RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS NEPAL RAPID RESPONSE EARTHQUAKE 2015

RESIDENT/HUMANITARIAN COORDINATOR	**Jamie McGoldrick**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

YES ☒ NO ☐

1 December 2015: HCT AAR conducted, including CERF component. Participants included: HC, OCHA, all relevant UN agencies, the Association for International NGOs (NGO Forum), and donors (Australia, DFID, ECHO, SDC, USAID).

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 ☐

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 ☐

The report was shared with all relevant stakeholders upon finalization of the first draft and submitted to HC/RC for final approval.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: US $422,000,000 (Nepal Earthquake Flash Appeal, April 2015)		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	14,913,716
	COUNTRY-BASED POOL FUND (*if applicable*)	0
	OTHER (bilateral/multilateral)	258,486,284
	TOTAL	**273,400,000**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 01-May-15			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	15-RR-CEF-054	Water, Sanitation and Hygiene	3,500,770
FPA	15-RR-FPA-017	Protection	254,125
UNICEF	15-RR-CEF-053	Protection	255,195
IOM	15-RR-IOM-017	Shelter	3,500,000
UNFPA	15-RR-FPA-016	Health	499,690
UNICEF	15-RR-CEF-052	Health	1,004,901
WHO	15-RR-WHO-018	Health	978,836
WFP	15-RR-WFP-032	Common Logistics	2,000,000
WFP	15-RR-WFP-031	Food Aid	2,920,199
TOTAL			**14,913,716**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	11,927,964
Funds forwarded to Red Cross Movement partners	715,085
Funds forwarded to NGOs for implementation	2,240,213
Funds forwarded to government partners	30,454
TOTAL	**14,913,716**

HUMANITARIAN NEEDS

On 25 April, a 7.8 magnitude earthquake struck Nepal causing thousands of casualties and large scale destruction. Strong aftershocks continued to threaten the lives of thousands of people and to further damage buildings and infrastructure. Many people slept outside for several consecutive nights, enduring rains. On 12 May, another strong quake (7.3 magnitude) hit worsening the humanitarian situation.

According to initial estimates and based on earthquake intensity mapping, over 8 million people were affected in 39 of Nepal's 75 districts. The Central and Western Region, including the Kathmandu Valley districts, are most affected. Over 2 million people live in the 11 most critically hit districts. The estimated number of affected people was calculated using data from the 2011 census and Government guidance that 50 per cent of the total population in the earthquake-hit districts is affected. As additional information became available, it was determined that 14 districts with a population of 5.4 million people were the most severely hit.

According to the Government and as of 29 April, the earthquake caused 5,006 deaths, most of them in Bhaktapur, Kathmandu and Lalitpur. Thousands have been injured. As of 26 November, these figures have since increased to over 9,000 deaths. The Government confirmed that over 600,000 houses were destroyed and 288,000 were damaged.

Displacement of people in urban and rural areas has an immense impact on daily life. Afraid of returning to their homes, many people stayed in tents along roadsides or in gardens of friends and neighbours in Kathmandu.

Up to 90 per cent of health facilities in rural areas were damaged while hospitals in district capitals, including Kathmandu, were overcrowded and lack medical supplies and capacity. National telecommunications system and services were severely damaged throughout the affected areas.

Kathmandu International Airport has limited capacity to handle incoming relief flights. In the immediate aftermath of the disaster, many relief flights were diverted to neighbouring countries which delayed the arrival of incoming relief, search, rescue and medical teams. The World Food Programme (WFP) has set up a Humanitarian Staging Area to ease the flow of life-saving relief commodities. Airlifts are required to access rural areas.

Based on initial assessment, WFP estimates that 1.4 million people are in need of food assistance. Of these, 750,000 people live near the epicentre in poor quality housing. Impact on agriculture based livelihoods and food security is expected to be extremely high. Malnutrition rates in certain areas of Nepal are among the highest in the world.

Nepal relies on trucking and wells for fresh water. In the aftermath of the quakes, the transport has been interrupted and many wells damaged leading to fears of water-borne diseases.

II. FOCUS AREAS AND PRIORITIZATION

On 29 April, the Humanitarian Country Team (HCT) launched a Flash Appeal which called for US$415 million to respond to the most urgent humanitarian needs of the earthquake affected communities for three months. The priorities were based on initial results of assessments, earthquake intensity mapping and secondary data analysis. The HCT undertook a rigorous assessment of operational capacity to deliver against assessed and evolving needs. The Flash Appeal covers all vulnerable groups, including internally displaced persons (IDPs), host communities, ethnic and indigenous groups and other affected people. The Appeal prioritised life-saving and protection programmes.

The main humanitarian needs prioritised in the initial Flash Appeal are:

WASH	**Access to safe drinking water and sanitation and hygiene** Safe water, temporary latrines and bathing spaces are urgently needed for most vulnerable displaced populations and for institutional facilities. Promotion of hygiene in the wider affected population and limited collection of solid waste in IDP camps is critical to reduce the risk of waterborne disease outbreaks, especially as cholera is endemic.
Food Security	**Food Security** Covering basic food and nutrition needs and ensuring no further deterioration of nutrition status among vulnerable people and communities. Ensuring time-critical inputs to re-establish livelihood support for 20,000 households in 9 most critical districts.
Shelter/NFI	**Emergency shelter and essential items** Damage and destruction of homes has left an estimated 2.8 million people displaced. People urgently need emergency shelter and essential relief items.
Health	**Access to medical care** With more than 4,300 people killed and more than 8,500 injured, support for mass casualty management is urgently needed. In addition, re-establishment of disrupted life-saving health services for women and children.

Protection	**Protection of most vulnerable populations** Protection systems and key inputs are needed to prevent and respond to violence and gender-based violence against children and women, particularly among displaced populations. This includes providing learning activities for children in safe spaces and addressing psychosocial support needs.

The following initial target beneficiaries per cluster were articulated in the Flash Appeal (29 April):

WASH	4.2 million affected people
Food Security	3.5 million affected people
Shelter/NFIs and CCCM	500,000 displaced persons
Health	4.2 million affected people, including 1.7 million children
Protection	2.1 million children and 525,000 women of reproductive age
Nutrition	89,000 children under five
Education	1.5 million children

III. CERF PROCESS

The CERF grant application closely follows the Flash Appeal (29 April) process. Preparation for the CERF was initiated before the launch of the Flash Appeal. Therefore, prioritisation, based on urgent needs and life-saving criteria, stems from analysis used in the appeal guided by and refined through consultations with cluster leads. The aim is to ensure that immediately available funds could be channelled into critical, life-saving activities while waiting for resources through the Flash Appeal to become available.

The Emergency Relief Coordinator designated the Resident Coordinator as Humanitarian Coordinator (HC) on 27 April. Daily HCT and inter-cluster coordination (ICC) meetings were convened to develop strategic and operational guidance for the response. The HCT rolled out the following clusters: Food, Shelter/CCCM, Health, WASH, Nutrition, Logistics, ETC, Education, Protection, including Child Protection and Gender Based Violence, as well as Early Recovery.

Immediately following the earthquake and in collaboration with OCHA and UNDAC members, the Resident Coordination in consultation with the HCT prioritised six clusters for the CERF request: Shelter/NFI (including CCCM), WASH, Logistics, Health, Protection and Food. This was based on an initial assessment of needs and local capacities, as well as on HCT expectations on already announced donor pledges.

The Government of Nepal has identified shelter, WASH, health and food as key priorities. Food assistance is critical in light of the extremely high impact expected on agriculture-based livelihoods and food security. In most critically hit districts, up to 80 to 90 per cent of buildings and homes are estimated to have been damaged or destroyed. This guides the need for shelter but also the need to ensure access to basic life-saving services. For example, the needs for WASH are increasing as more data on the number of affected women and children become available especially in the far-flung affected districts. The needs initially identified only concern the actual number of people displaced, but also the wider population in the affected areas. Both WASH and health needs must be immediately responded to not only to mitigate the rising number of casualties from the earthquake, but also to prevent outbreak of diseases.

