



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT 2014 ON THE USE OF CERF FUNDS
NEPAL
RAPID RESPONSE
FLOOD**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Jamie McGoldrick

REPORTING PROCESS AND CONSULTATION SUMMARY

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

Because of the major earthquake in Nepal and also rolling out of the emergency response preparedness (ERP) at country level, the CERF recipient agencies including RC/HC office remained very busy and not able to conduct formal AAR as expected earlier. However, RCO had several informal meetings with UNICEF, UNFPA and WFP bilaterally and discussed on the CERF projects. After these meetings, RCO has suggested to complete the projects in given time and also agreed to set up the reporting deadline; also captured few lesson learned highlighted below.

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

YES NO .

Yes, the report is shared electronically *with all the CERF recipient agencies for their consensus before sending CERF secretariat.* .

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

YES NO

Yes, the report is shared electronically with all the CERF recipient agencies for their consensus before sending CERF secretariat. The recipient agencies had shared with their implementing partners before sharing with RCO. There were four clusters involved in these projects (Food, protection and Nutrition together with WASH). It is also assumed that every recipient agency has shared its report with implementing partners with Government or Non-Government actors. But, the final draft report has not been shared with the implementing partners directly.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 6,120,664		
Breakdown of total response funding received by source	Source	Amount
	CERF	1,870,201
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral)	4,250,463
	TOTAL	6,120,664

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 23-Sep-14			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-146	Nutrition and WASH	256,377
UNICEF	14-RR-CEF-147	Protection	175,994
UNFPA	14-RR-FPA-044	Protection	107,000
WFP	14-RR-WFP-074	Food Security	1,330,830
TOTAL			1,870,201

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN Agencies /IOM	1,821,313
Funds forwarded to NGOs for implementation	29,809
Funds forwarded to government partners	19,079
TOTAL	1,870,201

HUMANITARIAN NEEDS

Incessant rainfall between 14 and 16 August triggered floods and landslides across the country that affected 45,430 families, among them 12,014 were displaced (NRCS IRA). According to National Emergency Operation Center under Ministry of Home Affairs (NEOC/MOHA), 123 people died and 126 people were missing which was later decided as dead. Four districts¹ of Mid-Western Development Region witnessed the most severe devastation causing 29,000 families affected, that includes 5,314 displaced families, and nearly 28,000 houses were fully/partially damaged. Among other affected districts, Bardiya was the hardest hit affecting 22% of its population followed by Banke with around 15%². Initial and multi-agency assessments³ have verified number and living conditions of affected population, humanitarian needs and the extent of losses and damages adopted as planning figures by the HCT consistent with analysis and priorities of the Government of Nepal.

Loss of stored grains due to severe inundation caused a severe food crisis in the affected areas. Damage of standing crops and disruption of arable land mainly due to sedimentation further deteriorated long-term food security situation in the affected areas. Damages of road sections, bridges, culverts, irrigation canals and etc. had not only complicated lives of affected population but posed access challenges to humanitarian agencies.

Immediate life-saving assistance was required for 28,057 children and 38,466 women including more than 4,000 women of reproductive age (some of whom pregnant/lactating). The inter-agency assessment report also depicted that the flood has aggravated global acute malnutrition (GAM) by 10-15% in the affected areas against the critical threshold set by WHO which is 10-15%. This situation posed threats to many children in the most affected four districts at high risks of morbidity and fatality associated with malnutrition. Physical safety and security of women, children and young girls was critical as affected population was living in open spaces, damaged houses and makeshift shelters that posed further risk of violence and abuse of vulnerable women and children. The affected population were at high risk particularly in Surkhet, since the displaced population were in temporary shelter settlements within the forest area. In addition to the issue of dignity of the affected, women and children required considerable attention as they were in need of additional appropriate emergency clothing. In the case of women of reproductive age (WRA) dignity was further compromised by lack of proper and private general sanitation, clothing, and female hygiene products. Given the ongoing displacement, the issue of sanitation was a critical one related to risks for the whole population.

