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	28,131	45012	The direct beneficiaries are more than the estimated based on the actual numbers provided by the OTPs. This is also due to increase in the OTP centres from 65 to 68 as per the actual development made by the DPHO to address cases of malnutrition in districts together with inflow of patients to treat malnutrition.
b. Male	27,028	27424	
c. Total individuals (female + male):	55,159	72436	
d. Of total, children under 5	23,719	29,460	

9. Original project objective from approved CERF proposal

The main objective of the project is to "save lives of some 72,000 under five children affected with global acute malnutrition in 10 high burden districts with above the WHO criteria of 10 per cent GAM threshold; and reduce diarrhoea incidence and associated mortality in 5 out of these 10 priority districts."

10. Original expected outcomes from approved CERF proposal

- Outbreak of disease and infections related to water, hygiene and sanitation is reduced in the targeted districts through WASH interventions at the 65 OTPs/SCs and community activities through FCHVs.
- Knowledge, attitude and practices of parents/caretakers of acutely malnourished children is improved in targeted areas through OTPs/SCs and FCHVs on WASH and its practices. Burden to mothers and caretakers of malnourished and diarrhoea affected children is reduced.

11. Actual outcomes achieved with CERF funds

- Reduced diarrheal incidence and associated mortality in 3 GAM prevalence districts targeting to OTPs and SCs.
- Enhanced knowledge and capacity (improved access to services) of people in 3 CERF districts to prepare for and respond to the needs of children, women and vulnerable communities arising out of water borne diseases and malnutrition.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

WASH service was provided in 68 OTPs which is more than 65 OTPs as targeted. This is due to establishment of new OTPs as realised and planned by the Government to address malnutrition in vulnerable communities.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):** GM score 1. About 62% of the direct beneficiaries are women and girls. Out of the total community volunteers trained directly 87% are female.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
If yes, please describe relevant key findings here and attach evaluation report or provide URL**:** There is a joint monitoring and evaluation activity planned together with central government team. This will include officials from DWSS, DPHO and implementing partners together with UNICEF.	

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	World Food Programme (WFP)	5. CERF Grant Period:	8 May-12 to 31 Dec-12
2. CERF project code:	12-WFP-017	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Food Security		☒ Concluded
4. Project Title:	Urgent assistance to severely food insecure rural households in Karnali-Bheri-RaptiRegions of Nepal		

7. Funding		
	a. Total project budget:	US$ 96,480,293
	b. Total funding received for the project:	US$ 19,721,270
	c. Amount received from CERF:	US$ 2,199,999

RESULTS

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	17,422	17,422	
b. Male	16,782	16,782	
c. Total individuals (female + male):	34,160	34,160	
d. Of total, children under 5	5,124	5,124	

9. Original project objective from approved CERF proposal

The objective of this intervention is to support livelihood recovery through provision of a productive food safety net and a nutrition intervention. More specifically, the intervention aims to:

- Reduce the prevalence of acute malnutrition in children under 5;
- Improve short-term food security by providing a safety net for most vulnerable communities; and
- Foster improved community resilience through the creation of productive assets and agricultural/livelihood training.

10. Original expected outcomes from approved CERF proposal

The outcomes expected as a result of the implementation of the project are the following:

- 1,636 mt of food distributed to 34,160 numbers of beneficiaries over the implementation period.
- 50 productive agricultural assets created through the involvement of 6,100 households.
- Food consumption score exceeds threshold for 80% of targeted households.
- Coping strategy index - reliance on major negative coping mechanisms decreased for 80% of targeted communities.
- Gender score – 80% of women in leadership position report active involvement in key decisions (identifying projects, managing labour groups, record keeping).

11. Actual outcomes achieved with CERF funds

Outcomes as a result of the implementation of the project are the following:

Food distributed: 1,636 mt of food was distributed to 34,160 beneficiaries over the implementation period.

Numbers of productive agricultural assets created: The CERF funding provided short term employment up to 60 workdays to 6,100

households). The CERF funding provided critical support for the continuation and finalisation of ongoing construction works. Overall in the districts of Bajura, Mugu and Kalikot, CERF partially contributed to the creation of 170 new rural assets (out of 170 planned) and rehabilitation of 102 assets (out of 103 planned) in 2012.

Food consumption score and coping strategy index: The activities did improve the food consumption scores among those that receive WFP assistance, despite the overall low funding and that the project was not able to meet all original targets. The findings from the outcome monitoring in 2012 indicate that both, the frequency of, and the variety in, food consumption improved among beneficiaries. The average food consumption score in the beneficiary population in 2012 was 48 while the last reported value was 47. The number of beneficiary households under the borderline and in the poor food consumption score groups has also decreased, which means that more beneficiaries have entered the group with an acceptable food consumption score. WFP monitoring findings also show that the beneficiaries who had to use coping strategies to cope with food crisis are also comparatively fewer than previously reported (from 14.9 to 10.55).

Gender score: The programme made provisions to assure participation of women and marginalized groups in decision making process by putting in place guidelines that make it mandatory for women members to hold key positions in the Users Committee. More than 50% of the leadership in Users Committee members were filled by women and they participated in all relevant decision-making processes related to project planning, construction, and maintenance.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b): -

If 'NO' (or if GM score is 1 or 0):

The implementation modality ensured equal employment opportunities and wages for men and women and assured that at least half of the participants in project activities were women. Asset and livelihood creation activities such as kitchen gardening, agricultural extensions and crop production activities were specifically tailored to address women's needs. Social protection measures were also put in place for marginalized groups including vulnerable female groups such as, pregnant women, the elderly and/or disabled, etc.