The decision of the RC/HC was communicated to and agreed by the Heads of UN Agencies on the HCT and with Regional Directors in Bangkok. Cluster heads were requested to provide input into the CERF in coordination with the cluster group members.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis: 2.8 million people (Nepal Earthquake Flash Appeal, April 2015)									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Water, Sanitation and Hygiene	45,398	136,193	**181,591**	49,181	147,542	**196,723**	94,579	283,735	**378,314**
Protection	368,186	769,346	**1,137,532**	375,468	667,949	**1,043,417**	743,654	1,437,295	**2,180,949**
Shelter	77,337	131,683	**209,020**	76,313	124,510	**200,823**	153,650	256,193	**409,843**
Health	632,333	156,757	**789,190**	537,567	133,243	**670,810**	1,169,900	290,000	**1,460,000**
Common Logistics									
Food Aid	152,832	211,052	**363,883**	152,831	211,051	**363,883**	305,663	422,103	**727,766**

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

BENEFICIARY ESTIMATION

We estimate the total beneficiaries reached through CERF funding at 2,180,949 people, including 743,654 children and 1,437,295 adults. Of these, an estimated 2,000,000 beneficiaries were reached through radio messaging (Protection). Approximately 1.46 million were direct beneficiaries of CERF funds (essential Health services). All CERF sectoral responses targeted earthquake affected people across the same 14 districts – those most greatly affected by the two earthquakes and closest to the epicentres of each. The sector with the highest number of beneficiaries in this case is Protection, and the activities of this largest sector were directed towards the vast majority or the entirety of the beneficiaries of all other sectors.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	368,186	769,346	1,137,532
Male	375,468	667,949	1,043,417
Total individuals (Female and male)	**743,654**	**1,437,295**	**2,180,949**

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.*

CERF RESULTS

CERF funds enabled the timely and immediate initial response across all sectors in the immediate aftermath of the earthquakes. In the area of **Protection**, CERF funds made possible the distribution of 8,714 dignity kits (out of a total 52,000 delivered through the overall response), containing essential hygiene and safety supplies such as soap, a change of clothes, sanitary supplies, and flashlights. The kits were distributed through mechanisms such as female friendly spaces, mobile reproductive health camps, and were always accompanied by awareness raising sessions on gender based violence. Additionally, IEC materials, radio messaging and community outreach with

protection messaging was made possible, including over 5,000 radio messages on 18 local FM stations in local languages across the 14 most affected districts as well as 40,000 'pocket cards' with protection messages and hotline numbers in Nepali. The CERF-funded protection messages were coordinated and closely related to the work of the GBV sub-cluster, ensuring referral through jointly endorsed referral pathways and service directories. Furthermore, these funds have contributed to the provision of psychosocial support to 158,478 children and care takers, to the identification and prevention of 956 people of being trafficked and 379 children being identified as being separated or unaccompanied (353 of them being reunified with their families and 26 placed in alternative care). Additionally, more than 20,000 children have been provided with clothing.

In terms of **Health**, CERF funds supported the provision of life-saving and primary health care services for the affected population including essential newborn care, Reproductive Health services for pregnant and lactating mothers; the provision of emergency health kits; effective health cluster coordination at national and district levels; and strengthened disease surveillance systems for the mitigation and prevention of diseases with potential for outbreak. An estimated 1.46 million people had access to essential health care services including children under 5, pregnant and lactating mothers, and adolescents. CERF funds helped to ensure that there were no outbreaks of any communicable diseases in all 14 affected districts. In the area of Reproductive Health, CERF funds enabled the distribution of 1,235 ERH kits to community, primary health care and referral hospitals, covering 1.4 million women of reproductive age over a 5 month period, and also enabled the procurement of tents, equipment and supplies for 10 maternity units. Sixteen comprehensive RH camps provided 22,235 services and reached large number of adolescents and women affected by the earthquake.

CERF funds enabled the procurement and distribution of Shelter/NFI kits to beneficiaries; monitoring of items distribution to beneficiaries and sharing information among relevant partners; temporary site profiling and identification of humanitarian priorities; and roving camp facilitation teams providing necessary support in priority sites. **Shelter** support enabled coverage of significantly more beneficiaries than planned: a total of 409,843 individuals (153,650 children and 256,193 adults) were assisted rather than 79,500. The planned outcome and beneficiary targets were fully reached and indicators were overpassed due to the complementarity of CERF funds with other sources of funding, which allowed maximization of resources and outreached of a greater number of beneficiaries in need of assistance.

In terms of **WASH**, CERF supported the affected population with adequate, gender and child friendly sanitary and hygiene facilities and adequate clean drinking water in line with Sphere standards from the first days of the response. This included the rehabilitation of 59 water systems and the construction of 12,387 latrines in the 14 most affected districts, in addition to the distribution of water purification tabs (35,312 households) and hygiene kits (47,387 households). Funds contributed to the immediate delivery of supplies and partnership in remote areas, helped leverage additional resources from other donors for WASH interventions and supported cluster coordination at the district level for collaborative response.

In terms of **Food Security**, the CERF application process was timely and efficient. With the guarantee of CERF funding, WFP was immediately able to mobilize its internal advance financing system, which was used to deploy pre-positioned basic emergency food rations. Through this, the CERF grant went to financing WFP's support of over two million earthquake-affected people within six weeks of the April 25 earthquake. The CERF grant went to directly supporting 727,766 people with 2,102 metric tons of rice as part of WFP's immediate emergency food rations.

For **Logistics**, the CERF application process was timely and efficient. With the guarantee of CERF funding, WFP was immediately able to mobilize its internal advance financing system, which went to activating the Logistics Cluster response from its logistics hubs throughout Nepal's earthquake-affected districts, including the Humanitarian Staging Area in Kathmandu. Through this same funding, the UN Humanitarian Air Service (UNHAS) was able to provide airlift services for the transportation of cargo and personnel for the entire humanitarian community. Through the CERF funds, Logistics Cluster was able to support the delivery of humanitarian aid to affected populations by augmenting the logistics capacity by coordinating strategic airlifts and other air cargo services and the provision of surface transportation for the humanitarian community. Agencies using the UNHAS services within the reporting period numbered 154, far surpassing the initial 30 partners expected to be served, recording a level of satisfaction of 88 percent (surpassing the 80 percent).

Overall, CERF funding allowed for rapid delivery of relief items, messaging and related interventions. This aided in the leveraging of additional funds from other donors as it raised the profile of all emergency needs at an early stage in the response. Delivery of results under CERF funding was hampered by monsoon-related flooding and landslides, as well as customs and border delays. Unforeseen operational challenges included government policy over customs exemption, ongoing fuel shortages from September to date, and political/civil unrest along the border regions. Although these created delays, results were generally achieved as planned. It is agreed that CERF funds added value to the humanitarian response, raising the profile of certain sectors, enabling rapid response, and signalling to donors that this emergency required additional support.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds allowed for the rapid procurement of protection-related relief items such as clothes for women and children, safety items and protection messaging. CERF funds enabled initial response to provide WASH life-saving measures: affected people benefited from adequate, gender and child friendly sanitary and hygiene facilities and adequate clean drinking water. The CERF enabled health partners to quickly mobilize the required technical, logistic and financial resources to support the Ministry of Health and local partners across the most-affected districts. With WFP's internal advance financing mechanism, CERF funding was put to use almost immediately after the request was submitted.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds were utilized for life-saving measures including the provision of drinking water, installation of temporary toilets and distribution of hygiene kits. The time critical needs in this case were to get humanitarian supplies (food and non-food items) to earthquake affected people in as short a time as possible. Responding to the earthquake emergency needed to happen immediately to be effective and CERF funds greatly assisted with this. While protection needs are not always recognized as critical in the early stages of emergency response, CERF funding allowed for early protection related interventions, something which also helped to raise the profile of protection needs including Child Protection and GBV.

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

Donor response in the first weeks of the Nepal earthquake was gradual. As CERF contributed to the overall earthquake response, it provided more visibility to the financing. CERF resources made available to Shelter and CCCM facilitated the allocation of funds from DFID, OFDA/USAID and ECHO for the same kind of activities, ensuring coordination with relevant donors and stakeholders to maximize the support provided. The National WASH cluster established a basket fund for WASH response; CERF funding to this basket also encouraged other agencies to respond. While it is not explicitly clear that other funding was leveraged specifically due to the availability of CERF funding, the ability of actors in the Protection cluster to respond immediately thanks to CERF funding aided agencies to put protection needs – GBV and Child protection in particular – on the agenda and made these issues more visible to other donors. That said, funding decisions are often taken outside of the flash appeal process and in the very immediate (hours) following an emergency and as such, the CERF process – which is time consuming – does not necessarily have the leveraging impact it 'should' have.

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

The drafting of the CERF proposal in the first few days after the onset of the emergency required key actors to coordinate effectively on joint grant submissions; this was indeed successful. UNICEF partnered with several national level I/NGOs, CBOs and Red Cross for effective and timely WASH response. This partnership improved response to the affected population and also strengthened coordination among humanitarian partners. For WHO, it provided support for the agency to take on the health cluster coordination role in Kathmandu and in the affected districts where UNICEF and UNFPA are very active members. UNFPA was tasked to support the Family Health Division to chair the RH sub-cluster in addressing RH needs of the affected population. CERF also showed strong support for WFP as an inter-agency service provider throughout the earthquake emergency, and this certainly improved coordination.

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

The HCT agreed overall that CERF funds added value to the humanitarian response. HCT prioritization and decision-making efforts forced difficult time-bound decisions, provided a framework for discussion, and helped other internal resources decisions by quickly

[1] 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.).

allocating necessary funds. Protection partners assert that CERF funding allowed for an immediate start to the Protection response. In addition to the effect this had in terms of reaching beneficiaries as outlined above, this allowed for higher visibility of protection issues at the outset; an important political and symbolic message to both national partners and donors about the importance of these issues.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Requirements for detailed budget breakdown can delay the submission of the proposal. Better to simplify the budget section in preparing the budget section of CERF applications to avoid unnecessary delays	Simplifying the budget breakdown requirements. WFP budget lines are not consistent with the format presented in the budget section, which often leads to misunderstanding and repeated back and forth. CERF should communicate clearly to the agencies (through brief messages or trainings) consistent ways of preparing the budget section.	CERF Secretariat
Timely release of funds as per prioritized needs enables rapid response.	Improve timeliness and maintain responsiveness to partner's requests. Possibly delegate a larger authority to determine eligibility for CERF funds at the county level.	CERF Secretariat
Date of signature of the agreement used as CERF **'start date'**, and end date calculated accordingly (six months after). CERF countered that the end date was six months after the 'start date' of the **overall project**, **which was 1-2 weeks before our records**. Partner 'lost' about 2 weeks of implementation time.	Clarification of project start and end dates required.	CERF Secretariat has indicated that the project start date is the fund disbursement date or early implementation start date. Information shared with partner.