II. FOCUS AREAS AND PRIORITIZATION

Based on a Joint Cluster Meeting, called by the Government of Nepal held at National Emergency Operation Centre (NEOC) on 16 Aug, UN Clusters accelerated response efforts with coordination meetings and information sharing in order to respond to the humanitarian situation timely and effectively. Clusters undertook integrated need assessment and recommended live saving activities. The primary need stood at \$12.7 million excluding early recovery needs and the available funding was significantly lower. Based on the joint assessment and a series of HCT meetings, it was decided to expedite cluster specific interventions for immediate support in food, protection, nutrition and WASH as key life-saving priorities.

Furthermore, the process of prioritization of the geographical areas of intervention was carried out through a series of consultations among agencies. As a result, the following geographical areas were prioritized: Banke, Bardiya, Surkhet and Dang.

III. CERF PROCESS

Based on the cluster specific assessments, review of ongoing response and consultation with government and donors, the Humanitarian Country Team (HCT) unanimously agreed on prioritizing food, nutrition, protection and WASH as priority clusters for CERF funding. Each selected cluster targeted life-saving needs of the flood affected people, covering immediate food assistance and the provision of supplementary and therapeutic feeding to children living in acutely malnourished districts.

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. Consequently, three UN agencies (WFP, UNICEF and UNFPA) with support from RCO and OCHA ROAP jointly developed the CERF application. The primary focus of the CERF, as requested by the Government, was to provide food basket to around 132,000 affected people.

² WFP IRA

³ WFP IRA on 25 Aug, Food Security and Nutrition Assessment (2-6 Sept) with UNICEF, WFP and OXFAM; Rapid Assessment undertaken by Care Nepal (19-20 Aug) with the involvement of Donors

The CERF funding was also targeted to ensure the reproductive health of women, prevention of GBV and distribution of dignity kits. Women of reproductive age and pregnant/lactating mothers, single mothers and women from marginalized communities were also targeted with the protection interventions undertaken by UNICEF and UNFPA.

In addition, the CERF funding was channelled to emergency WASH interventions in the most affected areas. Specific WASH intervention was done in camp setting that addressed the WASH facility in 6 Outpatient Therapeutic Centres within Surkhet district.

IV. CERF RESULTS AND ADDED VALUE

The cluster members including representatives from Government and other partners were intensively consulted during the process of prioritization of CERF funds. The recipient agencies as cluster leads, liaised with government authorities and other cluster members to develop appropriate projects and programmes under the CERF fund. As a result, the common life-saving priority actions were identified, under the theme of "Priority Actions for Lifesaving Integrated Nutrition rapid Response in four Flood Affected Districts (Surkhet, Banke, Bardiya and Dang)". The following are the total number of affected individuals reached by this support:

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 132,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Nutrition	40,423	19,153	59,576
	WASH	3,261	3,232	6,493
	Protection	9,520	6,312	15,832
	Food Security	67,984	64,016	132,000

BENEFICIARY ESTIMATION

A series of meetings and discussions were held among the clusters at local levels to avoid the duplication as well as double counting of beneficiaries. As a result, the estimated number of beneficiaries reached through CERF funding was as follows:

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	66,555	88,058
Male	63,945	82,918
Total individuals (Female and male)	130,500	170,976
Of total, children under age 5	20,837	39,144

The CERF reached to more people than the expected as the number of actual affected population found higher than the Government assessed planning figure. In addition, some WASH training components reached to some of the non-affected areas in order to prevent epidemics, which have also increased the estimated reached number.

The number of children under 5 reached by the CERF was higher than the planned figure because the project addressed demand of Vitamin A Capsules and Micronutrient Powder in the peripheral settlements which were not significantly affected.

CERF RESULTS

Immediate result of the CERF was distribution of food basket to 132,000 affected people in four districts for a month. Besides, distribution of life-saving dignity kits to 4000 families in consultation with Nepal Red Cross Society and Department of Women and Children together with orientation on GBV was another important result. More importantly, the dignity kits were also used as an entry point for GBV awareness and opportunities for psycho-social support.