Project schemes were selected using a participatory approach requiring the involvement of local user groups, social mobilisers, and local government bodies. Among targeted communities, participation in project schemes was self-selecting and used a community-based approach. Emphasis was placed on targeting vulnerable groups including women, children, ethnic minorities and indigenous populations. Female and child-headed households and others with no able-bodied members to participate in food for assets schemes received the same food ration.

14. M&E: Has this project been evaluated?	YES ☒ NO ☐

If yes, please describe relevant key findings here and attach evaluation report or provide URL**:**

The Ministry of Federal Affairs and Local Development undertook a beneficiary assessment sponsored by the World Bank where Kalikot and Bajura were sample districts. The conclusion from the study was that beneficiaries and other local stakeholders considered FFA interventions to be successful. The programme targeted the most food deficit households and addressed their needs. Please see the whole report here: http://mofald.gov.np/mld/uploadedFiles/allFiles/Beneficiary_Assessment.pdf

WFP is doing regular process and outcome monitoring with questionnaire based household surveys on a six monthly basis. In this survey, WFP apply a statistically valid sampling methodology. In addition tools as Focus Group discussion and frequent field visits adds to the monitoring documentation. To triangulate the data, WFP also conducts evidence based impact case studies.

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	World Health Organisation (WHO)	5. CERF Grant Period:	5 April – 31 December 2012
2. CERF project code:	12-WHO-014	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Health/Nutrition		☒Concluded
4. Project Title:	Priority Action for Lifesaving Response through Integrated Nutrition, WASH and Health Interventions – Nepal, 2012		

7. Funding		
	a. Total project budget:	US$ 600,000
	b. Total funding received for the project:	US$ 297,353
	c. Amount received from CERF:	US$ 297,353

RESULTS

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	62,066	*42,*804	There is a difference between planned and reached beneficiaries. The planned number was taken from the Demographic and Health Survey, and the actual number reached was calculated on the basis of the facility based life-saving interventions conducted in each facilities (district hospital, primary health care centre, health posts and sub-health posts) including pre-positioned of stocks which were mobilized to response emergencies/disasters in the target in districts. In addition, the number of population is based on population actually reached by UNICEF (Nutrition and WASH intervention) and by UN HABITAT (WASH intervention). The entire project is led Cluster Lead Agency for Nutrition (UNICEF).
b. Male	47,628	*32,508*	
c. Total individuals (female + male):	109,694	*75,312*	
d. Of total, children under 5	109,694	62,904	

9. Original project objective from approved CERF proposal

To "save lives of some 72,000 under five children affected with global acute malnutrition in 10 high burden districts with above the WHO criteria of 10 per cent GAM threshold; and reduce diarrhoea incidence and associated mortality in 5 out of these 10 priority districts" through strengthening (i) nutrition, WASH and Health cluster coordination mechanism to prepare for and respond to emergencies in coordinated, integrated, timely and appropriate manner at national as well as in the project districts; (ii) in integrated information system, rapid assessment and surveillance mechanism on nutrition, health and WASH in target districts; and (iii) integrated emergency nutrition, WASH and health preparedness and response capacity of MoHP and I/NGOs working in these sectors.

10. Original expected outcomes from approved CERF proposal

- Lives of the children suffering from DD including cholera cases are saved through timely identification of DD cases including cholera cases and are provided with clinical management with ORT/Zinc in hospital/health facilities in 10 districts;
- critical ill children and women with micro-nutrient deficiency disorders with iodine, vitamin A and iron deficiencies are identified and provided clinical management services to them at health facilities jointly with nutrition and WASH clusters in 10 districts;
- full-fledged integrated health sector surveillance systems are established for EWARS (Early Warning and Reporting Systems) in 10 districts.

11. Actual outcomes achieved with CERF funds	
• WHO collaborated with the MoHP and District Health/District Public Health Office (DHO/DPHO) and *procured emergency life-saving stockpiles i.e. 5 Diarrheal Disease Kits (DDK), 2 Interagency Emergency Health Kits (IEHK) without malaria unit, and 100,000 Zinc tablets (10,000 Zinc tablets per districts).* The items were prepositioned at the existing WHO warehouses to support targeted 10 districts. • WHO *hired consultant medical doctors (paediatricians) trained in paediatrics and integrated management of childhood illness (IMCI)* with extensive in-country experience in training on IMCI with specific focus on nutrition related interventions. • WHO team worked with the CHD/DoHS/MoHP and other partners and developed *a training manual on 'Treatment guidelines on facility-based health and nutrition related life-saving interventions including inpatient care of acutely malnourished children with medical complications'*, and specifically treat the cases with (i) DD including Cholera, (ii) Vitamin A Deficiency, especially those who diagnosed with Measles, (iii Micronutrient Deficiencies (MND) specially with iodine, vitamin A and iron among children and adults. The training manual can be used in the nutrition rehabilitation homes (NRH) located in some of the districts and Zonal hospitals, and the existing stabilization centers in District hospitals in Nepal. • Subsequently, WHO in consultation with the CHD/DoHS/MoHP identified District Hospital Team (DHT) in each of the 10 target districts and the *DHT were trained by the WHO* and other partners including UNICEF by using the training manual and established a trained DHT. In addition, WHO consultants provided on the job (OTJ) training to the trained DHT and enhanced their capacity in timely diagnosis and provided life-saving interventions. • WHO as the IASC Cluster for health collaborate with the CHD/DoHS/MoHP, UNICEF, MoHP at the central level, DHO/DPHO at the district level and other IASC health cluster partners and *established the district level IASC health and nutrition cluster coordination mechanism* and the Chief of DHO/DPHO lead the process and conducted regular meetings. • Subsequently, each DHT team with support from the CHD/DoHS/MoHP and WHO, conducted orientation session with the stakeholders, and subsequently *provided three-days capacity building training to the remaining hospital/facility based health staffs in each target district* in early identification and treatment by using a the training manual translated in Nepali. In addition, the trained DHT is also providing OTJ trainings to the health staff based in hospitals and health facilities. • During the process the district level the *diagnostic capacity, the stabilization process in paediatric Unit, and NRH in district hospitals/health facilities in 10 targeted districts were enhanced,* and the referral mechanism of at risk nutrition related cases from the community to sub-health post (SHP) to /health post (HP) and finally, to NRH to the district hospitals so that timely identification/diagnosis of cases and appropriate treatment is provided to save lives. • During the process of CERF implementations, WHO had worked together with the epidemiology and disease control division of the DoHS/MoHP and the Communicable Diseases Control (CDC) Programme of the WHO in Nepal, and s*trengthened the Early Warning and Reporting System (EWARS)* in improving capacity of the health facility in early diagnosis of health, nutrition, and WASH related ailments including water-borne diseases and timely treatment of cases, referral to relevant health facilities to provide appropriate treatment through equipping the existing district level Rapid Response Teams (RRT) in 10 target districts.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The CHD/DoHS/MoHP in collaboration with the National Health Education Information and Communication Centre (NHEICC), DHO/DPHO, WASH and Nutrition cluster partners developed Information Education Communication (IEC) materials and sensitized communities on good nutrition and hygiene practices. This was an additional initiative from the CHD/DoHS/MoHP	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):** The facility based capacity building program targeted to paediatricians (female), nurses, ANM and Para-medics working at the hospital, Primary Health Care Centre, Health Post and Sub-health Post in 10 target districts. The majority of the facility based health interventions were carried out by nurses. **The overall project targeted children and women to be able to access better health care and increase their uptake of life-saving interventions.**	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
If yes, please describe relevant key findings here and attach evaluation report or provide URL: Child Health Division (CHD) of Ministry of Health and Population evaluated the implementation of the activities at the districts with District Health authorities. The program was successfully implemented in the targeted districts and recommendations were made for refresher training in the future. In addition, UNICEF as the IASC cluster lead agency for nutrition is actively engaged with WHO and other partners in monitoring the CERF 2012.	

