Emergency cash and nutrition response to critically food insecure populations in severely flood affected districts of Southern Nepal

Standard Project Report 2017

World Food Programme in Nepal, State of (NP)
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Country Context and WFP Objectives

Achievements at Country Level

In 2017, WFP supported the Government of Nepal to increase the food and nutrition security of vulnerable communities through diverse interventions.

In August, following floods in the Terai region, WFP provided life-saving food, cash and nutrition assistance to the most vulnerable flood-affected populations under immediate response emergency operation (IR-EMOP 201098). The Nepal Food Security Monitoring System (NeKSAP), supported by WFP, was first to provide an overview of the flood's impact. Regular updates were issued and included information from the Nepal Red Cross's initial rapid assessment, satellite imagery, and reports from affected areas. These updates helped WFP and partners to focus efforts on populations with the greatest needs.

IR-EMOP 201098 was followed by an emergency operation (EMOP 201101). Under this project, WFP continued cash-based assistance to the most vulnerable flood-affected households, and WFP and partners implemented programmes for the prevention of acute malnutrition and treatment of moderate acute malnutrition. Simultaneously, WFP expanded logistics and supply chain preparedness for floods, landslides and other emergencies under special operation 200999.

WFP introduced its complaint and feedback mechanism, Namaste WFP, in two flood-affected districts, Saptari and Rautahat. The complaint and feedback mechanism was initiated to enhance the protection of flood-affected beneficiaries, to provided them access to information on WFP's distribution and enable them to raise their concerns. Namaste WFP was extended to the school meals programme in Dailekh, Sindupalchowk and Bardiya districts.
Under the country programme (CP 200319), WFP and the Ministry of Heath provided nutrition support to women and children in the Karnali region through the mother and child health and nutrition activity, which reached beneficiaries quickly—WFP pre-positioned stocks of fortified food, which drastically reduced response times. Where WFP provided cash-based transfers, market monitoring was also conducted. The affected population showed adequate food intake, as evidenced in post distribution monitoring.

Developments in government policy strengthened the case for continued school meals programming, in which WFP has recognised expertise in Nepal. As a result of WFP advocacy, school health and nutrition were added as a cross-cutting strategy in the School Sector Development Plan (2016-2020), and school meals and education were included as priority interventions to improve nutrition. Similarly, school meals were recognised in the Multi Sector Nutrition Plan II government education policy for helping to improve nutrition.

WFP advocated for national rice fortification to be included into existing government social safety net programmes, as supported by a landscape analysis that was conducted in late 2016. Rice fortification is planned to provide iron and other essential micronutrients to the most vulnerable populations in the country. In December, WFP supported the Government to hold the first national rice fortification conference which reviewed fortification strategies and cases. The deliberations are intended to help lead to a national plan of action on rice fortification.

WFP used SCOPE, the corporate beneficiary and transfer management platform, to reach affected populations more efficiently and effectively. WFP previously used SCOPE for cash-based assistance only, but in 2017 SCOPE was expanded to cover in-kind food assistance. This led to an enrolment of over 297,000 beneficiaries, the largest amount for WFP in the South Asia region.

**Country Context and Response of the Government**

Nepal is a small, landlocked Himalayan country. Despite making significant headway in poverty reduction in recent years, Nepal is considered a least developed country, ranking 144 out of the 187 countries on the 2016 Human Development Index. The gross domestic product (GDP) per capita is USD 707, and 25 percent of Nepal's population live on less than USD 1.25 per day. Approximately 80 percent of the country's population of 31.8 million people [1] depend on agriculture for their livelihoods, and agriculture accounts for over 30 percent of GDP.

Nepal is ranked "serious" on the 2017 Global Hunger Index [2], and one-fifth of the population has inadequate food consumption. This has led to 27 percent of children aged 0-59 months being underweight, while stunting (low height-for-age) and wasting (low weight-for-height) among children aged 0-59 months are both very high at 36 percent and 10 percent, respectively.

The Government of Nepal places strong emphasis on reducing poverty and food security and has promoted targeted policies and programmes to end stunting in children, increase access to quality education, and improve sustainable family agriculture, while enhancing emergency preparedness. Coordination with the Government is primarily through the National Planning Commission and other government agencies.

Given the high levels of poverty and household food insecurity, Rural Community Infrastructure Works (RCIW) programme has provided an important social safety net. Since 1995, WFP has contributed to the RCIW programme by providing food-assistance-for-assets activities through the distribution of food rations and cash-based transfers. These activities help to improve the food security of rural communities while providing them with community assets.

Development in Nepal is highly vulnerable to disasters, climate change, economic failures, political instability, and financial crises. The annual monsoon rains often bring devastating floods to the low-lying Terai region of the country. In August 2017, Nepal experienced the worst floods in 15 years, affecting over 1 million people in the Terai. In addition, Nepal's geophysical location on top of the Indian and Eurasian tectonic plates makes the country highly prone to strong seismic activity, as was witnessed during the 2015 earthquakes.

In an effort to strengthen national capacity for emergency preparedness, WFP and the Ministry of Home Affairs jointly provided land for a humanitarian staging area, and the Government will provide land for future logistics bases. In addition, WFP continued to collaborate with the Ministry of Agricultural Development and the National Planning Commission to strengthen and institutionalise the Nepal Food Security Monitoring System (NeKSAP), which has enabled evidence-based decision-making for food security policies and programmes. NeKSAP monitoring proved vital during the August 2017 floods in the Terai emergency response.

Social exclusion has been entrenched in Nepal's political, economic, and social fabric and is a defining feature of its historical development. Moreover, the prevalence of child marriage and adolescent pregnancies in rural parts of Nepal contribute to the challenges women and girls face in actively engaging in education and work, creating a cycle of undernutrition. Gender inequality continues to pervade across the private, public, economic and political spheres and is reflected in Nepal's rank at 144 out of 188 countries in the 2015 Gender Inequality Index.
Since 1992, Nepal has hosted over 100,000 refugees from Bhutan [3]. A third country resettlement programme has reduced the refugee population to 9,000, which was maintained in 2017 [3]. International agencies including WFP have supported the Government of Nepal over the last two decades to ensure that the refugees’ basic needs are met.