A total 756 people (FCHVs: 628 and Health Workers 128) were capacitated to manage Nutrition and WASH interventions through a series of trainings. 844 (454 girls) aged 5-59 months suffering from SAM without medical complications were identified and admitted in the Outpatient Therapeutic Programme (OTP) in all four districts in the 32 OTPs and provided community based therapeutic care as per the CMAM treatment protocol.

The care takers of 2,446 children (1291 girls) were provided with community-based counseling services on IYCF, health and WASH to prevent from further deterioration of their children's health. 74% pregnant and lactating women received Iron and Folic Acid tablets; 94% of children (36,795 out of 39,144) received Vitamin A Capsules; 96 % of children (34,182 out of 35,606) received de-worming tablets; and 120% of children (32,799 out of 37,929) received MNP; 90% (14,739 out of 16,377 diarrhoeal cases) received zinc supplementation with ORS tablets in the flood affected areas as per rules.

The CERF under different projects finally reached the integrated target of life-saving with multiple interventions which were implemented in coherent manner. The CERF addressed acute food needs in the affected four districts, enhanced nutrition and WASH situation with supplies and training and orientation components and ensured the protection concerns not only within the CERF project interventions but in other humanitarian response undertaken by other many actors also.

The affected areas were in critical humanitarian situation with acute need of food supplies for the life-saving of affected people in the four districts. Besides the flood had resulted in acute malnutrition and deteriorated the situation of water, hygiene and sanitation in the affected areas. Life-saving actions were required to significant number of children, women including pregnant or lactating mothers. The CERF interventions achieved significant progresses in the existing humanitarian situation and facilitated the humanitarian support of other agencies in the affected areas thereafter as well.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The CERF funding, along with other resources, helped to ensure fast and effective implementation of the humanitarian response in the most flood affected 4 districts. CERF fund had created a common forum of several partners together with resources at field level for joint responses; as a result reached to assist more number of beneficiaries than expected.

b) Did CERF funds help respond to time critical needs⁴?

YES PARTIALLY NO

- HCT's decision to access the CERF fund was a bit delayed as the Government request came late, however it responded the critical needs as expected.

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

YES PARTIALLY NO

- Yes, CERF fund had created a common forum for mobilizing the local resources among the partners working in the districts. As a result, it helped to assist more number of beneficiaries than planned.
- CERF fund was also instrumental in getting contribution from other sources/partners for timely response. In addition, the CERF funds allowed increased collaboration and coordination among partners particularly remained as an opportunity to further advocate the pertinent issues of women of reproductive age including their access to reproductive health services and health sector response to GBV.

⁴ 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, etc.).

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 work together and prioritize immediate needs for the most vulnerable groups of people. All these partners including government were involved in all stages of the planning, implementation and monitoring the projects. As a result, coordination from the UN Resident Coordinator's Office with UNICEF, UNFPA, WFP and relevant government partners worked well throughout the proposal development stage and overall monitoring of the flood response.

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

CERF supported timely response and helped preventing possible outbreaks of diseases. Furthermore, it has created culture of working together with Government at district level. The CERF funds were catalytic in mobilizing entire nutrition/WASH system in the flood affected districts and also instrumental in providing lifesaving services and facilities through strengthening the capacity and also enhanced collaboration among the key partners/stakeholders. It would not have been possible to strengthen and continue the Management of Severe Acute Malnutrition (SAM) of 6-59 months children in four affected districts without CERF fund.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
CERF provided opportunities to bring together not only the humanitarian actors across clusters –but also strengthened coordination between the authorities and NGOs to address the humanitarian issues.	CERF funds should help strengthen inter-sector cluster coordination mechanisms and to support addressing humanitarian situations through a multi-sector and integrated approach for an efficient use of resources. 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.	UN-OCHA, HCT, 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 and HCT

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
CERF funds have an added value for an immediate response.	Maintain and further strengthen capacity in those districts by using training packages, management/treatment protocol and training materials as part of emergency preparedness activities.	MOHP, UNICEF and other nutrition cluster partners
It's 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 also capacities	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
Early resettlement plan could have reduced sectoral transition to early recovery	Need strong advocacy on resettlement of the EQ affected communities for early recovery which could reduce the resources spend on continuous relief response	UN RC & other relevant
Pre-positioning of relief items is an urgent issue in future	Explore options for pre-positioning of relief materials	All Clusters