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UN-Habitat	5. CERF Grant Period:	16 April – 31 December 2012
2. CERF project code:	12-HAB-001	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	WASH		☒ Concluded
4. Project Title:	Priority Action for Lifesaving Response through Integrated Nutrition, WASH and Health Interventions – Nepal, 2012		

7. Funding		
	a. Total project budget:	US$ 800,000
	b. Total funding received for the project:	US$ 400,000
	c. Amount received from CERF:	US$ 211,244

RESULTS

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	12,098	12,265	
b. Male	10,072	12,545	
c. Total individuals (female + male):	22,890	24,811	
d. Of total, children under 5	2,083	2,258	

9. Original project objective from approved CERF proposal

The main objective of this intervention is to "save lives of some 72,000 under five children affected with global acute malnutrition in 10 high burden districts with above the WHO criteria of 10 per cent GAM threshold; and reduce diarrhoea incidence and associated mortality in 5 out of these 10 priority districts (CERF). The main objective of this intervention is to "save lives of under five children affected with global acute malnutrition in selected two high burden districts and reduce diarrhoea incidence and associated mortality (UN-Habitat specific).

10. Original expected outcomes from approved CERF proposal

- 34 OTP/SCs with improved WASH facilities established in the two selected priority districts;
- 1,344 of health staff, FCHVs and community health workers, selected government counterparts trained on integrated WASH and Nutrition life-saving interventions in emergencies in all two selected districts;
- 40% of 22,889 people (people visiting service centres) practicing basic hygiene behaviours such as toilet use, safe water and hand washing with soap in both selected districts.

11. Actual outcomes achieved with CERF funds

- Improved WASH facilities of 17 OTPs / SCs in Bardiya district. Improved WASH facilities of 21 OTPs / SCs in Kapilbastu district.
- Water quality of 38 OTPs/SCs tested and treated.
- 50 WASH, Nutrition and Health cluster members trained on humanitarian preparedness and response.

- 170 health workers trained on WASH promotion in OTP/SC.
- 1,344 Female Community Health Volunteers (FCHV) trained on household level WASH promotion.
- 42 NGO counterparts were trained on water, sanitation, hygiene and nutrition and WASH promotion in disaster.
- 68 events of hand washing campaign organized.
- 34 events of household level water purification demonstration conducted.
- 20 sanitation campaign organized, 10 campaign in each district.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):Fill in

If 'NO' (or if GM score is 1 or 0): The intervention through the CERF was at OTPs and SSCs and it targeted services to mothers and infant children.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Intensive joint monitoring from LWF Nepal, UN Habitat, and Local Partner with executive board and District Steering Committee have been made and guided for the implementation of the project to achieve the envisioned results.

PART 2: CERF EMERGENCY RESPONSE – BHUTANESE REFUGEES (UNDERFUNDED ROUND II 2011)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response:		**34,611,667.80**
Breakdown of total response funding received by source	**SOURCE**	**AMOUNT**
	CERF	1,999,994.00
	OTHER (Bilateral/Multilateral)	8,500,000.00
	TOTAL	**10,499,994.00**

TABLE 2: CERF EMERGENCY FUNDING BY AGENCY (US$)			
Allocation 2 – Date of Official Submission: 29 August 2011			
Agency	Project Code	Cluster/Sector	Amount
UNHCR	11-HCR-044	Multi-sector	999,991
WFP	11-WFP-057	Food	1,000,003
Sub-total CERF Allocation			1,999,994
TOTAL			**1,999,994**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION CHANNEL (US$)	
Type of Partner	Amount
Direct UN agencies/IOM implementation	1,037,302
Funds forwarded to NGOs for implementation	962,692
Funds forwarded to government partners	
TOTAL	**1,999,994**

Nepal has been hosting refugees from Bhutan since 1992. There were 63,194 refugees from Bhutan in the camps as of 31 December 2011. As a result of refugee departure for third country resettlement which has been continuing since October 2007 with the concurrence of the GoN, some 38,536 refugees remained in the two camps of Sanischare and Beldangi as of 30 June 2012. The reduction of the population averaged some 1,500 per month. Based on projection of resettlement departures (18,200 persons/year), it is estimated that the refugee population will be further reduced in the coming years. Of the current population in camps 49 per cent are girls/women and 34 per cent children (boys/girls). The elderly (60+) compose 8 per cent of the camp population.