Over the past decade, enrolment rates for basic education increased to 87 percent, with a ratio of 99 girls for every 100 boys, but access to quality education remains a challenge—30 percent of children drop out before completing grade eight [4]. In particular, disadvantaged and minority children traditionally attain lower educational levels.

The National School Meals Programme, led by the Government, has been in existence for over four decades. The programme uses two delivery modalities—food items for schools to cook meals or cash resources for schools to outsource the meals. WFP has been an integral part of this school meals programme for the last 40 years, providing midday meals.


WFP Objectives and Strategic Coordination

WFP’s activities in Nepal are guided by the country programme (CP 200319, 2013–2017), operating in partnership with the Government of Nepal and other humanitarian organizations active within the country to achieve Sustainable Development Goal 2: Zero Hunger by 2030. At the national level, WFP works with line ministries and related institutions, including the National Planning Commission. At the local level, WFP works with provincial and federal authorities to implement programmes in areas with high levels of food insecurity.

The country programme supports the Government to enhance the food and nutrition security of vulnerable communities and increase their resilience to disasters. It is implemented in the mid- and far-western regions and is aligned with the United Nations Development Assistance Framework and the Country Programme Action Plan, signed by the Ministry of Finance. The country programme covers four areas: 1) livelihoods and asset creation; 2) education support; 3) nutrition support; and 4) capacity strengthening.

Component 1: livelihoods and asset creation—WFP supports the rehabilitation of rural roads and trails, irrigation channels and other community assets while providing livelihoods;

Component 2: education support—WFP supports the Ministry of Education’s efforts to improve access to education through the School Meals Programme and a food-assistance for assets programme to improve school infrastructure. In addition, WFP provides technical support and awareness raising on nutrition and proper hygiene;

Component 3: nutrition support—WFP continues to support the mother and child health and nutrition (MCHN) programme in partnership with the Ministry of Health to prevent chronic malnutrition among expectant mothers and children aged 6 to 23 months;

Component 4: capacity strengthening—WFP supports capacity development across project components 1-3 and in food security monitoring.

A protracted relief and recovery operation (PRRO 200875) supports local communities and the Government to “build back better” in the most food-insecure, earthquake-affected communities. WFP provides food assistance for assets to build or rehabilitate infrastructure such as rural roads, bridges and water systems. WFP also provided a treatment of moderate acute malnutrition programme to pregnant and lactating women and children aged 6–59 months.

WFP supports refugees from Bhutan in Nepal with food assistance through an additional protracted relief and recovery operation (PRRO 200787). The project is implemented in partnership with the Government and the United Nations High Commissioner for Refugees (UNHCR). WFP and partners started a targeted, needs-based food distribution system in January 2016, in response to gradually declining numbers of people in refugee camps, and in 2017, WFP increased coverage of the gardening project to improve livelihood opportunities.

A special operation (200848) augments logistics and telecommunications capacity and strengthens coordination following the earthquake in Nepal. In 2017, WFP continued to rehabilitate trails in some of the earthquake-affected districts.
An additional **special operation (200999)** builds national and district level emergency logistics capacities to respond to future disasters. This special operation builds on lessons learned from the first phase of the project, which saw the construction of the humanitarian staging area in Kathmandu.

The **immediate response emergency operation (IR-EMOP 201098)**—support for flood-affected populations—was launched to ensure that the food and nutrition needs of the flood-affected populations were met in a timely and effective manner. This operation was followed by the **emergency operation (EMOP 201101)**—emergency response to critically food-insecure populations in severely flood affected districts of southern Nepal. The emergency operation continued to provide cash-based assistance to the most vulnerable flood-affected households to help them buy food supplies lost in the floods. WFP and the United Nations Children’s Fund (UNICEF) launched a nutrition intervention to treat children aged 6-59 months and pregnant and lactating women with severe and moderate acute malnutrition.

In 2017, WFP Nepal began the development of a five-year Country Strategic Plan (CSP) with the support of the Government. A Zero Hunger Strategic Review was commissioned to inform the CSP. The review, led by the Government’s National Planning Commission, was undertaken to provide evidence-based guidance on the overall food security and nutrition situation of the country and to identify the challenges and best choices available to the Government and partners to achieve Zero Hunger by 2030. WFP will officially begin implementing a Transitional Interim CSP in January 2018, which will be replaced by the five-year CSP beginning in mid-2018.
Country Resources and Results

Resources for Results

WFP Nepal currently receives multi-year contributions from the Republic of Korea, the United States of America and the United Kingdom for activities under country programme 200319 and special operation 200999. These multi-year resources enable WFP to plan more effective interventions with longer time horizons and broader outcomes. Multi-year funding allows for earlier procurement and delivery of food, which brings down costs. It also promotes effective programming and prioritization of resources.

In 2017, the country programme was underfunded, and WFP was unable to fully implement planned activities. The Korea International Cooperation Agency (KOICA) provided a significant contribution for the livelihoods and asset creation component of the project. Funding levels for the country programme's education component were similar to those of 2016, with 74 percent of received funding used for the implementation of this component. WFP was successful in securing a multi-year (2018-2021) grant from the United States Department of Agriculture McGovern-Dole International Food for Education and Child Nutrition Program towards the education support component.

In 2017, WFP supported the Ministry of Education to conduct a cost-benefit analysis of the Nepal school meals programme, building on WFP's global partnership with MasterCard. This analysis served two important purposes. First, it builds an evidence base for decision-making in Nepal's national school meals programme. Second, it contributes to advocacy for greater investment in school meals, leading to developing a fully home-grown and sustainable national school meals programme.

WFP received contributions from the United Nations Central Emergency Response Fund (CERF) to support flood-affected families in the Terai region along with contributions from the governments of the United Kingdom and Australia to support nutrition activities. These contributions were supplemented with in-kind donations from the Government. The nutrition component of the emergency operation for the flood response (EMOP 201101) was fully funded, while the food security component was only partially funded.

For the two protracted relief and recovery operations (PRROs), WFP maximised the use of limited resources by supporting the most vulnerable beneficiaries. For PRRO 200875, WFP took the additional measure of reducing the target area from seven to three districts in response to low funding levels in 2017.