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

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CERF project information				
1. Agency:	UNICEF		5. CERF grant period:	1 October 2014 – 31 March 2015
2. CERF project code:	14-RR-CEF-146		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition including WASH			<input checked="" type="checkbox"/> Concluded
4. Project title:	Priority Action for Lifesaving Integrated Nutrition Rapid Response in Four Flood Affected Districts (Surkhet, Banke, Bardiya and Dang) – Nepal, 2014			
7. Funding	a. Total project budget:	US\$ 1,500,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ 437,012	▪ NGO partners and Red Cross/Crescent: US\$ 29,809.	
	c. Amount received from CERF:	US\$ 256,377	▪ Government Partners: US\$ 19,079.	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female	17,827	43,684	Maternal and Young child counselling services especially focusing to IYCF, WASH and care was intensively focused to the entire affected areas. Therefore, almost all pregnant women, lactating mothers and care takers of under five years children were provided counselling services by trained health workers and FCHVs in the affected areas including camp setting also. Therefore, the actual reached beneficiaries are more than the planned number of target beneficiaries.	
b. Male	9,266	22,385		
c. Total individuals (female + male):	27,093	66,069		
d. Of total, children <u>under</u> age 5	20,837	39,144		
9. Original project objective from approved CERF proposal				
<p>The main objective of this intervention is to “save lives of 20,837 under five children suffering from Global Acute Malnutrition (GAM) and improve their families’ access to improved water, sanitation and hygiene services in the four flood affected districts, with a focus in the affected areas with above the WHO criteria of 15 per cent GAM critical threshold.</p> <p>The specific objectives are as follows:</p> <ul style="list-style-type: none"> • Reduce child morbidity and mortality due to acute malnutrition, micro-nutrient deficiencies, and diarrhoea among 20,837 under five year’s children in 4 districts that are highly vulnerable due to floods and landslides. • Promote and support optimal caretakers’ and community practices on Maternal, Infant and Young Child Feeding (MIYCF) and Caring practices, including improved hygiene and sanitation practices among the flood affected vulnerable population groups. • Improve access to essential nutrition services (Iron Folic Acid with de-worming among pregnant and lactating women, vitamin A supplementation to children 6-59 months of age with de-worming, Micronutrient Powders for children 6-23 months of age, and zinc and ORS in management of diarrhoea) among the flood affected population groups <p>Improve access to WASH facilities among the displaced population sheltered in camps and strengthened the WASH facilities in OTP centres. In the camps of displaced population especially in Surkhet district, the water supply and sanitation facilities are not appropriately installed. CERF funds will support the affected people and displaced to the camps to improve the sanitation facilities. In Surkhet, five OTP centers are just established and providing therapeutic feeding support to the affected SAM children from the camps and affected community and the CERF will support for sanitation and hygiene promotion and management of bathing place in the camps as well as improvement sanitation facilities in the OTP sites.</p>				
10. Original expected outcomes from approved CERF proposal				
Result	Indicator		Target	