The refugee camps are administered by the GoN 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. With the concurrence of the GoN 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 first week of January 2012 respectively while the Khudunabari camp was the last to be closed by June 2012. All the refugees were relocated to Beldangi and Sanischare camps with their belongings as part of a huge logistic undertaking by UNHCR and its partners.

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. Since their arrival to Nepal in 1992, the refugees have been receiving international protection and assistance from UNHCR and WFP in coordination with the GoN, UN Agencies and operational partners. The assistance package includes food and non-food item distribution, primary health care, education, community services, shelter, water and sanitation activities. As the only available durable solution, as of 30 June 2012 third-country resettlement has allowed for the departure of 66,876 refugees to eight core-group countries and the camp population currently totals just under 48,000 refugees. Seventy-six percent of the current camp population has submitted declarations of interest (DOI) for third-country resettlement. As long as refugees live in the camps and current GoN employment and livelihood restrictions remain static, humanitarian assistance will be needed. It is crucial that continuous funding is assured to maintain the progress made in these sectors.

II. FOCUS AREAS AND PRIORITIZATION

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

In addition to a fragile political situation in Nepal, increasing food prices are deteriorating 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.

WFP has been providing humanitarian assistance to Bhutanese refugees living in camps in Nepal – all of whom are entirely dependent on external assistance to meet their daily needs with the objectives of improving the nutritional status of refugees. The general food basket and ration scale is in line with the average minimum daily requirement of 2,100 kcal per person per day and includes 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 receive micronutrient powder (MNP) to reduce rates of anaemia and other micronutrient deficiencies with a ration of half a sachet per day throughout the whole year.

UNHCR key indicators on health, education, water, sanitation remain within standards. The mortality and morbidity indicators are 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 is one of the key interventions to address 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 are: Global Acute Malnutrition (GAM): WFH <-2SD (WHO) – 6.8 per cent, Severe Acute Malnutrition (SAM): WFH > -3SD (WHO) –0.4 per cent, 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.

III. CERF PROCESS

The CERF contribution for this project was earmarked to provide international protection and assistance to the refugees from Bhutan in camps, which has not been implemented under the umbrella of the cluster approach. Two agencies, UNHCR and WFP, implemented this project for the care and protection of refugees living in the eastern camps

With the help of CERF funding, UNHCR implemented projects in health, water/sanitation and shelter that directly benefitted the refugees from Bhutan and are lifesaving interventions of short and medium term nature. All project activities were designed based on participatory processes taking into consideration age gender and diversity concerns and in consultation with refugees, NGO partners and other operational partners. Fifty per cent of the programme beneficiaries were women and 50 present of camp leaders engaged in the relief work were women, who were mobilized to the fullest to address issues related to women and children in particular. The agencies used planning tools such as pro-Gres and Health Information System, which generates required information related to gender and diversity in order to conduct targeted interventions for individuals with specific needs.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis:				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Food	26,140	27,234	53,374*
	Multi-sector	30,923	32,271	63,194

The total number of beneficiaries varies from the numbers mentioned in the original project proposal. This was a result of third country resettlement of the beneficiaries at an average rate of some 1500 refugee departures per month. During the reporting period there were some 12,000 departures.

UNHCR used Results Based Management FOCUS as a planning and budgeting tool and proGres, an electronic data base system as a data management tool to maintain updated disaggregated data and to map the age, gender and diversity in the designing of blanket or targeted interventions for refugees living in the camps. The yearly Standard and Indicator report was used as a monitoring tool by the operation to map the extent to which planned targets have been met and whether they were as per UNHCR world-wide standards. In addition, all the health related information was included in Health Information System (HIS), another reporting/monitoring tool for health indicators maintained in UNHCR. Due to the use of the above mentioned tools, UNHCR multifunctional team was able to track the exact beneficiaries of CERF interventions

WFP provides food to the Bhutanese refugees that have been registered by the Government of Nepal (GoN) and UNHCR as beneficiaries for the general and supplementary food assistance and Micro Nutrient Powder (MNP) supplementation programmes. A registered refugee holding a valid refugee identity card, and living inside the refugee camp by following camp rules of the GoN is eligible for WFP food assistance. WFP issues annual family ration cards to refugee families based on the updated refugee population shared by UNHCR. The changes in the number of refugees due to ongoing third country resettlement, death, birth and transfers etc. are adjusted periodically.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	30,923	30,923
Male	32,271	32,271
Total individuals (Female and male)	63,194	63,194
Of total, children under 5	5,502	5,502

CERF Results

CERF funding was key to achieve UNHCR standards for essential Primary Health Centre (PHC) and its main components during 2011 and 2012 and as a result, mortality and morbidity indicators were maintained as per standards. The CERF funding was instrumental to complete the relocation of refugees from the three eastern camps (Goldhap, Timai and Khudunbari) to Beldangi and Sanischare as the funding was utilized to complete the construction of 2,239 new shelters and 1,071 latrines for these families in addition to repair of existing shelters and latrines. Regular water supply was maintained in the camps and adequate (25 litres/person/day) potable water was distributed to refugees; one water tap was available for 102 persons as of end of the year; 1,657 water samples were collected and tested; water and sanitation awareness sessions were carried out in all camps and camp cleaning campaigns were organized. Waste collection and making manure has been continued in Sanischare camps and Pathari and construction of an overhead water tank (100,000 litres capacity) was completed in Beldangi Camp in the reporting period.