Annual Country Beneficiaries

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (under 5 years)</td>
<td>91,858</td>
<td>90,794</td>
<td>182,652</td>
</tr>
<tr>
<td>Children (5-18 years)</td>
<td>163,353</td>
<td>167,488</td>
<td>330,841</td>
</tr>
<tr>
<td>Adults (18 years plus)</td>
<td>87,149</td>
<td>109,208</td>
<td>196,357</td>
</tr>
<tr>
<td><strong>Total number of beneficiaries in 2017</strong></td>
<td><strong>342,360</strong></td>
<td><strong>367,490</strong></td>
<td><strong>709,850</strong></td>
</tr>
</tbody>
</table>
Annual Food Distribution in Country (mt)

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Cereals</th>
<th>Oil</th>
<th>Pulses</th>
<th>Mix</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country Programme</td>
<td>525</td>
<td>439</td>
<td>40</td>
<td>4,834</td>
<td>455</td>
<td>6,293</td>
</tr>
<tr>
<td>Single Country EMOP</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>647</td>
<td>-</td>
<td>647</td>
</tr>
<tr>
<td>Single Country IR-EMOP</td>
<td>720</td>
<td>-</td>
<td>120</td>
<td>187</td>
<td>-</td>
<td>1,027</td>
</tr>
<tr>
<td>Single Country PRRO</td>
<td>1,686</td>
<td>24</td>
<td>180</td>
<td>33</td>
<td>2</td>
<td>1,926</td>
</tr>
<tr>
<td><strong>Total Food Distributed in 2017</strong></td>
<td><strong>2,931</strong></td>
<td><strong>463</strong></td>
<td><strong>340</strong></td>
<td><strong>5,700</strong></td>
<td><strong>457</strong></td>
<td><strong>9,892</strong></td>
</tr>
</tbody>
</table>

Cash Based Transfer and Commodity Voucher Distribution (USD)

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Cash</th>
<th>Value Voucher</th>
<th>Commodity Voucher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country Programme</td>
<td>480,232</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Single Country EMOP</td>
<td>562,297</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Single Country IR-EMOP</td>
<td>292,877</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Single Country PRRO</td>
<td>2,436,520</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Distributed in 2017</strong></td>
<td><strong>3,771,927</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

Supply Chain

WFP has over four decades of experience within Nepal, contributing to the country’s efforts to eradicate hunger. Located between India and China, and home to the highest mountain range in the world, Nepal has difficult terrains, requiring multiple methods of in-land transportation. WFP maintains sufficient storage facilities and transportation capacities to ensure access to the most remote communities.
WFP used its experience in the country to train humanitarian actors in emergency logistics preparedness and response. WFP also helped with the storage and mobilization of emergency logistics equipment in the humanitarian staging area and forward logistics bases. WFP facilitated several training sessions on the installation of mobile storage units and prefabricated offices for the Nepal Security Forces and other humanitarian actors, strengthening national capacity for humanitarian response. In addition, WFP supported training on food quality, quantity controls and food warehouse management for national authorities such as the Department of Food Technology and Quality Control and the Nepal Food Corporation.

In support of the national Logistics Cluster, WFP utilised its transport and warehousing network to collect and provide information on road access for activities during the August flood response.

**Food procurement**

When possible, WFP procured food from markets that were as close to targeted communities as possible to strengthen the local economy. However, under the country programme 200319 education support component, commodities were sourced both nationally and internationally as large volumes of fortified food contributions were received through in-kind donations. Under immediate response emergency operation 201098 and emergency operation 201101, WFP procured specialised nutritious food (wheat soya blend) locally. For the nutrition component of emergency operation 201101, ready-to-use supplementary food was not available in-country, and hence it was procured internationally.

In 2017, under protracted relief and recovery operations 200787 and 200875, WFP purchased the majority of the rice and lentils in Nepal, while bulk cooking oil was purchased internationally for reasons of cost effectiveness.

**Logistics Management**

WFP transports food directly to sites where local partners distribute to beneficiaries, or to sites where government stakeholders take over the delivery to reach the final distribution site.

Nepal’s challenging topography, coupled with inclement weather and security restrictions, often hinders the movement of trucks, resulting in delays in the delivery of goods to vulnerable families. WFP addressed these challenges by maintaining strategically located, high quality storage and logistics facilities—in Damak, Gorkha, Nepalgunj and Dhangadhi districts—close to all distribution sites.

**Post-delivery losses**

Similarly to previous years, in order to limit damages and losses, WFP and partners maintained a schedule of regular warehouse inspections and cleaning programmes. WFP provided regular training on food quality control and warehouse management for WFP and partner staff. WFP also provided training on safe and secure transport of commodities for privately contracted truck and transport companies.

The monitoring of the “best before use” date of food items through WFP’s logistics execution support system (LESS) helped to improve commodity management. Third party surveyors maintained food, minimised losses and damages during handling at the warehouses, and scheduled warehouse cleanings, stack rotations, inspections, and control fumigation to ensure that food quality standards were met.

### Annual Food Purchases for the Country (mt)

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Local</th>
<th>Regional/International</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice</td>
<td>2,238</td>
<td>-</td>
<td>2,238</td>
</tr>
<tr>
<td>Split Peas</td>
<td>165</td>
<td>104</td>
<td>269</td>
</tr>
<tr>
<td>Sugar</td>
<td>148</td>
<td>63</td>
<td>211</td>
</tr>
<tr>
<td>Vegetable Oil</td>
<td>6</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>Wheat Soya Blend</td>
<td>1,089</td>
<td>-</td>
<td>1,089</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,646</td>
<td>167</td>
<td>3,813</td>
</tr>
<tr>
<td><strong>Percentage</strong></td>
<td>95.6%</td>
<td>4.4%</td>
<td></td>
</tr>
</tbody>
</table>

Nepal, State of (NP)
Annual Global Commodity Management Facility Purchases Received in Country (mt)

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ready To Use Supplementary Food</td>
<td>244</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>244</td>
</tr>
</tbody>
</table>

Implementation of Evaluation Recommendations and Lessons Learned

WFP Nepal’s monitoring, evaluation and reporting system helped to ensure accountability and operational effectiveness by measuring results against desired programme outputs, process and outcomes. This was guided by the Nepal Country Office Monitoring and Evaluation Strategy 2013-2017, which focused on beneficiaries’ experiences and perceptions—individual, household and community level feedback—using third-party monitoring for independent, unbiased results using electronic monitoring tools for real-time data. Throughout 2017, WFP continued to use COMET—the Country Office Tool for Managing (programme operations) Effectively—with plans to extend its use to include cooperating partners under this single platform for managing and combining operational data for effective reporting in 2018.