The CERF proposal reflected the initial estimates of damage and response needs. WASH was very much inclined towards emergency support for people in camps/temporary settings. The planned interventions had to be modified as fewer people moved to camps and specific WASH interventions were required at homes (e.g household safe water instead of community water points; sustained sanitation rather than emergency sanitation)	Broader activity targeting would allow greater flexibility in rolling out the response plan as per the needs of the affected population.	CERF Secretariat
The CERF application process was quite clear and there was very good constant support from OCHA/Hannes to help the Health cluster submit their proposal on time	OCHA team members working very closely with the clusters and to and fro discussion supports timely development of the CERF proposal.	CERF Secretariat & OCHA

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
CERF funds were substantial in the initial round of response to the most affected areas, on time. The funds were timely to move strategic support to hard to reach areas together with partners, with needed supplies.	Broader activities would support more flexibility in adjusting to the needs of the affected people and country setting. This should apply to any new fund request made to CERF	WASH Cluster
Strong OCHA support to the HCT enabled a rapid and proactive identification of priorities and allocation of funds	Provision of dedicated OCHA staff to CERF process helps to ensure a smooth and targeted process, and facilitate communication between HCT members, RCO, and CERF NY	OCHA, RCO, CERF

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO, UNICEF, UNFPA	**5. CERF grant period:**	28.04.15 – 27.10.15
2. CERF project code:	15-RR-CEF-052 15-RR-WHO-018 15-RR-FPA-016	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Health		
4. Project title:	Addressing health needs in the earthquake affected population		

7.Funding				
	a. Total project budget:	US$ 32,508,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 18,157,117	▪ *NGO partners and Red Cross/Crescent:*	US$ 433,529
	c. Amount received from CERF:	US$ 2,483,427	▪ *Government Partners:*	US$ 675,977

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	196,000	100,000	296,000	632,333	537,567	1,169,900
Adults (above 18)	300,000	300,000	600,000	156,757	133,243	290,000
Total	**496,000**	**400,000**	**896,000**	**789,190**	**670,810**	**1,460,000**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	896,000	1,460,000
Total (same as in 8a)	**896,000**	**1,460,000**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Through the combined efforts of UNICEF, UNFPA and WHO, 1.4 million people of which 1.17 million children were reached. The reason for the discrepancy between the figures planned and reached is that the beneficiaries of health facilities providing primary health care include persons who are sick as well as those people who do not get sick as a consequence of the health care activities conducted by the health facilities.	

CERF Result Framework			
9. Project objective	Reduce avoidable mortality and morbidity from the earthquake		
10. Outcome statement	Essential medical and surgical services are made available to earthquake affected population in 14 priority districts within three months		
11. Outputs			
Output 1 (WHO)	Validation of health information on health status of earthquake victims		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Validation report produced from all 11 priority districts including information on the health status of the earthquake affected victims	14 district reports	14 districts
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Validation teams mobilized to all 11 districts	MOHP	MOHP
Activity 1.2	Analysis of validation findings	MOHP and health cluster lead	MOHP and health cluster lead
Activity 1.3	Dissemination of validation finding	Health cluster lead	Health cluster lead
Output 2	14 district hospitals and 14 health facilities are strengthened through mobilization of essential resources such as medicines and human resources within three months		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of health facilities supported	14 district hospitals	40 health facilities supported through Medical Camp Kit – (MCK)
Indicator 2.2	Number of health facilities able to provide medical and surgical care	1 health facility per district (14)	At least 3 Primary Health Care (PHC) facilities in 11 districts were supported to provide medical and surgical care *through Medical Camp Kit – MCK); Kathmandu, Lalitpur and Makwanpur did not require full MCK support. Only tents were provided
Indicator 2.3	Referral mechanism developed	Mechanism in place	Emergency referral mechanism developed in 14 districts
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Identification of badly damaged health facilities	MOHP	MOHP and health partners (validated through PDNA process)

Activity 2.2	Provision of necessary human resources and supplies for providing treatment	WHO and health cluster partners and MOHP	WHO and health cluster partners and MOHP
Activity 2.3	Services and referral mechanism (including SRH, etc) developed for patients needing physical rehabilitation	Handicap International, MOHP, WHO	MOHP with support from WHO, IOM, CBM and Handicap International
Output 3	Water and sanitation and health care waste management in 3 health facilities strengthened within three months		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of health facilities with adequate quantity and quality of water	3	40 through MCK
Indicator 3.2	Number of health facilities with a system of healthcare waste management	2	40 through MCK
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	sustainable healthcare waste management system for hospitals is established	WHO MOPH DUDBC	Not achieved due to technical challenges
Activity 3.2	Hospitals are equipped with healthcare waste management systems	WHO MOPH DUDBC	Not achieved due to technical challenges
Activity 3.3	Safe water system for each health facility is available	WHO MOPH DUDBC	40 health facilities through MCK
Output 4	Establish emergency surveillance system in 14 districts		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Emergency surveillance system functioning in districts	14	14
Indicator 4.2	Health facilities equipped with adequate supplies and equipment	14	14 (supplies, tools and equipment)
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Establish or strengthen an emergency health surveillance system at district level	WHO, MOHP and cluster partners	WHO, MOHP and cluster partners
Activity 4.2	Provide adequate supplies and equipment for addressing public health needs	WHO and cluster partners	WHO, MOHP and cluster partners
Activity 4.3	Provide public health control measures to prevent deterioration of public health status of the affected population. ie. Prevention of outbreaks, addressing NCDs, etc.	WHO,MOHP and cluster partners	WHO, MOHP and cluster partners
Output 5 (UNICEF)	93,000 women and 83,600 newborn have access to quality emergency and primary health care services within three months		
Output 5 Indicators	**Description**	**Target**	**Reached**
Indicator 5.1	% of pregnant women given complete pregnancy services (ANC, TT, SBA, PNC)	90% or (5,644) 6,272 is the expected number of pregnant women in	141% (7,970)

		the target population of 896,000).	
Indicator 5.2	% of newborn received essential newborn care at the time of birth	50% or (2,688) 5,376 is the expected number of newborns in the target population of 896,000).	171% (4,602)
Output 5 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 5.1	Provision of clean delivery kits and newborn kits	UNICEF, MOHP	UNICEF, MOHP, NGO
Activity 5.2	Provision of mobile clinics for PHC services	UNICEF, MoHP, NGOs,	UNICEF, MoHP, NGOs,
Activity 5.3	Provision of emergency health kits	UNICEF, MoHP, NGOs,	UNICEF, MoHP
Output 6	290,000 under five children are protected/treated for communicable and vaccine preventable diseases within three months		
Output 6 Indicators	**Description**	**Target**	**Reached**
Indicator 6.1	% of children reached with primary health care services	75% or (51,072) 68,096 is the expected number of under-five children in the target population of 896,000).	89% (45,310)
Indicator 6.2	% of coverage of ORS/Zinc in the relevant age group by gender among affected population	95% or (64,691) 68,096 is the expected number of under-five children in the target population of 896,000).	86% (55,612)
Output 6 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 6.1	Mobilize community to increase utilization of PHC services through NGO	UNICEF, NGOs	UNICEF, NGOs
Activity 6.2	Procurement/distribution of ORS/Zinc during measles campaign	UNICEF, NGOs	UNICEF, NGOs
Output 7 (UNFPA)	300,000 Women and youth of reproductive age able to access lifesaving reproductive health services within three months		
Output 7 Indicators	**Description**	**Target**	**Reached**
Indicator 7.1	Number of pregnant and lactating women in camps and host communities availing antenatal check-ups through RH medical camps	3,000	2805 (including ANC and PNC, plus delivery)
Indicator 7.2	Number of health facilities providing reproductive health services and supplies to affected populations	10	10 (see below)

Output 7 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 7.1	Procurement of medical kits and supplies for essential reproductive health care	UNFPA, MOH	UNFPA majority, ADRA & Care & DHO Sindhuli for local procurement of DDA approved medicines)
Activity 7.2	Storage, transportation and Distribution of life saving RH kits, equipment and supplies to health centers	UNFPA, Care, ADRA, FPAN	UNFPA, Care, ADRA, DHO Sindhuli
Activity 7.3	Implement reproductive health information campaign/RH medical camps for women of reproductive age and adolescents	UNFPA, Care, ADRA, FPAN	UNFPA, Care, ADRA, DHO Sindhuli

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

One of the priorities for **WHO** including health partners, was to re-establish essential health care services in damaged or destroyed health facilities for the affected population. Medical Camp Kits (MCK) was developed by WHO with support from WFP, UNICEF, UNFPA, IOM, Americares, FairMed as a quick means to establish primary health care (PHC) services in an affected area. MCKs through tented facilities would be able to provide health services that would be available in a primary health care centre such as immunization, services for children, pregnant and lactating mothers including birthing services, and minor surgical interventions. In addition to providing staff accommodation, MCKs were also equipped with essential medicines and medical supplies, solar power equipment and, WASH facilities including clean and potable water. MCK proved very useful in earthquake affected districts where existing MoHP health workers were able to continuing providing PHC services to the affected population in their locations of work.