WFP has been providing humanitarian food assistance to Bhutanese refugees for the past 20 years. As the only durable solution, since 2007, third-country resettlement was started which as of December 2012 has enabled 70 per cent of the whole refugee population for the resettlement. The CERF allocation supported WFP to avoid and minimize distortion of food pipeline in 2011 and 2012. The Bhutanese refugees were provided with blanket food rations through General Food Distribution (GFD), Supplementary Food Distribution & Micro Nutrient Powder supplementation to the targeted refugees through its Cooperating Partners the LWF Nepal and AMDA Nepal. The Bhutanese refugees fully rely on WFP provided food commodities to maintain their daily need of 2,100 kcal/person/day. As long as refugees live in the camps and current Government of Nepal employment and livelihood restrictions remain static, humanitarian assistance will be needed

CERF ADDED Values

The CERF contribution supported the implementation of the proposed activities by the Association of Medical Doctors of Asia (AMDA) and Lutheran World Federation (LWF) Nepal, NGO partners of UNHCR. The funds were used for the period October 2011 to June 2012.. When looking at the overall requirements for 2011 and 2012, the CERF funds covered 4.9 percent of the total requirement. The fund helped address the humanitarian health needs of refugees, which would not have been possible only with UNHCR's annual budget.

The CERF funding enabled the completion and timely and smooth relocation of refugees from Timai and Khudunabari camps to the two remaining camps of Beldangi and Sanischare by June 2012. The relocated families were provided with habitable shelter and latrines in the new location. The funds were also used to maintain a regular supply of adequate potable water through construction and repair of systems and to support the cost of staff (including refugee incentive workers) to maintain such services, purchase of bathing and laundry soap, and to complete the construction of an overhead water tank in Beldangi camp.

AMDA, as a UNHCR's health partner, is responsible for maintaining Primary Health Services including referral management of the patient to the better health centres and hospitals. The implementation of all health related activities under CERF was supported through funding of key health staff positions and supply of essential drugs to ensure smooth medical services and referrals for refugees. UNHCR standard on morbidity and mortality indicators were met in the reporting period.

The CERF contribution supported WFP to avoid and minimize the distortion of the food pipeline in October 2011 and January 2012. The refugee population was provided with GFD which was implemented through Lutheran World Federation. The general food ration was distributed every fortnight to all eligible refugees. The food basket consisted of six food commodities namely rice, pulses, oil, salt, sugar, and super cereal fortified with vitamins and minerals to meet the daily nutritional requirement of 2,100 kilocalories/per person/per day. In addition to a general ration, supplementary food was provided to pregnant and lactating women, tuberculosis clients, and people living with HIV/AIDS, and malnourished children aged 6 to 59 months (implemented by AMDA). The take-home Super Cereal premix with oil was provided to beneficiaries on a weekly basis. WFP also provided blanket distribution of Micro Nutrient Powder to children aged 6-59 months, tuberculosis clients and people living with HIV/AIDS.

In implementing these activities, 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.

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

YES ☒ PARTIALLY ☐ NO ☐

The CERF funding helped ensure smooth implementation of regular care and assistance activities. It helped ensure adequate budget for underfunded activities such as health and water and sanitation which were stretched due to the ongoing camp consolidation. As the funds were rapidly released, it was quite important to deliver quick assistance to the beneficiaries. Under the emergency operation, the funding ensured the continuity of basic food supplies, and also supported other underfunded refugee activities like nutrition, health, water and sanitation activities.

b) Did CERF funds help respond to time critical needs[11]?

YES ☒ PARTIALLY ☐ NO ☐

As UNHCR's care and maintenance activities were of a life saving nature, the CERF funding helped balance ongoing interventions in the refugee camps in the areas of health, shelter and water and sanitation with other emerging protection needs that had been highlighted due to resettlement and movement to different camp location. As the refugee population was entirely dependent on external assistance, the CERF allocation remained crucial to meet their basic food needs.

[11] *Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust* control)

c) **Did CERF funds help improve resource mobilization from other sources?**
YES ☒ PARTIALLY ☐ NO ☐

The fund allocation from CERF provided agencies with opportunities to channel their limited resources for other priority areas and challenging needs which were not covered by CERF funding. In 2011, UNHCR mobilized additional resources from European Community Humanitarian Aid Office (ECHO) and Canadian International Development Agency (CIDA) to manage emergencies such as Goldhap and Sansichare fire which affected around 722 families in 2011-12.As a result, agencies were able to mobilize core contributions from other UN agencies in the sector of environment and skills development for the refugees and host communities in Jhapa and Morang.

d) **Did CERF improve coordination amongst the humanitarian community?**
YES ☒ PARTIALLY ☐ NO ☐

CERF allocation provided an avenue for the Government and humanitarian partners to prioritize the humanitarian need of the country. It allowed implementing agencies continued partnerships with a diverse range of stakeholders. It enabled WFP and UNHCR to manage the refugee operation in an effective manner. The coordination between different stakeholders, government and refugee representatives also helped meet the needs of the most vulnerable during the challenging camp coordination exercise.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
In light of reduced donor support, the CERF funding was instrumental in maintaining life-saving activities of the refugee operation even though the funds came late in the year (2011)	Early fund disbursement would ensure fulfilling unmet needs earlier in the year and facilitate reporting by agencies within the fiscal year.	CERF
To address any kind of emergency situation such as refugee operation, it has been realized that CERF funding can play a crucial role to respond to the time critical needs of the most vulnerable population	CERF funding should be given priority.	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
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	UN Agencies and Implementing partners
The CERF funding was instrumental in maintaining life-saving activities of UNHCR at the same level as in the previous years and to ensure continued international protection and assistance of the refugee population residing in refugee camps	Refugee operation should be considered as a critical sector in Nepal by the UNCT while allocating CERF funding given the lack of government support in this area and the decrease in traditional donor's funding	UNCT
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 Comprehensive Durable Solution Strategy.	UNCT