Evaluation activities

In 2017, WFP conducted a mid-line evaluation of the livelihoods and asset creation component of the country programme (CP 200319). The final report for this evaluation is expected to be ready in January 2018. Moreover, WFP conducted a baseline study on the protracted relief and recovery operation (PRRO 200875), which helps earthquake-affected communities to recover their livelihoods. Recommendations included prioritization of interventions and increasing awareness activities for better participation.

WFP also commissioned an evaluation of education grant cycles that pertain to the country programme. This included a first end line evaluation of the 2014-2016 grant and a baseline study of the new 2018-2021 grant. These evaluations will be conducted in the first half of 2018.

Previous evaluation recommendations and learning implementation

In 2016-2017, WFP carried out two evaluations—a mid-line evaluation of CP 200319 and a mid-line evaluation of the McGovern-Dole programme. The evaluation recommendations centred on a gender and social inclusion approach and are being incorporated into the Country Strategic Plan process for Nepal and the new grant cycle of the CP’s education support component.

The current Monitoring and Evaluation Strategy 2013-2017 is being reviewed to align with WFP’s 2017-2022 Corporate Results Framework. As recommended by the evaluations, WFP will simplify the McGovern-Dole programme’s performance management plan by narrowing down the number of indicators from 85 to 22.
Partnerships and Visibility, and Cluster Coordination

Partnerships and visibility


WFP also hosted international visitors from different governments and organizations including the Norwegian State Secretary, the German Crisis Preparedness team, the assistant private secretary to the Minister of State of the United Kingdom, the International Federation of Red Cross Asia Pacific team, and the Humanitarian Country Team. Moreover, a high level visit to the humanitarian staging area was jointly organised by the Government, the United Nations’ Resident Coordinator in Nepal and the United Kingdom Department for International Development (DFID). These visits provided an opportunity for Nepal's donors and partners in the Logistics Cluster to learn how food, medical, health and shelter items were stored and transported to effectively reach earthquake-affected populations.

In 2017, WFP welcomed visits from the Republic of Korea, United States Agency for International Development (USAID) and private sector partners from Japan to observe progress in activities under the livelihoods and education components. Field visits were also conducted for DFID to observe the flood response in the Terai and country-wide activities of the Nepal Food Security Monitoring System (NeKSAP).

WFP also participated in a joint donor field trip organised by the European Civil Protection and Humanitarian Aid Operations (ECHO), DFID and USAID to the mid- and far-western development regions to look for opportunities to build stronger collaboration and coherence between disaster risk management programmes.

Cluster coordination

WFP Nepal was involved in several clusters activated by the Government and the humanitarian community in response to the emergency caused by the Terai floods.

Together with the Ministry of Home Affairs, WFP co-led the Logistics Cluster, providing critical information on road access to the humanitarian community. Staff carried out logistic assessments to identify transport and storage capacity. Road access maps and other information management tools were made easily available through the Logistics Cluster website and were helpful to plan daily operations. The Ministry of Home Affairs designated the Humanitarian Staging Area as a central warehouse to collect, store, handle and dispatch non-food items during the flood response. Additionally, the premises continued to provide storage services for pre-positioned emergency relief supplies for the wider humanitarian community.

The Ministry of Agricultural Development co-led the Food Security Cluster with WFP and the United Nations Food and Agriculture Organization (FAO), ensuring that humanitarian agencies were continuously informed of the changing number of food-insecure and vulnerable populations through assessments conducted by NeKSAP. Information disseminated by this cluster was widely used by humanitarian agencies in their beneficiary targeting.

WFP was also a part of the Nutrition Cluster, who conducted a nutritional assessment of over 10,000 children in the Terai region. Results showed alarming rates of global acute malnutrition. In coordination with all partners, the cluster was instrumental in reaching children aged 6-23 months and pregnant and lactating women with assistance as part of the emergency response to the floods in the Terai. The Nutrition Cluster also initiated the scaling up of the national integrated management of acute malnutrition (IMAM) programme, for the management of severe acute malnutrition.


Project Results

Activities and Operational Partnerships

In August 2017, unusually heavy monsoon rains caused widespread flooding and landslides in 35 of Nepal’s 75 districts. The country’s southern plains, commonly known as the Terai, were particularly affected, and WFP supported the Nepal Food Security Monitoring System (NeKSAP) to complete a 72-hour rapid assessment in this region. The assessment found that 300,000 people were most food-insecure and vulnerable. WFP therefore reached 160,000 of these people under immediate response emergency operation (IR-EMOP) 201098 with food, cash and nutrition assistance. In September 2017, the IR-EMOP was succeeded by emergency operation (EMOP) 201101 to continue support to flood-affected populations and the Government of Nepal. The EMOP was aligned with WFP’s Strategic Plan (2017–2021) and contributed to the achievement of Sustainable Development Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

Strategic Objective 1: End hunger by protecting access to food

Strategic Outcome: Maintained/enhanced individual and household access to adequate food

Activity: Unconditional resource transfers to support access to food in Saptari and Rautahat districts

Under the EMOP, WFP planned unconditional cash-based transfers (CBT) for 140,000 of the most vulnerable, flood-affected populations in Saptari and Rautahat districts in collaboration with local governments and District Disaster Relief Committees (DDRCs). WFP assessments in these districts revealed that markets were functioning, and therefore CBT were viable for beneficiaries and could address food insecurity. CBT were valued at NPR 70 (USD 0.70) per person per day to align with the Government’s 15-day cash distribution. As funding became limited, WFP prioritized 56,000 beneficiaries but maintained the same CBT value.