<ul style="list-style-type: none"> • All children suffering from Severe Acute Malnutrition (SAM) are timely identified through community based screening mechanism and referred to the nearest OTP centres by FCHVs and community health workers; and managed with RUTF and essential medicines as per SPHERE standard • All children suffering from acute malnutrition with medical complications are timely identified and referred to the stabilisation centres or Nutrition Rehabilitation Homes (NRHs) located in the hospitals of all the affected districts and treated as per the WHO defined treatment protocol • Ready to Use Therapeutic Food (RUTF), F100/F75, ReSoMal, antibiotics and other essential drugs are timely available at stabilization centres for facility based management of GAM children with medical complications • Parents and care takers of the children suffering from Moderate Acute Malnutrition (MAM) are able to prevent their children to becoming Severe Acute Malnutrition (SAM) through community and facility based counselling on IYCF, care, WASH and health counselling services and enhance their capacity to recover their 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 • Parents, family members and community people are able to provide optimal Infant and Young Child Feeding in Emergencies (IFE) and care patterns, including increased uptake of essential nutrition services, hygiene and sanitation, through effective community outreach in all 4 districts • Nutrition, WASH and health cluster coordination mechanism is established and strengthened in 4 project districts in order to respond humanitarian needs in a timely and appropriate manner at national • Increase access to safe water, sanitation and bathing spaces among the displace families and prevent possible outbreak of disease and infections related to water, hygiene and sanitation. • Knowledge, attitude and practices of parents/caretakers of acutely malnourished children is improved in targeted areas through 	<ul style="list-style-type: none"> • Effective management of severe acute malnutrition (coverage is >50%, recovery rate is >75%, death rate is <5% and defaulted rate is <15%, mean weight gain of SAM children who are under treatment is >8g per kg per person per day) reaches the majority of the target population (coverage of therapeutic feeding project is >50% in rural areas, >70% in urban areas and >90% in camp situations) • 90% of children suffering from acute malnutrition with medical complications are managed in the stabilization centers • More than 50% of the affected under five children in the targeted 4 districts have access to RUTF and additional sources of micronutrients. • Approx. 50% of caretakers of children with Moderate Acute Malnutrition have been provided with MIYCF, care, nutrition, WASH, and health counselling services to enhance their recovery to normal nutrition status and to prevent them from deteriorating further into SAM conditions • 100% clinical cases of micro-nutrient deficiency diseases are treated according to WHO micronutrient supplementation protocols for emergencies • More than 90% coverage of Vitamin A supplementation and de-worming supplementation among young children. • More than 80% coverage of micronutrients powders among young children • More than 80% coverage of iron folic acid supplementation and de-worming among pregnant and lactating women • More than 80% coverage of zinc supplementation with ORS in management of diarrhoea • 100% health staff, FCHVs and community health workers are trained on IFE and essential nutrition services, to identify and treat micronutrient deficiencies disorders • # of displaced families have access to safe water supply, sanitation and hygiene facilities as per sphere standard • # of high GAM prevalence four districts have established effective nutrition, health and WASH cluster coordination mechanism • # of actual referrals to Therapeutic Feeding Centres or other stabilisation facilities • Percentage of the vulnerable population and community knowledgeable on basic hygiene behaviours (toilet use, safe water and hand washing) and 40% practicing basic hygiene behaviours such as hand washing with soap in all the four districts; 	<ul style="list-style-type: none"> • 27,093 under five children and their families affected with global acute malnutrition and poor hygiene and sanitation in four flood affected districts including MIYCN counselling (pregnant, lactating women and under five children) • 28 OTPs (Bardiya-18, Banke-5 and Surkhet-5) and three Nutrition Rehabilitation homes • Identification and management of 1,764 SAM and 6,018 MAM children
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OTPs/SCs and FCHVs on WASH and its practices.		
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11. Actual outcomes achieved with CERF funds

The WASH response in camps and its services in 6 OTP centres and 13 camps in Surkhet district supported in increasing access to safe water, sanitation and bathing spaces among the displaced families and prevented possible outbreak of disease and infections related to water, hygiene and sanitation. WASH support reached to 6493 (3261 female) population and improved hygiene and sanitation practices. This support led to the constructed of 12 bathing spaces (separate for male and female), 7 water intake, 24 water tank stand, 149 utensils platforms and 5 water tank in the camps. Similarly, hygiene promotion done in all camps of Surkhet districts with adequate supplies such hygiene kits, cleaning materials and IEC materials in addition to the maintenance of 76 latrines, 33 bathing spaces, 144 garbage pits.

Nutrition responded to 844 children (454 girls) aged 5-59 months suffering from Severe Acute Malnutrition (SAM) without medical complications were identified and admitted in the Outpatient Therapeutic Programme (OTP) centres in all flood affected four districts. The therapeutic care of Severe Acute Malnourished Children performed very well as per the SPHERE standards. According to the facility reported data, the recovery rate is 92.35 %, defaulter rate at 5.4 % and death rate at 0.5%, which is well above the SPHERE minimum standard (recovery rate: >75%, defaulter rate:<15% and death rate <10%).