VI. PROJECT RESULTS

<table>
<tr><th colspan="6">TABLE 8: PROJECT RESULTS</th></tr>
<tr><td colspan="6">CERF PROJECT INFORMATION</td></tr>
<tr><td colspan="2">1. Agency:</td><td colspan="2">United Nations High Commission for Refugees (UNHCR)</td><td>5. CERF Grant Period:</td><td>20 September 2011- 30 June 2012</td></tr>
<tr><td colspan="2">2. CERF project code:</td><td colspan="2">11-HCR-044</td><td rowspan="2">6. Status of CERF grant:</td><td>☐ On-going</td></tr>
<tr><td colspan="2">3. Cluster/Sector:</td><td colspan="2">Refugees</td><td>☒ Concluded</td></tr>
<tr><td colspan="2">4. Project Title:</td><td colspan="4">Care and Maintenance of Refugees from Bhutan</td></tr>
<tr><td rowspan="3">7. Funding</td><td colspan="3">a. Total project budget:</td><td colspan="2">US$ 20,486,784 (2011 & 2012)</td></tr>
<tr><td colspan="3">b. Total funding received for the project</td><td colspan="2">US$ 18,169,079 (2011 & 2012)</td></tr>
<tr><td colspan="3">c. Amount received from CERF:</td><td colspan="2">US$ 999,991.00</td></tr>
<tr><td colspan="6">RESULTS</td></tr>
<tr><td colspan="6">8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).</td></tr>
<tr><td colspan="2">Direct Beneficiaries</td><td>Planned</td><td>Reached</td><td colspan="2">In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</td></tr>
<tr><td colspan="2">a. Female</td><td>30,923</td><td>30,923</td><td colspan="2" rowspan="4">Due to the on-going resettlement to third country only 47,165 refugees remained in the camps as of June 30, 2012. Although the beneficiary number decreased CERF, funding was utilized for all persons, who remained in the camps up to June 2012.</td></tr>
<tr><td colspan="2">b. Male</td><td>32,271</td><td>32,271</td></tr>
<tr><td colspan="2">c. Total individuals (female + male):</td><td>63,194</td><td>63,194</td></tr>
<tr><td colspan="2">d. Of total, children <u>under</u> 5</td><td>5,502</td><td>5,502</td></tr>
<tr><td colspan="6">9. Original project objective from approved CERF proposal</td></tr>
<tr><td colspan="6">The interventions for some 63,000 refugees from Bhutan will help maintain the health of the population; sanitary conditions in the camp area; and support access to potable water and adequate shelter.</td></tr>
<tr><td colspan="6">10. Original expected outcomes from approved CERF proposal</td></tr>
<tr><td colspan="6">Outcome 1: Basic health indicators maintained within UNHCR standards;
Outcome 2: Refugee population lives in adequate sanitary and hygiene conditions;
Outcome 3: Refugees have access to adequate potable water; and
Outcome 4: Refugee families have access to habitable shelter.</td></tr>
<tr><td colspan="6">11. Actual outcomes achieved with CERF funds</td></tr>
</table>

Outcome 1: Health status of the population improved and maintained (103,054 patients managed at primary health centre) and 25 per cent buffer stock of medicine maintained throughout. All health related indicators were fully met; Outcome 2: Sanitary conditions improved or maintained (1,071 latrines constructed, 1,350 latrines renovated for refugees and 3,121 agency latrines were repaired in all camps); Outcome 3: Provision of potable water to the refugees from Bhutan in all camps (25 litres per person per day), construction of 1 overhead water tank completed; Outcome 4: Adequate shelter constructed and renovated for vulnerable relocated refugees from closed camps of Goldhap, TImai and Khudunabari (2,329 new refugee shelters constructed).	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There were no significant discrepancies although the beneficiary figure varied in the period due to on-going resettlement departures.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):**All the refugees from Bhutan residing in the refugees camps were covered under the scope of the activities taking into account age, gender and diversity. Many of the programmes such as reproductive health, nutrition and WASH programmes had a special focus on women, children and youths.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
The activities covered by CERF 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. The implementing partners submitted monthly Health Information System (HIS) reports and progress reports to UNHCR, on the basis of which any project adjustment were made. Field monitoring by UNHCR staff and regular participatory assessments on topics such as vulnerability assessment, school drop-out by the target groups enabled the office to evaluate the gaps and realign current and future programme. 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). Further, WFP/UNHCR Joint Assessment Mission (JAM) conducted in July 2012, a Nutrition survey conducted in November 2012, have also provided important information on progress against CERF activities.	

TABLE 8: PROJECT RESULTS			
CERF PROJECT INFORMATION			
1. Agency:	WFP	5. CERF Grant Period:	26 September 2011 – 30 Jun 2012
2. CERF project code:	11-WFP-057	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Food		☒ Concluded
4. Project Title:	Food Assistance to Refugees from Bhutan		
7. Funding	*a. Total project budget:*		US$ 26,042,657.80
	b. Total funding received for the project:		US$ 9,500,003.00
	c. Amount received from CERF:		US$ 1,000,003.00

RESULTS

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	26,933	26,140	
b. Male	28,067	27,234	
c. Total individuals (female + male):	55,000	53,374	
d. Of total, children under 5	4,785	4,644	

9. Original project objective from approved CERF proposal

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

10. Original expected outcomes from approved CERF proposal

Outcome 1: Reduced or stabilized acute malnutrition in children under 5 in the targeted refugee population.