The NeKSAP provided information on food-insecure village development committees to support the geographical targeting of the CBT. Beneficiary targeting criteria was adjusted based on the flood perception survey, an interagency feedback exercise that was conducted in October 2017. At the DDRC’s request, WFP collaborated with local authorities to help ensure that only the most vulnerable populations could receive CBT. Beneficiary lists were verified by local police, the Nepal Red Cross Society and government representatives.

WFP collaborated with the DDRCs and other local government authorities to identify beneficiaries and implement activities. WFP also collaborated with non-government partners, who were selected on the basis of their experience and geographic presence. The Nepal Red Cross Society (NRCS), for example, was chosen as a partner based on their experience in WFP’s 2014 flood response and extensive local knowledge in Saptari and Rautahat. During the EMOP, NRCS provided technical assistance to identify and register beneficiaries. Meanwhile, Prabhu Bank Limited—one of WFP’s long-term financial service providers—enabled delivery of CBT through a remittance model. Close coordination with food security cluster partners, the United Nations (UN) Resident Coordinator Office, other UN agencies and the Cash Coordination Group was maintained to ensure that there was no duplication of assistance.

Strategic Objective 2: Improve nutrition

Strategic Outcome: Improved consumption of high-quality, nutrient-dense foods among children aged 6-59 months and pregnant and lactating women (PLW)

Activity: Malnutrition prevention through blanket supplementary feeding in six districts—Saptari, Rautahat, Sarlahi, Mahottari, Sunsari and Siraha

Following the floods, the Ministry of Health and nutrition cluster carried out rapid nutrition screening in 16 flood-affected districts in the Terai. The results from the screening indicated that the nutrition status among children was rapidly deteriorating, as evidenced by a global acute malnutrition rate of 24 percent. The need for nutrition support to PLW was also identified. WFP therefore planned a malnutrition prevention programme to children aged 6-59 months and PLW. WFP originally planned to reach three districts, but upon receiving funding support from the donor community, WFP expanded the number of districts from three to six through a budget revision.

WFP distributed Super Cereal, a specialized nutritious food (SNF), to children aged 6–59 months and PLW. The SNF was borrowed from WFP’s country programme so that it could be distributed immediately to beneficiaries, and the stocks in the country programme were later replenished. WFP delivered 200 g of Super Cereal per day to PLW and 100 g to children aged 6–59 months. These rations complemented the malnutrition prevention programme carried out under the IR-EMOP, as women and children received follow-up rations of SNF. The IR-EMOP covered children aged 6–23 months, while the EMOP covered children aged 6–59 months.
In community outreach sessions, children aged 6–59 months and PLW were screened for acute malnutrition using mid-upper arm circumference measurements. Women and children with MAM were treated under WFP’s treatment programme, while women and children with severe acute malnutrition (SAM) were treated under UNICEF’s programme.

**Strategic Objective 2: Improve nutrition**

**Strategic Outcome:** Improved consumption of high-quality, nutrient-dense foods among children aged 6-59 months and pregnant and lactating women (PLW)

**Activity:** Nutrition treatment through targeted supplementary feeding in six districts—Saptari, Rautahat, Sarlahi, Mahottari, Sunsari and Siraha

WFP implemented a treatment of MAM programme to address cases identified through the malnutrition prevention programme. PLW with MAM were provided 200 g of Super Cereal per day, while children aged 6-59 months with MAM were supplied 100 g of ready-to-use supplementary food per day. After receiving their rations, beneficiaries were monitored for their nutrition status on a bi-weekly basis.

WFP continued to work with the United Nation Children’s Fund (UNICEF) to address the malnutrition situation of the Terai since the IR-EMOP. In accordance with the global memorandum of understanding between WFP and UNICEF, all children identified with SAM were referred to government health centres and treated with SNF from UNICEF. WFP and UNICEF jointly ensured that screening and training activities were carried out, and cost sharing was enabled by close coordination and the division of labour between the organizations.

A joint partnership between WFP, the Ministry of Health and local non-governmental organizations (NGOs) ensured effective implementation of the nutrition activities. The Ministry of Health provided staff at local clinics and offered storage facilities for commodities. WFP extended the working agreement from the IR-EMOP with Nepal Public Health and Education Group, who collaborated with WFP on the earthquake response, as well as with Himalayan Health and Environmental Services Solukhumbu. WFP and partners provided on-the-job training to government and community health workers on malnutrition screening practices, registration of beneficiaries and commodity management. WFP and partners also provided information on infant and young child feeding practices to PLW and caregivers of children.

WFP planned a food-assistance-for-assets activity to restore community infrastructure while providing income to the most vulnerable, flood-affected populations. This activity was not funded, but resources are being sought to start it in 2018.

**Results**

**Strategic Objective 1: End hunger by protecting access to food**

**Strategic Outcome:** Maintained/enhanced individual and household access to adequate food

**Activity:** Unconditional resource transfers to support access to food in Saptari and Rautahat districts

In 2017, the first elections in two decades took place, and the resulting political situation was accompanied with reports of civil unrest throughout Nepal. Local level elections in September, as well as provincial and federal elections in November and December contributed to delays in overall humanitarian assistance in flood-affected areas. Local authorities feared the politicization of aid and halted all cash-based transfers (CBT) under the emergency operation (EMOP) until after the elections. Even with this delay, WFP successfully reached over one-third of the planned beneficiaries with CBT in 2017. Starting in January 2018, the remaining planned beneficiaries will receive CBT under WFP’s transitional interim country strategic plan.

**Strategic Objective 2: Improve nutrition**

**Strategic Outcome:** Improved consumption of high-quality, nutrient-dense foods among children aged 6-59 months and pregnant and lactating women (PLW)

**Activity:** Malnutrition prevention through blanket supplementary feeding in six districts—Saptari, Rautahat, Sarlahi, Mahottari, Sunsari and Siraha

Using mid-upper arm circumference measurements, WFP found that a large proportion of PLW (23 percent) exhibited acute malnutrition, while seven percent of girls and five percent of boys exhibited moderate acute malnutrition. Sunsari district was found to have the highest rates of moderate acute malnutrition (14.4 percent).
Despite the delay in humanitarian activities by local authorities, WFP reached slightly more beneficiaries than planned with Super Cereal in 2017. This outcome was made possible thanks to donor support and WFP’s organization of the distribution of specialized nutritious food. Community mobilization and outreach was carried out prior to the distribution, and WFP distributed at the ward level, which reduced waiting time for PLW and caregivers and their walking distance from distribution points.