A key support that CERF provided to WHO was to put in place a good coordination mechanism through the cluster mechanism both a national and at district level. Led by the MoHP and WHO as the co-lead/secretariat, the cluster mechanism enabled MoHP to share information immediately to all partners on the health status of affected population including immediate needs, and the sharing of tasks amongst health partners in which location and based on their capacities. At the height of the response, 357 health partners were active in the health cluster. Foreign Medical Teams were also very active participants of the health cluster coordinating their efforts with MoHP and Nepal Army. The cluster mechanism using the 4W (Who, What, Where and When) ensured that there would be neither duplication nor overlap of partners' activities/interventions in one location and that all affected population is provided with health care services. WHO deployed district health support officers to all 14 highly affected districts to act as "district health coordinators" to support the district health office in the coordination of the local health response with health partners on the ground. 5 Health sub-clusters were established to better coordinate specific areas of health intervention: TB sub-cluster led by the National Tuberculosis Centre (NTC), RH sub-cluster led by the Family Health Division (FHD), Injury Rehabilitation sub-cluster led by Leprosy Control Division/MoHP, Mental Health sub-cluster led by Curative Services Division/MoHP and the Early Recovery working group led by the Chief of Planning Division/MoHP.

Through CERF funds, WHO was also able to scale up disease surveillance systems in the affected districts. This entailed supporting MoHP in revising the existing disease surveillance tools based on "syndromic disease surveillance", identifying additional sentinel reporting sites, and supporting to establish communication channels for daily reporting to the district health offices. Refresher trainings were also conducted by WHO and health partners to have uniformity in reporting since partners were also providing health services through temporary health structures or mobile clinics. Through coordination with the WASH cluster, WHO as health cluster lead, was able to supplement activities of health partners with that of WASH partners in mitigating the outbreak of water borne diseases in the affected districts. Any rumours or reports of suspected diarrheal cases, for example, were investigated together and necessary actions such as health and WASH education and awareness, were implemented.

Immediately after the earthquake, **UNICEF** established temporary medical centres for injured earthquake survivors at eight major hospitals in the Kathmandu Valley. Supplies procured using CERF funds were 50 medical tents and 372 emergency health kits containing essential drugs, and were used for the establishment of the medical centres. UNICEF supported the re-establishment of essential life-saving maternal and child health services in areas where health facilities were destroyed or damaged. These supplies were also provided to District Health Offices to restore primary health care services at health facilities.

Using CERF funds, UNICEF had worked to ensure the availability of a safe place to stay and seek medical attention for pregnant or postnatal women, newborns and children who were left homeless in the aftermath of the earthquake. The 22 shelter homes established by UNICEF in 11 affected districts directly benefited 9527 women and children while waiting for labour or after delivery. With these shelter homes, estimated 26,000 women gained access to a safe place to stay. Being equipped with electricity, water and a toilet in the premises, the shelter homes provided four proper meals a day. This initiative was found to be instrumental in addressing inequality as women and children from lower caste groups were among beneficiaries. Breakdown by ethnicity as follows: Tamang: 2,285; Bramhan: 1,857; Dalit: 1,485; Chhetri: 1,013; Newar: 678; Gurung: 623; Magar: 305; Madhesi: 91; Muslim: 64; Others: 1,126.

UNICEF had worked to revitalize maternal and newborn care services by deploying nurse midwives qualified as skilled birth attendants to birthing centres affected by the earthquake. Twenty-five nurse midwives were deployed to 25 birthing centres (3 in Rasuwa, 4 in Dhading, 5 in Sindhupalchowk, 5 in Dolakha, 4 in Gorkha, 4 in Nuwakot), and 8 senior mentors had covered 56 birthing centres for onsite coaching and capacity development of health workers involved in maternal and newborn care. They assisted in 569 deliveries and providing antenatal care service to 2799 pregnant women.

To realize a preparedness and response plan for diarrhoea and cholera outbreaks, 47,037 packages of ORS and Zinc were procured using CERF funds and were provided to health facilities. This has helped ensure access to life saving care for diarrhoea treatment. Using other funding, UNICEF has also trained public and private health care providers on the revised protocol of Integrated Management of Newborn and Children Illness (IMNCI).

UNFPA co-lead the Reproductive Health Sub-Cluster of the Health Cluster, with the Department of Health. The CERF funding enabled UNFPA to enhance its role as Co-Lead by also gap filling and leading the Sub-Cluster on the overall RH response.

Following the earthquake many health facilities were destroyed with supplies and drugs in these facilities being damaged. Given the increased caseload resulting from the crisis, there was also a need to provide medical equipment and supplies to ensure continued provision of life-saving RH interventions. UNFPA delivered much-needed emergency health supplies (RH kits) to district hospitals, health facilities and a number of International and NGOs active in this field. These prepackaged kits, in line with MISP IASC Guidelines, included clean individual delivery kits, clinical management of rape, contraceptives, drugs and supplies for STIs treatment, clinical delivery assistance instruments and equipment and supplies for the management of obstetric complications, including for assisted deliveries and C-sections. This involved international procurement, transportation, warehousing and distribution of RH kits along with orientation on their use and monitoring of utilization at field level.

The emergency RH kits are designed to serve varying population sizes with services being provided at community, primary health care and referral hospital levels. UNFPA provided 1,235 RH kits at a cost of approximately $862,000 in total over a period of 5 months which more than covered the 1.4 m estimated women of reproductive age in the 14 most affected districts. Based on reports received from partners, UNFPA total funding received was able to train 105 health care service providers and provide a total of approximately 140,000 different RH services in the 14 most affected districts. CERF funds provided almost 20% of the total budget spent on RH camps

Throughout the response, UNFPA supported 80 maternity units, 9 district hospitals, 4 tertiary hospitals, the D/PHO in 11 districts, all with RH kits and equipment. $118,000 was used to buy tents, which were used for maternity units (80) as well as transition homes (21). Maternity units were also provided with the required RH kits. All 14 districts were covered with these services. While we cannot say which specific 10 units were CERF supported, in total UNFPA exceeded its goals in terms of number of maternity units supported to provide life-saving RH services rapidly after the earthquake. UNFPA conducted 128 RH camps throughout the period 1st May – 31st October, across all 14 of the most-effected districts. The RH camps provided life-saving sexual and reproductive health services in remote, hard to reach and hard hit areas; they generally lasted for 3 days, are completely mobile, set up in tents and staffed by qualified medical staff. They provided general medical care, specialized adolescent SRH care, Ante and Post Natal Care, HIV testing and counselling, psychosocial counselling, family planning and other SRH services, as well as clinical management of rape. They also provided a stop gap while health facilities were rehabilitated, and while people adjusted to the post-earthquake health sector**.** For more information on RH camps please see this article: **http://countryoffice.unfpa.org/nepal/2015/05/27/12198/reproductive_health_on_the_move/**

Combined with other funding of RH camps, 16 of those were funded through the CERF grant, implemented by Care in Gorkha, Dhading, districts (11 RH camps), by ADRA in Kavre (2 RH camps) as well as by the District Health Office in Sindhuli (3 RH camps). The camps were for the most part conducted in remote villages, and areas where health services had been totally or partially destroyed. In advance of the camps, people were notified through radio broadcast and outreach activities by volunteers, including female community health volunteers. Special attention was paid to engaging with young people; each camp held an adolescent corner, staffed by trained adolescent volunteers, who could provide specific tailored information to young people and adolescents, in a safe and non-threatening environment.

Over 90,000 services were delivered in total through the RH mobile camps, with 22,235 services delivered through CERF funded RH camps; including 3175 to adolescent girls (19 and under). These services included awareness raising (1,592 women and girls, 195 men and boys), family planning (2,320 women and girls, 404 men and boys), treatment for STI's (791 women and girls, 15 men), post-natal care (375 women and girls), HIV testing and counselling (141 women and girls), treatment for uterine prolapse (398 women and girls), treatment and counselling for GBV

survivors (295 women and girls), as well as general medical care (2,216 women and girls, 419 men and boys). The number 2,805 quoted above refers to those only receiving specific ante and postnatal care, as well as delivery, as recoded by IPs, however the actual number of people attending the RH camps is considerably higher. UNFPA used the age bracket 10-19 for adolescent girls, which differs from the under 18 category used by CERF. Further, the numbers do not include those reached through awareness raising outreach activities, which was 2,135 adolescent girls, and 858 adolescent boys.

UNFPA was able to cover a large part of the earthquake affected area with RH camps. The number of camps carried out was higher than anticipated given the high request received from the different District Health Offices and also more costly given the remoteness and the high turnout requiring more drugs.

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

As **WHO** district office is housed within the District Health Offices, we are regularly updating the local authorities on the progress of our work including the challenges that we face. In addition, regular joint visits by WHO and district health offices are conducted to visit health facilities in VDCs and affected communities. Any problems identified together are addressed. For example, if there was a shortage of medicines or medical supplies in a certain health post, WHO would support the district health office in mobilizing them from regional stores or from KTM.

UNFPA played an active role ever since the **Communicating with Communities** group was formed under OCHA's leadership. UNFPA provided technical inputs in finalizing common messages, mapping out communication interventions in the affected districts and communicating with communities together with other partners via FM radios. The project collected data from UNFPA interventions, particularly RH camps and FFSs, hence giving a voice to many vulnerable people who may otherwise not have been heard.