Outcome 2: Improved food consumption over assistance period for refugee households.

11. Actual outcomes achieved with CERF funds

Outcome 1: The findings from the 2012 Nutrition Survey conducted by UNHCR with the support of WFP and AMDA, show that the prevalence of malnutrition among children aged 6-59 months has remained stable with a decreasing trend compared to previous years for global acute malnutrition (GAM), chronic malnutrition (stunting) and underweight. Also, the prevalence of stunting in children under 2 shows a decreasing trend. The coverage of micronutrient supplementation was 95.8 per cent for children 6-23 months and 99.4 per cent for children 24-59 months. In the survey, 93.7 per cent of the mothers reported that their child consumed a full sachet of MNP at its last meal. In general, the nutritional status of the children in Bhutanese refugee camps is better than that of the children living in the same region in Nepal and better than national figures.

Outcome 2: The varieties and the frequency of food consumption has improved among the refugee populations compared to the previous reporting period with the average Food Consumption Score (FCI) from 65.94 to 67.7.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):**All the registered refugees residing in the camps and having valid ration cards received general food ration in a fortnightly basis. The female representatives of each individual household were the key recipients of WFP provided food rations. WFP ensured women's participation in all levels as per its Enhanced Commitment to Women. At least 50 per cent women are in leadership positions in the camp management committees and distribution sub-committees	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
WFP and UNHCR with assistance from the Government of Nepal and cooperating partners successfully completed a Joint Assessment Mission (JAM) in June 2012. Representatives from ECHO, EU and the US PRM (US Bureau of Population, Refugees and Migration) also participated as observers in the mission. The most significant changes since the last JAM (2008) has been the scaling up of the resettlement process and the consolidation of the remaining refugee population from seven to two camps. However, despite the reduction of the refugee population, the needs of those remaining have not decreased and the JAM recommended that food assistance to refugees should continue until the next assessment in two years' time. WFP plans to prepare another PRRO for the refugee operation to continue the activities also after December 2013.The JAM report can be shared upon request. The project has not been evaluated in 2012 apart from the nutrition survey in November 2012. However, WFP is doing regular process and outcome monitoring with questionnaire based household surveys on a six monthly basis. In this survey, WFP applied statistically valid sampling methodology. In addition tools as Focus Grooup discussion and frequent field visits added to the monitoring documentation. To triangulate the data, WFP also conducted evidence based impact case studies. (Monitoring report and case studies from 2012 can be shared upon request).	

ANNEX 1:CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US$	Date First Instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-FAO-010	Agriculture	FAO	Rukumeli Social Development Canter, Rukum	Local NGO	23,686	09/08/2012	09/08/2012	
12-FAO-010	Agriculture	FAO	Human Rights, Environment and Development Campaign & Research Center, Rukum	Local NGO	23,686	09/08/2012	09/08/2012	
12-FAO-010	Agriculture	FAO	Garmin Samaj Nepal, Jajarkoo	Local NGO	21,295	09/08/2012	09/08/2012	
12-FAO-010	Agriculture	FAO	Panch Tara Yuba Samrakshak Manch, Jajarkot	Local NGO	20,799	09/08/2012	09/08/2012	
12-FAO-010	Agriculture	FAO	Socail Awarness & Development Academy, Kalikot	Local NGO	21,743	09/08/2012	09/08/2012	
12-FAO-010	Agriculture	FAO	Himalayan Community Resource Development Center, Kalikot	Local NGO	21,707	15/08/2012	15/08/2012	
12-CEF-013-A	Nutrition	UNICEF	MoHP	Government	93,343	07/05/2012	07/05/2012	
12-CEF-013-A	Nutrition	UNICEF	YWN	National NGO	107,124	21/11/2012	25/11/2012	CMAM programme was evaluated in 2011/2012 and the evaluation findings and recommendations, served for national scale up CMAM programme by MoHP. As per the evaluation

								recommendation, CMAM programme was shifted to IMAM and the CMAM.
12-CEF-013-A	Nutrition	UNICEF	NEPHEG	National NGO	50,520	21/11/2012	25/11/2012	
12-CEF-013-A	Nutrition	UNICEF	Aasman Nepal	National NGO	98,271	21/11/2012	25/11/2012	
12-CEF-013-B	WASH	UNICEF	OXFAM	INGO	349701	10/08/2012	03/05/ 2012	Though the 1st installment was late due to internal process of UNICEF. The partners utilised the funds from on-going programs to kick start the program, in agreement to replace it with CERF funds once received.
12-CEF-013-B	WASH	UNICEF	NRCS	Red Cross	19,231	06/12/2012	25/11/2012	NRCS came as the last resort to help in providing WASH facilities in selected VDCs, due to its strong presence where Oxfam had no presence and also lacked human resources to conduct such activities. Thus a small agreement within the existing PCA was done with NRCS for timely completion of the project
12-WFP-017	Food security	WFP	SAPPROS	NGO	35,605	03/10/2012	01/06/2012	