**Strategic Objective 2: Improve nutrition**

**Strategic Outcome:** Improved consumption of high-quality, nutrient-dense foods among children aged 6-59 months and pregnant and lactating women (PLW)

**Activity:** Nutrition treatment through targeted supplementary feeding in six districts—Saptari, Rautahat, Sarlahi, Mahottari, Sunsari and Siraha

The treatment of moderate acute malnutrition programme was implemented for only one month in 2017, and WFP reached 2,500 beneficiaries. This result was due to a delay caused by the prolonged set-up of the treatment centres and the impact of the provincial election activities.

WFP and partners trained 759 government and community health workers on malnutrition screening practices, registration of beneficiaries and commodity management. The knowledge gained through WFP’s training is expected to improve the management of moderate acute malnutrition.

Note: commodity figures below may be rounded.
### Annual Project Food Distribution

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Planned Distribution (mt)</th>
<th>Actual Distribution (mt)</th>
<th>% Actual v. Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ready To Use Supplementary Food</td>
<td>238</td>
<td>2</td>
<td>1.0%</td>
</tr>
<tr>
<td>Wheat Soya Blend</td>
<td>889</td>
<td>644</td>
<td>72.5%</td>
</tr>
<tr>
<td>Total</td>
<td>1,126</td>
<td>647</td>
<td>57.4%</td>
</tr>
</tbody>
</table>

### Cash Based Transfer and Commodity Voucher Distribution for the Project (USD)

<table>
<thead>
<tr>
<th>Modality</th>
<th>Planned (USD)</th>
<th>Actual (USD)</th>
<th>% Actual v. Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>1,427,184</td>
<td>562,297</td>
<td>39.4%</td>
</tr>
<tr>
<td>Total</td>
<td>1,427,184</td>
<td>562,297</td>
<td>39.4%</td>
</tr>
</tbody>
</table>

### Performance Monitoring

The project was designed in line with the Corporate Results Framework (2017-2021). Due to the short duration of the project, the monitoring efforts focused on process and output monitoring. Activities will continue as part of WFP's transitional interim country strategic plan in 2018, and outcome results will be monitored accordingly.

WFP's field monitors conducted spot checks on cash distribution sites to verify that beneficiaries received the correct entitlements. In addition, the emergency operation was monitored and reported on through regular distribution reports from field staff and cooperating partners. The registration of beneficiaries was carried out using SCOPE–WFP’s digital beneficiary and transfer management system. SCOPE collected biometric information such as fingerprints and photo identifications of the recipients to avoid duplication in assistance.

WFP deployed six nutrition coordinators, with one in each project district, to carry out monitoring, supervision and reporting of the nutrition activities on a regular basis. Orientation sessions were held for local partners to improve monitoring and reporting, and the main reporting templates for health facilities were retained to ensure alignment with the government health system.

WFP has initiated operational research to investigate the effectiveness of the prevention of moderate acute malnutrition programme during rapid onset floods in Nepal. Results from this research will be available in 2018.

### Progress Towards Gender Equality

In the rural and sociocultural context of Nepal, men tend to receive more benefits and opportunities and make decisions in social and public spheres. Meanwhile, women face many discriminatory social and structural restrictions. WFP took this into account and required partners to ensure that women received prominent consideration in beneficiary selection and targeting. Prior to the beginning of all WFP activities, a series of meetings were organized to orient various stakeholders on the objectives of the programme, the beneficiaries that were to be reached, and beneficiary entitlements. In these meetings, communities were represented by their leaders who in turn explained to them programme modalities and the risks of gender-based violence (GBV). WFP and cooperating partners were vigilant during and after the cash distribution for any potential indications of GBV or other forms of exploitation. No reports or complaints were filed related to GBV.

Beneficiaries of the nutrition activities were pregnant and lactating women and children aged 6–59 months. WFP recognizes that women in Nepal face challenges in accessing healthcare, especially during times of crises, due to
the difficult terrain and lack of proper road networks. Therefore, WFP established treatment centres in almost all health facilities within the affected areas and ensured that the centres were as close to communities as possible. This is expected to contribute to reduced default rates and more frequent follow-ups for pre- and post-natal care.

Male members of households participated in the collection of nutritious food for children, easing women’s burden of travelling to the clinics. This may be an indication of increased community awareness and understanding of the importance of good nutrition during a child’s first 1,000 days. WFP’s increased community outreach and messaging are presumed to have contributed to the increased awareness. However, given the limited duration of the emergency operation in 2017, gender-related outcome indicators were not measured.

**Protection and Accountability to Affected Populations**

WFP introduced Namaste WFP, a complaints and feedback mechanism, in the flood-affected districts of Saptari and Rautahat. This toll-free mechanism was introduced to provide beneficiaries with a simple and safe means of seeking information, sharing feedback or voicing complaints. The Namaste WFP numbers were disseminated on SCOPE cards, and WFP addressed all questions and complaints that were received.

Using lessons learned from the immediate response emergency operation 201098, WFP raised awareness of the distribution by organizing additional meetings with communities. WFP partners also visited several households to improve community outreach. The community mobilization efforts helped to inform all beneficiaries about the amount of entitlement, purpose, distribution arrangements (venue, date, time), with a specific focus on women, girls and marginalised groups to prevent exclusion and/or any risks of disputes during and after the distributions.

WFP’s flood response operation was designed to be as inclusive as possible, targeting the most vulnerable food-and nutrition-insecure population of the Terai. Distribution points were selected in consultation with the community and local authorities and were based on the principles of safety, integrity and dignity. Distribution sites were organized in open community facilities such as health centres and schools, and distributions were conducted during daylight hours. Separate waiting lines were put in place for women and men, with priority given to persons with disabilities, elderly persons, pregnant and lactating women, and persons accompanied by children. Water, sanitation and hygiene facilities and security were also arranged within the sites, ensuring equal access to all, including marginalized groups.