Similarly, 28 children suffering from acute malnutrition with medical complications were admitted in the medical stabilization centers and treated as per the WHO defined treatment protocol and all admitted children were recovered in SCs in four districts.

The specific outcomes:

- The care takers of 2,446 children under five years age suffering from moderate acute malnutrition (MAM) were provided community-based counselling services on IYCF, health and WASH prevent their children from deteriorating further into Severe Acute Malnutrition (SAM) and enhanced their capacity to recover MAM children to normal nutrition status.
- Developed capacity of 128 health workers and 628 FCHVs in four flood affected districts on emergency Nutrition and WASH management including management of severe and moderate acute malnutrition, counselling on breast feeding, IYCF, WASH and responsive feeding to the caretakers/mothers of under five children and their families and maternal nutrition.
- Established nutrition, WASH and health cluster coordination mechanism and the process of strengthening in four project districts in order to respond humanitarian needs in a timely and appropriate manner.
- Strengthened 18 OTPs in Bardiya districts, three NRHs (one in Bardiya, one in Banke and one in Surkhet), established 16 OTPs in three districts (7 in Banke, 6 in Surkhet and one in Dang), established three SCs and initiated treatment services to the SAM children and SAM with medically complicated children respectively.
- The WASH response in camps in Surkhet district and its services in 6 OTP centres supported in increasing access to safe water, sanitation and bathing spaces among the displace families and prevent possible outbreak of disease and infections related to water, hygiene and sanitation
- CERF provided an opportunity for MIYCN, WASH and care counselling to 59, 576 people (pregnant women: 11058; lactating women: 9,374 and care takers of the children under the age of five: 39,144) that helped to improve maternal and young children nutrition status as well as supported to prevent malnourishment among new mothers and young children.
- 74% pregnant and lactating women in the flood affected areas in four districts have received Iron and Folic Acid tablets as per rules.
- 94% of children at the age of 6-59 months (36,795 out of 39,144) received Vitamin A Capsules in the flood affected areas as per rules.
- 96 % of children at the age of 12-59 months (34,182 out of 35,606) received de-worming tablets in the flood affected areas as per rules.
- 120 % of children at the age of 6-23 months (32,799 out of 37,929) received MNP in the flood affected areas as per rules.
- 90 % of under five years aged children (14,739 out of 16,377 diarrheal cases) received zinc supplementation with ORS tablets in the flood affected areas as per rules.
- The CERF resources were instrumental to develop the capacity of health workers and FCHVs on Therapeutic Feeding for SAM, IYCF/WASH/Care counselling for MAM and all under five years aged children as well as to enhance capacity of health workers