12-WFP-017	Food security	WFP	Save the Children	INGO	112,149	28/12/2012	01/06/2012	
12-WFP-017	Food security	WFP	SEBAC Nepal	NGO	21,165	28/12/2012	15/11/2012	
12-WFP-017	Food security	WFP	MDI Nepal	NGO	40,796	03/10/2012	01/06/2012	
12-WHO-014	Health/Nutrition	WHO	MoHP/DoHS/CHD	Government	140,129	24/12/2012	05/06/2012	Procurements of life-saving items, hiring of experts, and development of training manuals some in collaboration with the CHD/DoHS/MoHP. Due to REDBOOK criterion of the GoN, the actual CERF funds transfer was delayed, however, the CHD/DoHS/ MoHP began the work since project was approved in April 2012.
12-HAB-001	WASH	UN-Habitat	Lutheran World Federation Nepal	INGO	211,243	08/07/2012	21/06/2012	
11 HCR -044	Health	UNHCR	Association of Medical doctors of Asia	National NGO	476,991	01/12/2011	01/10/2011	2 instalments on 01/12/2011 and 17/01/2012
11 HCR- 044	Shelter, Water and Sanitation	UNHCR	Lutheran World Federation	International NGO	445,000	13/10/2011	01/10/2011	2 instalments transferred on 13/10/2011 and 17/01/2012
11-WFP-057	Food	WFP	AMDA Food Basket Monitoring	I/NGO	1,755	01/12/2012	30/11/2012	The CERF funding was primarily utilised for buying food for the General Food Distribution. This is purchased by WFP and the actual transfer of funds to partners was limited.

11-WFP-057	Food	WFP	Bhutanese Refugee Women Forum	Community Based Organization	1,776	14/10/2012	13/10/2012	The CERF funding was primarily utilised for buying food for the General Food Distribution. This is purchased by WFP and the actual transfer of funds to partners was limited
11-WFP-057	Food	WFP	Caritas Nepal	I/NGO	6,232	14/10/2011	13/10/2011	The CERF funding was primarily utilised for buying food for the General Food Distribution. This is purchased by WFP and the actual transfer of funds to partners was limited
11-WFP-057	Food	WFP	Social Awareness Development Group - DWL	Community Based organization	1,006	24/10/2011	23/10/2011	The CERF funding was primarily utilised for buying food for the General Food Distribution. This is purchased by WFP and the actual transfer of funds to partners was limited
11-WFP-057	Food	WFP	Social Awareness Development Group - TFD	Community Based Organization	1,118	14/10/2011	13/10/2011	The CERF funding was primarily utilised for buying food for the General Food Distribution. This is purchased by WFP and the actual transfer of funds to partners was limited
11-WFP-057	Food	WFP	The Lutheran World Federation - RGP	I/NGO	9,176	21/10/2011	19/10/2011	The CERF funding was primarily utilised for buying food for the General Food

								Distribution. This is purchased by WFP and the actual transfer of funds to partners was limited
11-WFP-057	Food	WFP	The Lutheran World Federation - Food Distribution	I/NGO	9,354	21/10/2011	19/10/2011	The CERF funding was primarily utilised for buying food for the General Food Distribution. This is purchased by WFP and the actual transfer of funds to partners was limited
11-WFP-057	Food	WFP	Plan Nepal	I/NGO	9,020	21/12/2011	19/12/2011	The CERF funding was primarily utilised for buying food for the General Food Distribution. This is purchased by WFP and the actual transfer of funds to partners was limited
11-WFP-057	Food	WFP	NRCS - First Aid training	Red Cross	1,260	12/12/2011	09/12/2011	The CERF funding was primarily utilised for buying food for the General Food Distribution. This is purchased by WFP and the actual transfer of funds to partners was limited

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	ACTION CONTRE LA FAIM – ACF France
AMDA	Association of Medical Doctors of Asia
CAP	Consolidated Appeal Process
CBDP	Community Based Development Programme
CBR	Crude Birth Rate
CDC	Centre for Disease Control
CERF	Central Emergency Response Fund
CHD	Child Health Division
CMAM	Community Management of Acute Malnutrition
CMC	Camp Management Committee
CMR	Crude Mortality Rate
DD	Diarrheal Disease
DDC	District Development Committee
DDK	Diarrheal Disease Kits
DDRCs	District Disaster Relief Committees
DFSN	District Food Security Network
DHO	District Health Office
DHS	Demographic and Health Survey
DPHO	District Public Health Office
DWSSDO	District Water Supply and Sanitation Sub-division Office
ECD	Early Child Development
EDCD	Epidemiology and Disease Control Division
EHK	Emergency Health Kits
EWARS	Early Warning and Reporting Systems
FCHV	Female Community Health Volunteers
FSMAU	Food Security Monitoring and Analysis Unit
GAM	Global Acute Malnutrition
GoN	Government of Nepal
IASC	Inter Agency Standing Committee
IEC	Information Education Communication
IMCI	integrated management of childhood illness
IMR	Infant Mortality Rate
IOM	International Organization for Migration
IYCF	Infant and Young Child Feeding
LWF	Lutheran World Federation
MAM	Moderate Acute Malnutrition
MND	Micronutrient Deficiencies

MoAD	Ministry of Agriculture Development
MoE	Ministry of Education
MoFALD	Ministry of Federal Affairs and Local Development
MoHP	Ministry of Health and Population
MoUD	Ministry of Urban Development
NEPHEG	Nepal Public Health and Education Group
NGO	Non – Governmental Organization
NHEICC	National Health Education Information and Communication Centre
NNMR	Neonatal Mortality Rate
NRCS	Nepal Red Cross Society
NUCRA	National Unit for the Coordination of Refugee Affairs
OTP	Outpatient Therapeutic Programme
PHC	Primary Health Centre
PRRO	Protracted Relief and Recovery Operation
RCU	Refugee Coordination Unit
ReSoMal	Rehydration Solution for Malnourished
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Stabilization Centre
SD	Standard Deviation
U5MR	Under 5 Mortality Rate
UNCT	United Nations Country Team
WASH	Water, Hygiene and Sanitation
WFH	Weight for Height
YWN	Youth for World Nepal