**Story Worth Telling: Super Cereal for Nisha**

At the age of 16, Dhrupati Devi Thakur was married to a man who is five years her senior. A decade later, she is the mother of three children aged between three and nine years. Dhrupati’s husband is currently working as a barber and is barely making enough money to sustain their family of five. Most households in Hanumagar Nagar, where Dhrupati lives, survive on less than USD 1 per day. These households were devastated by the impact of the floods in August 2017. Dhrupati and her family, like the other 1.4 million people displaced by the floods, were forced to leave their inundated home and take refuge on a neighbour’s roof for three days, eating instant noodles and puffy rice to survive.

WFP provided life-saving food, cash and nutrition assistance, reaching the most vulnerable people in flood-affected districts, including pregnant and lactating women and children aged 6–59 months. Dhrupati’s youngest daughter, Nisha, was diagnosed with moderate acute malnutrition and was one of those receiving WFP’s fortified food, known as Super Cereal, to prevent her condition from deteriorating further.

“My youngest daughter never used to play with her siblings. She was always weak and sat in the corner by herself,” Dhrupati recalls. “Her malnutrition was confirmed when I took her to our local hospital. While WFP’s Super Cereal has improved Nisha’s condition, I will continue to monitor her status at our local health clinic as I have been told that they have started providing special food.”

Now that Nisha’s nutrition has improved, Dhrupati wants all of her children to escape the poverty cycle that has followed her family for generations. “I want them to grow up and get an education,” she says.
Figures and Indicators

Data Notes
Cover page photo © WFP/ Yashaswi Shrestha
A young child is measured for malnutrition at a local health centre in Saptari district.

Explanatory notes:
Overview of Project Beneficiary Information: Planned beneficiary figures by sex and age are based on percentages in the National Population and Housing Census 2011.

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

<table>
<thead>
<tr>
<th>Beneficiary Category</th>
<th>Planned (male)</th>
<th>Planned (female)</th>
<th>Planned (total)</th>
<th>Actual (male)</th>
<th>Actual (female)</th>
<th>Actual (total)</th>
<th>% Actual v. Planned (male)</th>
<th>% Actual v. Planned (female)</th>
<th>% Actual v. Planned (total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Beneficiaries</td>
<td>109,289</td>
<td>106,211</td>
<td>215,500</td>
<td>90,245</td>
<td>177,949</td>
<td>82.6%</td>
<td>82.6%</td>
<td>82.6%</td>
<td></td>
</tr>
</tbody>
</table>

By Age-group:

<table>
<thead>
<tr>
<th>Category</th>
<th>Planned (male)</th>
<th>Planned (female)</th>
<th>Planned (total)</th>
<th>Actual (male)</th>
<th>Actual (female)</th>
<th>Actual (total)</th>
<th>% Actual v. Planned (male)</th>
<th>% Actual v. Planned (female)</th>
<th>% Actual v. Planned (total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (under 5 years)</td>
<td>66,627</td>
<td>64,013</td>
<td>130,640</td>
<td>55,017</td>
<td>107,876</td>
<td>82.6%</td>
<td>82.6%</td>
<td>82.6%</td>
<td></td>
</tr>
<tr>
<td>Children (5-18 years)</td>
<td>17,912</td>
<td>6,938</td>
<td>24,850</td>
<td>14,791</td>
<td>20,520</td>
<td>82.6%</td>
<td>82.6%</td>
<td>82.6%</td>
<td></td>
</tr>
<tr>
<td>Adults (18 years plus)</td>
<td>24,750</td>
<td>35,260</td>
<td>60,010</td>
<td>20,437</td>
<td>49,553</td>
<td>82.6%</td>
<td>82.6%</td>
<td>82.6%</td>
<td></td>
</tr>
</tbody>
</table>

By Residence status:

<table>
<thead>
<tr>
<th>Category</th>
<th>Planned (male)</th>
<th>Planned (female)</th>
<th>Planned (total)</th>
<th>Actual (male)</th>
<th>Actual (female)</th>
<th>Actual (total)</th>
<th>% Actual v. Planned (male)</th>
<th>% Actual v. Planned (female)</th>
<th>% Actual v. Planned (total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents</td>
<td>109,288</td>
<td>106,212</td>
<td>215,500</td>
<td>90,245</td>
<td>177,949</td>
<td>82.6%</td>
<td>82.6%</td>
<td>82.6%</td>
<td></td>
</tr>
</tbody>
</table>

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality

<table>
<thead>
<tr>
<th>Activity</th>
<th>Planned (food)</th>
<th>Planned (CBT)</th>
<th>Planned (total)</th>
<th>Actual (food)</th>
<th>Actual (CBT)</th>
<th>Actual (total)</th>
<th>% Actual v. Planned (food)</th>
<th>% Actual v. Planned (CBT)</th>
<th>% Actual v. Planned (total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconditional resource transfers to support access</td>
<td>140,000</td>
<td>55,635</td>
<td>20,437</td>
<td>55,635</td>
<td>20,520</td>
<td>20,520</td>
<td>39.7%</td>
<td>39.7%</td>
<td>39.7%</td>
</tr>
</tbody>
</table>
Activity | Planned (food) | Planned (CBT) | Planned (total) | Actual (food) | Actual (CBT) | Actual (total) | % Actual v. Planned (food) | % Actual v. Planned (CBT) | % Actual v. Planned (total) |
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
Nutrition treatment activities | 12,088 | - | 12,088 | 2,561 | - | 2,561 | 21.2% | - | 21.2% |
Malnutrition prevention activities | 121,641 | - | 121,641 | 130,608 | - | 130,608 | 107.4% | - | 107.4% |