<p>and volunteers for nutrition/WASH management in four flood affected districts. As a result, the capacity of 756 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 four flood affected districts</p> <p>All necessary programme supplies such as RUTF, F100, F75, 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.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Through CERF funding, more than targeted population have been reached due to massive Maternal and Young child counselling services especially focusing to IYCF, WASH and care was intensively focused to the entire affected areas. Therefore, almost all pregnant women, lactating mothers and care takers of under five years children were provided counselling services by trained health workers and FCHVs in the affected areas including camp setting also. Therefore, the actual reached beneficiaries are more than the planned number of target beneficiaries.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0):</p> <p>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 counseling with mothers and child caretakers as well as WASH component as well</p> <p>The nutrition in emergency interventions was focused on gender friendly management of severe acute malnutrition. All boys and girls were focused for screening, referral to the OTPs for therapeutic services, counseling of mothers/caretakers of SAM and MAM children, MIYCN counseling are the effective equity management for gender equality.</p> <p>Similarly, the WASH intervention focused on gender friendly WASH services such provision of separate toilet and bathing for women and girls in consultation with them ; hygiene kit that was provided material needed for women and girls such sanitary napkins, panties, towels, combs, cleaning and washing soap etc.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>There is no plan to evaluate CERF project. The reasons are as follows:</p> <ul style="list-style-type: none"> UNICEF along with nutrition and WASH cluster members organized review meetings and lesson learned workshop to assess the major achievements, strengths, weaknesses, opportunities and threats of the project. Based on that, specific recommendations were made and applied during the project period Onsite monitoring visits for real time monitoring were conducted jointly by nutrition and WASH cluster members/staff to assess the progress/achievement of the project and based on that further improvement was also made. 	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF UNFPA	5. CERF grant period:	15 Oct 2014 – 14 Apr 2015
2. CERF project code:	14-RR-CEF-147 14-RR-FPA-044	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Protection		
4. Project title:	Mitigating the impact of floods and landslides on women's and children's dignity in four affected districts (Surkhet, Banke, Bardiya and Dang)		
7. Funding	a. Total project budget:	US\$ 482,998	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 200,000	▪ NGO partners and Red Cross/Crescent: US\$ 00
	c. Amount received from CERF:	US\$ 282,944	▪ Government Partners: US\$ 00
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	10,416	10,520	No significant discrepancy.
b. Male	6,416	6,312	
c. Total individuals (female + male):	16,832	16,832	
d. Of total, children <u>under</u> age 5			
9. Original project objective from approved CERF proposal			
<p>The overall objective of the project was to ensure that affected women of reproductive age (including pregnant and lactating women and young girls) as well as children in flood affected areas are provided with adequate non-food specialized items, especially those items/supplies that are currently not being provided by the Nepal Red Cross and other NGOs who are providing the standard NFIs.</p> <p>In addition, through distribution of clothes to children as well as dignity kits to WRA and girls, including pregnant and lactating mothers was also another objective. These kits contain sewed clothes, shawl, underwear, flashlights, sanitary napkins etc. and are meant to help restore women's dignity and enable them to have access to basic relief services. It is also an important protection measure to allow women and girls to be mobile in accessing services if they are appropriately dressed and have essential supplies such as sanitary napkins and flash lights. While other actors are distributing hygiene kits and other NFI, these kits do not include women specific hygiene items or clothes. The children's clothes includes track suit and under garments to keep them warm during the winter. In addition, no other actor is providing clothes for children.</p> <p>The project aims to meet immediate protection and dignity needs in the flood affected areas through the following activities:</p>			
10. Original expected outcomes from approved CERF proposal			
Protection <ul style="list-style-type: none"> • 12,832 sets of clothes to children above 5 and under 18 years distributed. • Approximately 4000 dignity kits to WRA including pregnant and lactating mothers distributed. 			
11. Actual outcomes achieved with CERF funds			
As expected outcomes, 12,832 children (between 5 and 18 years) received clothes and 4,000 WRA including pregnant and			

lactating mothers received dignity kits.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No significant discrepancy.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): Fill in If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:	WFP		5. CERF grant period:	20 Sept 2014 – 19 Mar 2015
2. CERF project code:	14-RR-WFP-074		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security			<input checked="" type="checkbox"/> Concluded
4. Project title:	Food assistance for the flood affected population in Nepal			
7. Funding	a. Total project budget:	US\$ 4,137,666	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ 2,612,661	▪ NGO partners and Red Cross/Crescent:	US\$ 00
	c. Amount received from CERF:	US\$1,330,830	▪ Government Partners:	US\$ 00
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female	66,555	67,984	No significant discrepancy is reported however the project actually reached 1% plus more than the planned.	
b. Male	63,945	64,016		
c. Total individuals (female + male):	130,500	132,000		
d. Of total, children <u>under</u> age 5	13,051	14,337		
9. Original project objective from approved CERF proposal				
The overall aim of this operation is to save lives and protect livelihoods, in line with WFP Strategic Objective 1 (SO1). This contributed to Millennium Development Goal 1, “Eradicate extreme poverty and hunger” and is in line with the Zero Hunger Challenge. More specifically, WFP’s assistance was used to improve the short-term food security and reduce vulnerability to hunger among flood-affected groups, in particular children and women, by ensuring access to adequate and nutritious food.				
10. Original expected outcomes from approved CERF proposal				
Results	Performance Indicators	Corporate/country specific target	Risks, Assumptions	
Cross-cutting results and indicators				
Gender: Gender equality and empowerment improved	Proportion of assisted women, men or both women and men who make decisions over the use of food within the household	Target (Women) > 52% Target (Men) > 48%	<ul style="list-style-type: none"> • Women were able to access food distribution centres and receive food • Family hierarchies that place women in a leading role as mothers and caretakers exist • Women are not prevented socially from holding positions of leadership 	