UNFPA contributed to the development of the questionnaire and included questions specific to UNFPA's focus areas.

In an effort to communicate better with the earthquake affected communities, **UNFPA trained 75 members of Nepal Scouts** to act as enumerators in the Communicating with Communities project. Keeping in mind the increasing risks of several forms of violence which many displaced women and girls are facing in the current situation, the training was, among other things, on enhancing their skills and knowledge to prevent and respond to GBV.

A feedback questionnaire for RH kits was distributed to the 24 partners who received the kits. At the time of writing, only 6 partners had provided feedback. However, initial findings show that all the partners found the RH Kits provided by UNFPA were useful. All of them reported RH kit 2A as most useful kit. However, two partners also found RH kit 2B and 4 also very useful. A single partner reported that RH 3 and 5 as least useful kit because they reported that RH kit 3 and 5 had similar content and was difficult for the mobile medical units to keep a logbook of distribution of supplies from each of these kits. Further results will be available at a later date, and will be incorporated into UNFPA learning and contingency planning documents.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
WHO: no evaluation is planned since WHO has been updating achievements regularly through the national and district health cluster mechanism. In addition, WHO has been able to demonstrate its achievements through 4W collection of data and information.	EVALUATION PENDING ☐
UNICEF: Along with close, direct monitoring by UNICEF staff, third party monitoring was conducted to visit all UNICEF Nepal's humanitarian response areas; meeting the implementing partners and government counterparts; talking to key informants at service provision facilities (Hospital/health centers; schools/Temporary Learning Centers, Child Friendly Spaces, Outpatient Therapeutic Programme); and meeting with the affected populations. The objectives of the third party monitoring were to: Verify monitoring and progress reports submitted by UNICEF implementing partners; Assess the quality of services as per the agreed standards; Identify gaps in delivery of services (including supplies); and Identify any emerging issues . The information generated is used to ensure programme sections are working with the right partners and to address any issues and gaps regarding access to and quality of services and supplies. The final report has not yet been submitted to UNICEF.	NO EVALUATION PLANNED ☐
UNFPA: UNFPA integrated its earthquake response into the ongoing Country Programme (2013-2017) and will include the earthquake response as part of the Country Programme Evaluation which is due mid-2016. The Women's Refugee Commission in collaboration with the Family Health	

Division (FHD) Nepal, United Nations Population Fund (UNFPA) and Sexual and Reproductive Health Programme in Crisis and Post-Crisis Situations (SPRINT)/FPAN along with the RH sub-cluster undertook an MISP assessment in Nepal, from September 14-21, 2015. The objectives of the evaluation were to: Assess the extent to which MISP has been implemented; Identify the availability, accessibility, and use of MISP services; Describe the facilitating factors and barriers to the implementation of the MISP and equitable scale up of services; Assess the level of disaster risk reduction and preparedness.

The full report is pending at the time of writing; however initial findings are available:

- Coordination, funding and supplies largely available in Kathmandu. Sufficient funding for the RH response and RH kits/supplies distribution and use were more of a challenge in Sindhupalchowk.
- Protection measures at health facilities largely reported as sufficient in Kathmandu but more challenged at the temporary field hospital and health facilities in Sindhupalchowk.
- Lack of knowledge and conflicting reports about the availability of health/clinical care for survivors of sexual violence, referral mechanisms established.
- To prevent the transmission of HIV free condoms available; practice of standard precautions reported a concern in Sindhupalchowk. Safe blood transfusion reportedly available at temporary hospital in Sindhupalchowk but no longer available.
- To prevent maternal and newborn morbidity and mortality SBA promoted and BEmOC, CEmOC and newborn care were supported along with referral systems 24/7 days per week. Selective use CDKs.
- Planning for comprehensive SRH services – to include addressing repair and upgrade of health facilities in Sindhupalchowk, adequate human resources along with their capacity development.

<u>Facilitating Factors</u>

- Responsibility for health after the crisis was shared by the whole Nepali community not just health personnel.
- Government including Department of Health focal staff and national and international response of NGOs
- Regular RH, GBV and Protection meetings
- Leadership of RH agencies/focal points – planning 4Ws
- Pre-positioning and supply of RH kits
- RH camps, Female Friendly Spaces
- Field hospital Mobile Clinics via helicopter
- MISP part of District Disaster Preparedness and Response Plans (DDPRP)
- Existing work on clinical management of rape (CMR) protocol and Referral Pathways

<u>Barriers</u>

- Lack of adequate numbers of qualified staff (Sinhupalchowk)
- Insufficient funding (local organizations in Sindhupalchowk)
- Destruction of birthing centers
- Transportation difficulties
- Insufficient training on the MISP
- MISP not understood by all policy levels – they say, “people need food, water and shelter but why RH?
- Coordination mechanisms – so many competing needs to coordinate and deliver services.
- Lack of uniformity of services –with everyone organizing support in their own way – need more integrated services.
- People not willing to report GBV because of fear of retribution

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	01/05/2015 – 31/10/2015
2. CERF project code:	15-RR-CEF-054	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		☒ Concluded
4. Project title:	Increasing access to Water, Sanitation and Hygiene for earthquake affected population in Nepal		

7.Funding			
	a. Total project budget:	US$ 12,750,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$ 6,772,518	▪ *NGO partners and Red Cross/Crescent:* US$ 2,106,393
	c. Amount received from CERF:	US$ 3,500,770	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	46,060	47,940	94,000	45,398	49,181	94,579
Adults (above 18)	69,090	71,910	141,000	136,193	147,542	283,735
Total	**115,150**	**119,850**	**235,000**	**181,591**	**196,723**	**378,314**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	117,500	151,326
Host population		
Other affected people	117,500	226,989
Total (same as in 8a)	**235,000**	**378,315**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	UNICEF WASH achieved 161% over the initial beneficiary target. As the context shifted in the field, a strategic decision was made to work at the household level rather than emphasize water tankering at temporary sites. Less people relocated to temporary sites than expected; many initial sites were demobilized within 90 days; and people returned to their places of origin, increasing the need for household level water treatment rather than safer water interventions at sites. With the engagement of partners at the household level and further through community consultations, they were able to achieve better results than planned.

CERF Result Framework			
9. Project objective	Improving access to water, sanitation and hygiene for children and women affected by earthquake from the most affected districts of Nepal through the provision of water tanks, latrines, and hygiene kits, and the rehabilitation of springs		
10. Outcome statement	Affected people including children and women affected by the earthquake have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities		
11. Outputs			
Output 1	Provision of safe water and sanitation facilities to some 235,000 earthquake affected people within three months		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of safe drinking water tankers provided to affected communities (20 rounds per day during 90 days	1,800	35,312 people received on point of use Household water treatment interventions (Aqautabs, chlorination)
Indicator 1.2	Number of springs rehabilitated within the affected areas (with distribution schemes)	375	59 water systems
Indicator 1.3	Number of latrines built for affected populations	4,700	12,387
Indicator 1.4	Number of hygiene kits distributed to affected communities	47,000	47,387
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Provide safe drinking water for 235,000 people	UNICEF and partners	OXFAM, ENPHO, NRCS
Activity 1.2	Provide temporary latrine and bathing spaces for 235,000 people	UNICEF and partners	Oxfam, NRCS, UNHABITAT
Activity 1.3	Distribute hygiene kits, menstrual hygiene materials and conduct hygiene education to 47,000 families	UNICEF and partners	UNHABITAT, NRCS, ENPHO, OXFAM

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

Fast changing demands and conditions such as less people stay in camps and many initial temporary camps being demobilised within 90 days and people returning to their original places of dwelling affecting many planned activities such as water tanker activities were superseded by household water treatments in view of safer water interventions.

Water tankering (1.1) was not required as estimated due to the fact that government was providing water tankers as part of their early response and few of the cluster members including UNICEF partner Oxfam had prior agreement with water tanker association for immediate assistance which lowered the demand for water tankering through UNICEF. However assurance of water quality at household and community level was a priority to reduce chances of waterborne disease like diarrhoea and cholera.

Detail assessment found less water systems damaged (indicator 1.2) for emergency repairs within the affected areas where the emergency intervention shifted to i) safe water treatment at household lever reaching 32,312 beneficiaries and ii) provision of household sanitation improvement through emergency household latrines construction reaching 12,387 latrines (263% over target).