Annex: Participants by Activity and Modality

Activity | Planned (food) | Planned (CBT) | Planned (total) | Actual (food) | Actual (CBT) | Actual (total) | % Actual v. Planned (food) | % Actual v. Planned (CBT) | % Actual v. Planned (total) |
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
Unconditional resource transfers to support access to food | - | 140,000 | 140,000 | - | 55,635 | 55,635 | - | 39.7% | 39.7% |
Nutrition treatment activities | 12,088 | - | 12,088 | 2,561 | - | 2,561 | 21.2% | - | 21.2% |
Malnutrition prevention activities | 121,641 | - | 121,641 | 130,608 | - | 130,608 | 107.4% | - | 107.4% |

Participants and Beneficiaries by Activity (excluding nutrition)

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)

| Beneficiary Category | Planned (male) | Planned (female) | Planned (total) | Actual (male) | Actual (female) | Actual (total) | % Actual v. Planned (male) | % Actual v. Planned (female) | % Actual v. Planned (total) |
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
People receiving resource transfers | 68,600 | 71,400 | 140,000 | 39,243 | 16,392 | 55,635 | 57.2% | 23.0% | 39.7% |
Total participants | 68,600 | 71,400 | 140,000 | 39,243 | 16,392 | 55,635 | 57.2% | 23.0% | 39.7% |
Total beneficiaries | 68,600 | 71,400 | 140,000 | 39,243 | 16,392 | 55,635 | 57.2% | 23.0% | 39.7% |

Nutrition Beneficiaries
### Nutrition Beneficiaries

<table>
<thead>
<tr>
<th>Beneficiary Category</th>
<th>Planned (male)</th>
<th>Planned (female)</th>
<th>Planned (total)</th>
<th>Actual (male)</th>
<th>Actual (female)</th>
<th>Actual (total)</th>
<th>% Actual v. Planned (male)</th>
<th>% Actual v. Planned (female)</th>
<th>% Actual v. Planned (total)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition treatment activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children (6-23 months)</td>
<td>1,941</td>
<td>1,865</td>
<td>3,806</td>
<td>327</td>
<td>314</td>
<td>641</td>
<td>16.8%</td>
<td>16.8%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Children (24-59 months)</td>
<td>2,910</td>
<td>2,797</td>
<td>5,707</td>
<td>491</td>
<td>472</td>
<td>963</td>
<td>16.9%</td>
<td>16.9%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Pregnant and lactating women (18 plus)</td>
<td>-</td>
<td>2,575</td>
<td>2,575</td>
<td>-</td>
<td>957</td>
<td>957</td>
<td>-</td>
<td>37.2%</td>
<td>37.2%</td>
</tr>
<tr>
<td>Total beneficiaries</td>
<td>4,851</td>
<td>7,237</td>
<td>12,088</td>
<td>818</td>
<td>1,743</td>
<td>2,561</td>
<td>16.9%</td>
<td>24.1%</td>
<td>21.2%</td>
</tr>
<tr>
<td><strong>Malnutrition prevention activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children (6-23 months)</td>
<td>19,419</td>
<td>18,657</td>
<td>38,076</td>
<td>22,008</td>
<td>21,144</td>
<td>43,152</td>
<td>113.3%</td>
<td>113.3%</td>
<td>113.3%</td>
</tr>
<tr>
<td>Children (24-59 months)</td>
<td>29,128</td>
<td>27,986</td>
<td>57,114</td>
<td>33,009</td>
<td>31,715</td>
<td>64,724</td>
<td>113.3%</td>
<td>113.3%</td>
<td>113.3%</td>
</tr>
<tr>
<td>Pregnant and lactating women (18 plus)</td>
<td>-</td>
<td>26,451</td>
<td>26,451</td>
<td>-</td>
<td>22,732</td>
<td>22,732</td>
<td>-</td>
<td>85.9%</td>
<td>85.9%</td>
</tr>
<tr>
<td>Total beneficiaries</td>
<td>48,547</td>
<td>73,094</td>
<td>121,641</td>
<td>55,017</td>
<td>75,591</td>
<td>130,608</td>
<td>113.3%</td>
<td>103.4%</td>
<td>107.4%</td>
</tr>
</tbody>
</table>

### Project Indicators

#### Output Indicators

<table>
<thead>
<tr>
<th>Output</th>
<th>Unit</th>
<th>Planned</th>
<th>Actual</th>
<th>% Actual vs. Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRF SO2-SR2: Nutrition treatment activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of beneficiaries/caregivers who received messages/training on health and nutrition</td>
<td>individual</td>
<td>52,901</td>
<td>27,662</td>
<td>52.3%</td>
</tr>
<tr>
<td>Number of female community health volunteers supported</td>
<td>individual</td>
<td>2,980</td>
<td>2,424</td>
<td>81.3%</td>
</tr>
<tr>
<td>Number of people receiving nutrition counseling supported by WFP</td>
<td>individual</td>
<td>56,240</td>
<td>31,045</td>
<td>55.2%</td>
</tr>
<tr>
<td>Number of targeted caregivers (male and female) receiving three key messages delivered through WFP-supported messaging and counselling</td>
<td>individual</td>
<td>42,641</td>
<td>21,935</td>
<td>51.4%</td>
</tr>
</tbody>
</table>

### Resource Inputs from Donors
## Resource Inputs from Donors

<table>
<thead>
<tr>
<th>Donor</th>
<th>Cont. Ref. No.</th>
<th>Commodity</th>
<th>In-Kind</th>
<th>Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>AUL-C-00266-01</td>
<td>Ready To Use Supplementary Food</td>
<td>-</td>
<td>49</td>
</tr>
<tr>
<td>Australia</td>
<td>AUL-C-00266-01</td>
<td>Wheat Soya Blend</td>
<td>-</td>
<td>19</td>
</tr>
<tr>
<td>UN CERF</td>
<td>001-C-01652-01</td>
<td>Wheat Soya Blend</td>
<td>-</td>
<td>309</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>UK -C-00370-01</td>
<td>Ready To Use Supplementary Food</td>
<td>-</td>
<td>213</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>UK -C-00370-01</td>
<td>Super Cereal (WSB+) With Sugar</td>
<td>-</td>
<td>323</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>UK -C-00370-01</td>
<td>Wheat Soya Blend</td>
<td>-</td>
<td>237</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>-</td>
<td><strong>1,150</strong></td>
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