Protection and accountability to affected populations: WFP assistance delivered and utilized in safe, accountable and dignified conditions	Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme sites	Target: >80%	<ul style="list-style-type: none"> ▪ Registration of households were done in a transparent manner ▪ Undue influence of a political or social nature is not applied to the targeting and registration process ▪ Cooperation of national authorities
	Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain	Target: > 80%	<ul style="list-style-type: none"> ▪ Programme orientation was undertaken at food distribution points.
Partnership: Food assistance interventions coordinated and partnerships developed and maintained	Number of partner organizations that provide complementary inputs and services	Target: 5	<ul style="list-style-type: none"> ▪ Adequate humanitarian space was available in the political and social context. ▪ Partner organizations provided significant inputs
	Proportion of project activities implemented with the engagement of complementary partners	Target: 90%	<ul style="list-style-type: none"> ▪ All the project activities implemented with the engagement of complementary partners, especially with the involvement of NRCS
	Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)	Target: 20%	<ul style="list-style-type: none"> ▪ Non-food items were funded and provided by other partners through NRCS
SO1: Save lives and protect livelihoods in emergencies			
Outcome 1.2 Stabilized or improved food consumption over assistance period for targeted households and/or individuals.	<p>1.2.1 Food consumption score, disaggregated by sex of household head</p> <p>1.2.2 Diet diversity score, disaggregated by sex of household head</p>	<p>Target: Reduced prevalence of poor food consumption of targeted households/individuals by 80%</p> <p>Target: Increased diet diversity score of targeted households</p>	<ul style="list-style-type: none"> ▪ Access was possible to the flood affected areas ▪ The registration of beneficiaries took place without undue political / social influence ▪ Cooperating Partners followed agreed criteria and put significant inputs towards re-establishing social infrastructure

<p>Output A Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries.</p>	<ul style="list-style-type: none"> • A.1 Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, cash transfers, as % of planned • A.2 Quantity of food assistance distributed, disaggregated by type, as % of planned
<p>11. Actual outcomes achieved with CERF funds</p>	
<p>With the CERF fund under this project, 132,000 people of ninety-eight village development committees (VDCs) in four districts have been provided food ration through a general food distribution. The food ration will cover the individual recommended nutritional and caloric requirements. The daily ration will include 400 grams of rice, 60 grams of pulses, 30 grams of vegetable oil, 50 grams of super cereal (fortified blended food) and 7.5 grams of salt, for a total of 2,100 kilocalories per person per day.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>No significant discrepancy.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): Fill in If 'NO' (or if GM score is 1 or 0):</p> <p>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.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
14-RR-CEF-146	Nutrition	UNICEF	District Health Office and Water Supply and Sanitation Office	GOV	\$19,079	24-Feb-15	1-Oct-14	
14-RR-CEF-146	Water, Sanitation and Hygiene	UNICEF	Red Cross	RedC	\$29,809	30-Dec-14	1-Oct-14	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
CERF	Central Emergency Response Fund
FCHV	Female Community Health Volunteer
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HCT	Humanitarian Country Team
IRA	Immediate Rapid Assessment
MAM	Moderate Acute Malnutrition
MIYCF	Maternal, Infant and Young Child Feeding
MOHA	Ministry of Home Affairs
MOHP	Ministry of Health and Population
NEOC	National Emergency Operation Center
NFI	Non Food Item
NRCS	Nepal Red cross Society
OTP	Outpatient Therapeutic Programme
RUTF	Ready to use therapeutic food
SAM	Severe Acute Malnutrition
WASH	Water Sanitation and Hygiene
WRA	Women of Reproductive Age