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
UNICEF WASH section carried out several assessments to the affected areas with government counterparts and all key stakeholders, conducted field monitoring and evaluation missions on partners' WASH works to ensure effective and appropriate emergency WASH interventions for the targeted beneficiaries. Around 5- 8 WASH officers were deployed from Day 3 in the earthquake affected districts to ensure standard and quality WASH response through various partners. UNICEF as WASH Cluster Co-lead engaged with government and WASH cluster members on joint monitoring missions to assess and ensure accountability of overall emergency WASH interventions in all 14 earthquake affected districts. **In addition, UNICEF has put in place a third party monitoring system to monitor the response and ensuring reaching to the actual affected population in all 14 districts.**	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation is planned. Direct monitoring by UNICEF staff, partners and third party monitoring was conducted. This includes: periodic meetings with implementing partners and government counterparts; talking to key informants at service provision facilities (water supply, hygiene and sanitation services): and meeting with the affected populations. The information generated through Third Party/End-User Monitoring is analysed and used by UNICEF and its partners to ensure effective programme implementation and address gaps regarding access to and quality of services and supplies. The final report is yet to be generated. The objectives of the third party monitoring were to: Verify monitoring and progress reports submitted by UNICEF implementing partners; Assess the quality of services as per the agreed standards; Identify gaps in delivery of services (including supplies); and Identify any emerging issues related to the affected population which need urgent attention by partners and UNICEF.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA UNICEF	**5. CERF grant period:**	01/05/2015 – 31/10/2015
2. CERF project code:	15-RR-FPA-017 15-RR-CEF-053	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Protection		
4. Project title:	Ensuring protection of earthquake affected women and children in Nepal		

7.Funding			
	a. Total project budget:	US$ 3,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$ 492,695	▪ *NGO partners and Red Cross/Crescent:* US$ 202,859 (UNICEF)
	c. Amount received from CERF:	US$ 509,320	▪ *Government Partners:* US$ 26,032 (UNICEF)

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	128,000	64,000	192,000	368,186	375,468	743,654
Adults (above 18)	192,000	96,000	288,000	769,346	667,949	1,437,295
Total	**320,000**	**160,000**	**480,000**	**1,137,532**	**1,043,417**	**2,180,949**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	100,000	
Host population		
Other affected people	380,000	
Total (same as in 8a)	**480,000**	**2,180,949**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Due to the post-earthquake context in Nepal, it was not always possible to make a clear distinction between IDP's and other affected populations. Many people moved multiple times after the earthquake, to and from displacement sites, their own homes, relatives, and often just living under tarpaulins outside their house, meaning the distinction was not clear. As a result of this, disaggregated data on the status of the beneficiaries was difficult to obtain. However, in the future	

	more distinction could be made at the point of data collection between people housed in displacement sites, and those living in other circumstances. The radio messaging reached far more than the targeted number, due to the addition of cost-free activities with BBC Media Action, and the lower than anticipated cost of the messaging. This is the reason for the almost four times higher reached beneficiaries than target. UNFPA can provide further documentation on this if required.

CERF Result Framework			
9. Project objective	Women, children and other vulnerable groups (people with disabilities, people from marginalised groups, etc) are protected against violence, abuse and exploitation in IDP camps and affected communities through the provision of safe spaces, dignity kits, and information on protection concerns.		
10. Outcome statement	480,000 women and children have access to life-saving information and basic supplies that will prevent violence, abuse and exploitation		
11. Outputs			
Output 1	Provision of safe spaces and non-food items to ensure protection and dignity of women, children and vulnerable groups.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of women in reproductive age receive dignity kits containing basic hygiene and female sensitive supplies	7,600	8214 (women and girls, no disaggregation available)
Indicator 1.2	Number of boys, women and community members in affected areas receive life-saving information about how to protect themselves from violence, including availability of service and how to access them	480,000	Messages reached over **2,000,000** in total (718,000 women, 316,000 girls, 638,000 men, 328,000 boys) *calculations based on demographics of affected population as per REACH assessment October 2015.
Indicator 1.3	Number of children provided with psychosocial support; Number of children prevented from separation/trafficking and abuse by participating in safe spaces activities.	75,000	**158,478** Children (**77,654 children)** 41,157 girls, 36,497 boys) and care takers (**80,824,** 50,919 female, 29,905 males) provided with

			psychosocial support **379** children identified as separated or unaccompanied 353 reunified 26 in alternative care (no disaggregation by sex available) **956** people (281 girls, 427 women, 224 boys, 44 men) have been intercepted from trafficking
Indicator 1.4	Number of women and Number of children and babies provided with clothes	10,000	**21,495** (10,748 girls, 10,747 boys)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Provision of dignity kits containing essentials such as soap, underwear and clothes, flashlights and sanitary napkins to 7,600 women in reproductive age.	UNFPA	UNFPA, WCO, various
Activity 1.2	Community based awareness raising activities for immediate protection of women and children against eg increasing risk related to trafficking, sexual violence, abuse etc, through broadcasted protection messages, IEC materials, and peer to peer engagement. (480,000 girls, boys, women and community members in affected areas)	UNFPA	UNFPA
Activity 1.3	Provision of recreational materials for safe spaces for 75,000 children in IDP camps and affected communities	UNICEF	UNICEF & Partners
Activity 1.4	Provision of clothes for 10,000 women, children and babies	UNICEF	UNICEF

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

As part of its overall response, UNFPA purchased and distributed over 56,000 dignity kits containing culturally-appropriate clothes, hygiene items, sanitary pads and a torch. As part of these 56,000 kits, approximately 3,000 'motivational kits' (containing the same basic supplies, medicines, advocacy materials and a solar light) were distributed to Female Community Health Volunteers (FCHV) as requested by the Family Health Division of the Ministry of Health and Population in Okhaldhunga, Sindhuli and Kathmandu, with other partners distributing the same to the other earthquake affected districts. The dignity kits were distributed through Reproductive Health Camps, Female-Friendly Spaces as well as local governments and NGOs based on 'vulnerability criteria' – see below. The first batch of kits were purchased locally through a local bidding process by UNFPA while others were procured using an international bidding process and through UNFPA's Procurement Services

Branch. Given that the unit and transportation costs varied depending on where the kits were purchased and when, the kits' cost was on average around 28 USD per unit. CERF funding was used to procure 8,214 out of the 56,000, based on the amount received by each partner, or approximately 15% of the total. The kits were distributed to all 14 affected districts.

Dignity kits were meant for vulnerable women and adolescent girls of reproductive age, Selection of recipients was determined in consultation with local Women and Children's officers, and, in most locations, with Women's Cooperatives and Female Community Health Volunteers, and was based on the following criteria:

- Pregnant women
- Lactating mothers
- Female-headed households/single women/elderly
- Disabled women
- Adolescent girls

Partners were also instructed to look at pre earthquake levels of poverty, loss of homes and belongings due to earthquake.

Furthermore, the guidance provided to partners on distribution of dignity kits emphasized the need to employ an equity-driven approach – that is, ensuring equitable distribution between groups such as different caste/ethnic and religious groups. Overall distribution was coordinated within the GBV sub-cluster; of which UNFPA is a co-lead. This enabled standardization of the kit contents, mapping of distribution coverage and gaps, and rapid, targeted response to the needs. Through its lead role in the GBV Sub Cluster, and pre-existing strong relationship with the DWC, UNFPA also facilitated the endorsement of several key documents during the response, including the Referral Pathways, Service Directories, Key GBV messages(mentioned below), GBV IMS Intake and Consent form

The distribution of kits was viewed as an intervention in itself, but also served as an opportunity to meet and speak to women and girls; providing necessary information on key protection issues and better understand their concerns. Dignity Kits were also distributed alongside other relief items targeting females in coordination with other relief agencies. During the distribution of DK's, awareness raising session on GBV prevention were also conducted. The recording of DK distribution was done in a systematic manner in a prescribed recording template provided by UNFPA and reporting was done on a biweekly basis.

Each distribution was accompanied by a review of the items and how they were intended to be used, as well as GBV related information (what are the types of GBV, when and where to seek services, etc.) as well as reproductive health information (danger signs in pregnancy, importance of ante-natal care, etc.). These sessions allowed women to ask questions and to seek out health workers and WCO staff for further consultations, referral to counselling services, and similar.

Community based awareness raising:

Once the GBV Sub-cluster obtained the endorsement of the key GBV messages from the Co-Lead agency (DWC), UNFPA began the awareness raising campaign. This consisted of production of IEC materials, radio messaging and community outreach. In total, UNFPA produced over 40,000 "Pocket Cards", which carried the key messages in Nepali, and which were widely distributed through all earthquake response activities. Around 1500 Posters containing the Dignity First campaign messages were also produced, focusing on the vulnerabilities of women and girls during a disaster.

In addition, UNFPA also reached out to the most vulnerable affected population by airing radio messages related to SRH, GBV and ASRH across all 14 effected districts, on 18 local FM stations and in Nepali and Tamang languages (8 districts in Tamang). Over 5,110 messages in 14 districts were broadcast altogether.

UNFPA maximized on the endorsement of the messages and prepared materials by actively engaging with the BBC Media Action project, 'Milijuli", which also broadcast messages for free, 6 days a week, twice a day. In total, it is estimated that UNFPA reached over 2,000,000 with key GBV messaging, well exceeding the target. UNFPA spent less than originally budgeted for, as it did benefit from 'cost-free' activities such as the Milijuli but also given it was able to raise funds from other partners for related activities.

UNICEF is supporting key Government agencies, including Nepal Police and immigration authorities, in the establishment and strengthening of checkpoints in strategic locations to prevent and respond to trafficking, family separation and unnecessary institutionalization of children. In addition, UNICEF is supporting the establishment of transit centers for trafficking survivors waiting for reunification with family. Partnerships with Central and District Child Welfare Boards and local NGOs have resulted in the identification of unaccompanied, separated and vulnerable children in earthquake-affected districts as well as emergency support to these children. To ensure that children and their parents recover properly from the emotional stress of the earthquake and to enhance resilience, UNICEF, with partners, is supporting community-based services including psychosocial counselling and specialized mental health care.

Moving ahead, UNICEF will be focusing on the integration and mainstreaming of the ongoing earthquake response and interventions within the regular programme to further strengthen the existing child protection structures and mechanisms, including transitioning of Child-Friendly Spaces

(CFS) into early childhood development and day care centers. UNICEF will also analyses data collected during the aftermath of the earthquake to develop appropriate long-term interventions for children with disabilities and many more.

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

Through the GBV Sub Cluster, UNFPA was able to access the information collected through the Displacement Tracking Matrix, which includes questions on availability of information. This data provided useful information on the main sources of information that site inhabitants used, as well as qualitative requests from several sites for more information on GBV and Safe Migration.

Additionally, UNFPA received feedback through the Community feedback project indicating that a large majority of women felt under-informed about earthquake response and available services; this led UNFPA to increase the frequency of radio protection messages in local languages.

Fourteen child protection officers have been deployed immediately after the onset of the emergency, who supported the Government to design the projects according to the needs of the affected populations, particularly children. In addition, UNICEF has put in place a third party monitoring system to monitor weather the response has reached the actual affected populations. Several donor and partner monitoring visits have been also conducted to identify the needs and provide appropriate response.

Additionally, UNFPA received feedback through the Community feedback project indicating that a large majority of women felt under-informed about earthquake response and available services; this led UNFPA to increase the frequency of radio protection messages in local languages.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
UNICEF: No evaluation will be conducted, however direct monitoring by UNICEF staff including implementing partners and third party monitoring are being conducted in all the 14 earthquake affected districts. The objectives of the third party monitoring are: Verify monitoring and progress reports submitted by UNICEF implementing partners; Assess the quality of services as per the agreed standards; Identify gaps in delivery of services (including supplies); Identify any emerging issues related to the affected population which need urgent attention by UNICEF. The information generated through the Third Party/End-User Monitoring is to ensure the right choice of partners and to address the gaps identified. **UNFPA:** has integrated its earthquake response into the ongoing Country Programme (2013-2017) and will include the earthquake response in the Country Programme Evaluation due mid-2016. UNFPA, the Women's Refugee Commission, Family Health Division (FHD) Nepal and Sexual and Reproductive Health Programme in Crisis and Post-Crisis Situations (SPRINT)/FPAN conducted a MISP assessment in Nepal, from September 14-21, 2015.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	IOM	**5. CERF grant period:**	26/04/2015 – 25/10/2015
2. CERF project code:	15-RR-IOM-017	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Shelter		☒ Concluded
4. Project title:	Emergency shelter/non-food item and Camp Coordination and Camp Management (CCCM) support for populations affected by 2015 Earthquake in Nepal		

7.Funding			
	a. Total project budget:	US$ 23,900,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$ 13,355,975	▪ *NGO partners and Red Cross/Crescent:* US$ 77,518
	c. Amount received from CERF:	US$ 3,500,000	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	16,313	13,897	30,210	77,337	76,313	153,650
Adults (above 18)	26,617	22,673	49,290	131,683	124,510	256,193
Total	**42,930**	**36,570**	**79,500**	**209,020**	**200,823**	**409,843**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	49,500 (Shelter) 30,000 (CCCM)	350,410 (Shelter)[2] 59,433 (CCCM)
Host population		
Other affected people		
Total (same as in 8a)		**409,843**
In case of significant discrepancy between planned and reached beneficiaries, either the	Significantly more beneficiaries were reached with the available CERF funding. For shelter, this is due to the fact that shelter/NFI kits distributed were partially funded through CERF funding,	

[2] Due to operational challenges including government policy over customs exemption, fuel shortages and political unrest affecting the border regions, although all funds have been committed, some distributions and final reporting remain pending at the time of reporting. Beneficiary figures therefore include those confirmed and reported as reached and those targeted in ongoing distributions.

total numbers or the age, sex or category distribution, please describe reasons:	and partially through other complementary sources of funding. In order to ensure that assistance reached beneficiaries as fast as possible, kits were compiled from numerous funding sources and distributed as and when they were available. The individual items therefore benefited a greater number of households than if entirely CERF funded kits had been distributed. For CCCM, co-funding from another donor source allowed four rounds of DTM to be completed, reaching a greater number of beneficiaries than those originally targeted.

CERF Result Framework			
9. Project objective	Humanitarian response to meet the immediate and live saving Shelter/NFI and CCCM needs of the most vulnerable of those affected by the 2015 Nepal Earthquake.		
10. Outcome statement	Address time critical humanitarian needs of the earthquake affected population in the severely affected districts through CCCM interventions and direct provision of emergency Shelter and NFIs		
11. Outputs			
Output 1	Reduce morbidity and mortality due to exposure through the rapid, effective and secure delivery and distribution of emergency shelter and non-food items to the earthquake-affected population		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of Shelter/NFI kits procured and distributed	11,000 Shelter/NFI Kits	26,434 shelter kits; 5,000 NFI kits
Indicator 1.2	Number of individuals in camps/temporary settlements/open spaces and with damaged/destroyed houses benefitting from Emergency Shelter and NFI Support	49,500 individuals	350,410 individuals
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Coordinate and finalize implementation arrangements and target locations together with the Shelter Cluster lead IFRC, cluster partners, government of Nepal's Department of Urban Development and Building Construction (DUDBC) and district government.	IOM, partners	IOM, partners
Activity 1.2	Procurement and distribution of shelter/NFI kits targeting the most vulnerable households.	IOM, partners	IOM, partners
Activity 1.3	Monitoring of distributions and post-distribution monitoring conducted by mobile monitoring teams. The teams will comprise of men and woman depending on access.	IOM	IOM
Activity 1.4	Regular information sharing with the Shelter Cluster regarding areas reached as well as emerging gaps and needs.	IOM	IOM
Output 2	A minimum of 30,000 IDPs have their living conditions improved and priority issues flagged and addressed in a timely manner		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	% of sites with more than 50 households profiled	50%	100%
Indicator 2.2	DTM Baseline and 2 rounds published and shared monthly with the humanitarian community	2	4
Indicator 2.3	% of sites covered by mobile site facilitators	50%	48%

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Site profiling, flagging of top humanitarian priorities	IOM	IOM
Activity 2.2	Roving camp facilitation team providing support in priority sites	IOM	IOM, ACTED and PIN

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

Shelter and non-food item (NFI) kits were ordered according to information on needs from the Shelter Cluster and IOM's Displacement Tracking Matrix. Shelter kits including CGI and tarpaulins as well as blankets were identified as the priority needs, and therefore procurements prioritised these items. While the figure mentioned above relates to kits, in practice CERF funded items were procured individually and matched with items from complementary funding sources to constitute complete kits. The total items procured using CERF funding are as follows:

Shelter kits: 14,000 plastic sheets; 14,218 bamboo; 174,082 CGI sheets; 22,215 rope rolls.

NFI kits: 5,000 kitchen sets; 5,000 hygiene kits; 74,357 blankets

For CCCM, DTM assessments were conducted in a timely manner and were able to exceed the targeted number of assessment rounds and individuals covered in profiled sites due to efficient team organisation and mobilisation, as well as co-funding from an additional donor source. For CCCM site management activities, there was a delay in establishing mobile site management coverage across the required number of sites due to several factors. Firstly, a lack of capacity of NGOs who are able to take on CCCM. After assessment of NGO capacity, and discussions with those already contracted for CCCM, IOM decided to take on direct implementation of site management activities in Kathmandu & Bhaktapur districts. ACTED & PIN were identified as partners covering Gorkha, Dhading and Sindupalchowk. However, these grants were only authorised in August, and there was a significant scale up time required for agencies to commence CCCM activities. Additionally, the target numbers and locations in the areas of interventions constantly shifted due to the fluid and dynamic situation in the IDP sites, with population movements to and from districts, closing and opening of new camps, posing challenges to the implementation of CCCM activities.

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

Accountability to affected populations was ensured during project design through the conduct of rapid needs assessments, including the Displacement Tracking Matrix (DTM) to ascertain the priority shelter and NFI needs of the affected population. Coordination was also maintained with district authorities regarding the assistance provided. During implementation and monitoring, IOM mobile monitoring teams conducted spot checks on implementing partners' distributions, and reported any concerns or issues to the field office and national level program team. A post-distribution monitoring exercise was also carried out among a sample of beneficiaries to gather lessons learned for the next phase of the response and future disaster responses in Nepal.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
A full evaluation of activities was not planned for this specific project; however, as part of its internal monitoring and evaluation efforts, IOM carried out a post distribution monitoring exercise to gather beneficiary feedback on the assistance provided and lessons learned for future responses as well as to determine the effectiveness and usefulness of the distribution of emergency shelter/NFI by IOM and its implementing partners. A random sample of 162 households in 38 Village Development Committees (VDCs) in eight districts were visited and assessed by independent enumerators using a standardized questionnaire. The report is attached and was shared with donor, cluster and government stakeholders.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	26/04/2015 – 25/10/2015
2. CERF project code:	15-RR-WFP-032	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Common Logistics		☒ Concluded
4. Project title:	Provision of Humanitarian Air Services and Logistics Augmentation in Nepal		

7.Funding		
a. Total project budget:	(Post budget revision USD 50,354,135)[3]	d. CERF funds forwarded to implementing partners:
b. Total funding received for the project:	US$ 33,291,258[4]	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 2,000,000	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)						
Adults (above 18)						
Total						

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people		
Total (same as in 8a)		

[3] Cumulative budget of Logistics Cluster (USD 32,925,564) and UNHAS Special Operations (USD 17,428,571) as of 27 October 2015.
[4] Cumulative funding of both Logistics Cluster and UNHAS Special Operations as of 27 October 2015.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	

CERF Result Framework			
9. Project objective	To provide safe, effective and efficient access to beneficiaries and project implementation sites for NGOs, UN agencies, donor organizations and diplomatic missions in Nepal; To transport light cargo such as medical supplies; Facilitate aerial damage and/or rapid needs assessments for humanitarian actors and programmatic clusters in the early days of the response to support informed project design leading to a well-targeted response by the humanitarian community; To perform adequate capacity for evacuations of humanitarian staff. Support the delivery of humanitarian aid to affected population by augmenting the logistics capacity by coordinating strategic airlifts and other air cargo services and the provision of surface transportation for the humanitarian community.		
10. Outcome statement	To ensure access to the affected population for humanitarian staff and to guarantee the uninterrupted transportation and delivery of lifesaving, urgently required humanitarian relief cargo.		
11. Outputs			
Output 1	Facilitate the humanitarian community's life-saving response to the earthquake in Nepal by providing access to affected populations and project implementation sites		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of Needs Assessments carried out	4	4
Indicator 1.2	Percentage of passenger bookings served	95%	84%
Indicator 1.3	Percentage of cargo movement requests served	95%	98.3%
Indicator 1.4	Percentage of response to medical and security evacuations	100%	8 (100%)
Indicator 1.5	Number of agencies/organizations using the service	20	126
Indicator 1.6	Number of flight hours flown	87	2,187[5]
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Contracting of aircraft	WFP (UNHAS)	WFP (UNHAS)
Activity 1.2	Deployment of aviation staff	WFP (UNHAS)	WFP (UNHAS)
Activity 1.3	Deployment of aircraft	WFP (UNHAS)	WFP (UNHAS)
Activity 1.4	Provision of scheduled air services	WFP (UNHAS)	WFP (UNHAS)
Output 2	Support the delivery of humanitarian aid to affected populations by augmenting the logistics capacity by coordinating strategic airlifts and other air cargo services and the provision of surface transportation for the humanitarian community		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of agencies and organizations utilizing transport and storage services (30)	30	154

[5] Flight hours flown in the reporting period (26/04/2015–25/10/2015).

Indicator 2.2	Percentage of service requests to transport cargo fulfilled (85%)	85%	95%
Indicator 2.3	Organizations receiving services from Logistics Cluster and responding to a user survey rate service satisfaction as 80% or above.	80%	88%
Indicator 2.4	Number of flight hours flown	60	2,187
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Contracting of aircraft and surface transport	WFP (Logistics Cluster)	WFP (UNHAS)
Activity 2.2	Deployment of staff	WFP (Logistics Cluster)	WFP (UNHAS)/ WFP (Logistics Cluster)
Activity 2.3	Implementation of aircraft and surface transport	WFP (Logistics Cluster)	WFP (UNHAS) WFP (Logistics Cluster)
Activity 2.4	Provision of scheduled air and surface transport services	WFP (Logistics Cluster)	WFP (UNHAS) WFP (Logistics Cluster)

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

Indicator 1.2 The percentage of passenger bookings served by UNHAS was slightly lower than anticipated due to weather issues (annual monsoon season affecting flights) and technical issues.

Indicator 1.1/1.5/1.6 The UNHAS special operation was initially intended to last from 27 April to 27 June. The operation then underwent a budget increase and an extension in time to 31 December, thus the reached flight hours, needs assessments and partner organisation are much higher than initially anticipated.

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

N/A

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Two separate Lessons Learned exercises are being conducted. One specific from the Logistics Cluster and one from WFP.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	13/05/2015 – 12/11/2015
2. CERF project code:	15-RR-WFP-031	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Food Aid		☒ Concluded
4. Project title:	Emergency Food Assistance to Populations Affected by Earthquake in Nepal		

7.Funding

a. Total project budget:	US$ 80,387,727	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 36,277,461	▪ *NGO partners and Red Cross/Crescent:*	US$ 135,000
c. Amount received from CERF:	US$ 2,920,199	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	43,298	43,298	86,596	152,832	152,831	305,663
Adults (above 18)	59,792	59,792	119,584	211,052	211,051	422,103
Total	**103,090**	**103,090**	**206,180**	**363,883**	**363,883**	**727,766**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	206,180	727,766
Total (same as in 8a)	**206,180**	**727,766**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	CERF funding was initially intended to purchase a general food distribution basket of rice, yellow split peas, and cooking oil. However, the funds were then used as part of WFP's first phase of immediate relief, lasting from April to June, which saw a blanket food distribution of rice (2,102 MT of which was purchased with CERF funds) and high-energy biscuits to over two million people. The CERF grant was utilised on this phase of the operations, thus covering a larger group of beneficiaries.

CERF Result Framework			
9. Project objective	Provide immediate life-saving and life-sustaining food assistance to the people most affected by the Nepal earthquake.		
10. Outcome statement	Stabilised of improved food consumption over assistance period for targeted households and/or individuals.		
11. Outputs			
Output 1	1,500 MT of food products distributed in sufficient quantity and quality and within three months to 206,180 targeted beneficiaries.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of women, men, girls and boys receiving food assistance, disaggregated by activity, beneficiary category, sex, food as percentage of the 206,180 people planned	100%	100%
Indicator 1.2	Quantity of food assistance distributed, disaggregated by type, as % of planned (planned = 1,500 MT; 1237 MT rice, 186 MT pulses and 77 MT oil)	100%	100% (2,102 MT of rice; no pulses or oil – see rationale in section 8b)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	General Food Distribution targeted at an estimated 206,180 people.	Implementing partners (tbd)	Implementing partner: NRCS
Activity 1.2	Procurement of 1,500 MT of mixed commodities Transport, storage and delivery of 1,500 MT mixed commodities to partners Distribution of 1,500 MT of mixed commodities to beneficiaries	WFP	WFP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
N/A	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
During the first two phases of the emergency operation, there was a help desk in every distribution centre in order to receive beneficiary feedback/complaints, and to address them.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
A Lessons Learned exercise has been initiated in order to draw lessons from WFP's response operations in Nepal, including regional and corporate support. At the EMOP completion, in December, an external evaluation will be conducted with the objective of contributing to a review of WFP's future emergency and Disaster Risk Reduction approaches in Nepal. Lessons learnt will contribute greatly to the design and implementation of the protracted relief and recovery operation (PRRO) in 2016.	EVALUATION PENDING ☒ NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
15-RR-CEF-054	Water, Sanitation and Hygiene	UNICEF	RedC	$751,085
15-RR-CEF-054	Water, Sanitation and Hygiene	UNICEF	NNGO	$434,204
15-RR-CEF-054	Water, Sanitation and Hygiene	UNICEF	INGO	$649,117
15-RR-CEF-054	Water, Sanitation and Hygiene	UNICEF	INGO	$307,986
15-RR-CEF-053	Child Protection	UNICEF	NNGO	$168,527
15-RR-CEF-053	Child Protection	UNICEF	NNGO	$9,464
15-RR-CEF-053	Child Protection	UNICEF	NNGO	$5,598
15-RR-CEF-053	Child Protection	UNICEF	GOV	$26,032
15-RR-CEF-053	Child Protection	UNICEF	NNGO	$19,270
15-RR-IOM-017	Camp Management	IOM	INGO	$43,824
15-RR-IOM-017	Camp Management	IOM	INGO	$33,694
15-RR-FPA-016	Health	UNFPA	INGO	$133,178
15-RR-FPA-016	Health	UNFPA	NNGO	$10,198
15-RR-FPA-016	Health	UNFPA	GOV	$4,422
15-RR-CEF-052	Health	UNICEF	NNGO	$48,127
15-RR-CEF-052	Health	UNICEF	NNGO	$105,728
15-RR-CEF-052	Health	UNICEF	NNGO	$136,298
15-RR-WFP-031	Food Assistance	WFP	NNGO	$135,000

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADRA	The Adventist Development and Relief Agency International
ANC	Ante-Natal Consultation
BEmOC	Basic Emergency Obstetric Care
CARE	Community Awareness for Rights and Equality
CBM	Christian Blind Mission
CEmOC	Comprehensive Emergency Obstetric Care
CMR	Clinical Management of Rape
DDPRP	District Disaster Preparedness and Response Plan
DHO	District Health Office
DUDBC	Department of Urban Development and Building Construction
FHD	Family Health Division
FPAN	Family Planning Association of Nepal
GBV	Gender Based Violence
IMNCI	Integrated Management of Newborn and Children Illness
MCK	Medical Camp Kit
MISP	Minimum Initial Service Package
MoHP	Ministry of Health and Population
NTC	National Tuberculosis Centre
PDNA	Post Disaster Needs Assessment
PIN	People in Need
PNC	Post Natal Consultation
RH	Reproductive Health
SBA	Skilled Birth Attendant
SPRINT	Sexual and Reproductive Health Programme in Crisis and Post Crisis Situations
TB	Tuberculosis
TT	Tetanus Toxoid
VDC	Village Development Committee