

Nepal

Sustainable Development

Cooperation Framework Fund

(NSDCFF)

Annual Report for the period of
1 January to 31 December 2025

Multi-Partner Trust Fund Office
Bureau for Management Services
United Nations Development Programme
[Home | MPTF Office \(undp.org\)](https://undp.org)

April 2026

PARTICIPATING ORGANISATIONS



International Organisation for Migration (IOM)



Office of the United Nations High Commissioner for Human Rights (OHCHR)



United Nations Development Programme (UNDP)



United Nations Children's Fund (UNICEF)



United Nations Population Fund (UNFPA)



United Nations Entity for Gender Equality and Empowerment of Women (UN Women)



World Food Programme (WFP)



World Health Organization (WHO)

CONTRIBUTING PARTNERS

Foreign, Commonwealth & Development Office, UK Government

Swiss Agency for Development and Cooperation

Norwegian Ministry of Foreign Affairs

Introduction

The Nepal Sustainable Development Cooperation Framework Fund (NSDCFF) was established in April 2024 under the United Nations Multi-Partner Trust Fund (UN MPTF) mechanism as a country-based pooled fund to channel resources for joint UN initiatives. NSDCFF is implemented under five strategic windows:

1. Sustainable, Resilient and Inclusive Economic Transformation
2. Inclusive and Transformative Human Development
3. Environmental Sustainability, Climate and Disaster Resilience
4. Governance, Federalism, Participation and Inclusion
5. Humanitarian / Emergency / Disaster Response

The first four strategic windows of the NSDCFF align with the four strategic priorities of the Nepal United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023-2027. The UNSDCF is a framework document signed by the UN and the Government of Nepal (GoN) to advance the sustainable development of the country in alignment with national development priorities and realities outlined in Nepal's Fifteenth and Sixteenth Plans, the SDG costing and financing strategy, and the Least Developed Countries (LDC) graduation strategy. The NSDCFF's dedicated strategic window on Humanitarian / Emergency / Disaster response is designed to enable rapid and coordinated action for support during times of crisis.

The Steering Committee governs the NSDCFF and provides overall strategic direction and policy guidance for the Fund, serving as its principal decision-making and oversight body. The Steering Committee helps ensure full alignment of the NSDCFF with the UNSDCF and national development priorities and provides accountability to the NSDCFF's performance with approvals of funding allocations, reviews of financial reports, and progress appraisals. Chaired by the UN Resident Coordinator, the Steering Committee is composed of representatives of contributing partners and UN agencies that are signatories to the Memorandum of Understanding for the implementation of joint UN initiatives under the NSDCFF. The Steering Committee also fosters inclusive and coherent joint efforts with coordinated guidance and strong national ownership through regular engagement with GoN. With approval from its Steering Committee, additional strategic windows may be added to the NSDCFF as required and in response to evolving national priorities and emerging challenges, or upon the request of the GoN or UN system. The Steering Committee is also authorised to adopt governance arrangements responding to emerging priorities.

In addition to the Steering Committee, the NSDCFF has three key governance structures: the Secretariat, Participating UN Organizations (PUNOs), and the Administrative Agent. The Secretariat, hosted by the UN Resident Coordinator's Office, manages the day-to-day operation of the NSDCFF and serves as a central coordinating mechanism among all participating organisations. It provides substantive technical and administrative support to the Steering Committee, including facilitating proposal processes, coordinating project appraisals, supporting risk monitoring, assisting in performance tracking, and consolidating narrative reporting. The Secretariat helps maintain coordination and communication among Participating UN agencies and liaises with the Administrative Agent.

The Participating UN Organizations (PUNOs) are responsible for the design and implementation of programmes financed through the NSDCFF, drawing upon their respective mandates, expertise, and comparative advantages. The eight current PUNOs (IOM, OHCHR, UNDP, UNICEF, UNFPA, UN Women, WFP, and WHO) bring complementary strengths that facilitate integrated, multi-sectoral action in support of national development priorities.

The UN Multiparter Trust Fund Office (MPTFO) acts as the Administrative Agent, ensuring the NSDCFF’s financial integrity and fiduciary compliance. Operating under a passthrough modality, the MPTFO receives and administers contributions from donors, transfers resources to PUNOs in line with Steering Committee decisions and consolidates financial reports for submission to donors and the Committee. Through its robust financial management role, the Administrative Agent upholds accountability, transparency, and trust among all stakeholders contributing to the NSDCFF.

This report presents the results achieved through joint initiatives supported under the NSDCFF in the year 2025. This NSDCFF annual narrative report prepared by the Secretariat that is hosted at the UN Resident Coordinator’s Office (UN RCO) in Nepal and the NSDCFF annual financial report prepared by the UN Multi Partner Trust Fund Office (MPTFO) in New York, as Administrative Agent of the NSDCFF, can be found on the MPTFO website <https://mptf.undp.org/fund/np100> .

NSDCFF Strategic Windows and Joint Programmes

In the reporting period, four joint programs were activated under three of NSDCFF’s strategic windows. The ‘Mental Health Support Programme (MSP) Nepal’ was initiated under NSDCFF’s second strategic window: Inclusive and Transformative Human Development, ‘Accompanying the Transitional Justice Process in Nepal’ launched under the fourth strategic window: Governance, Federalism, Participation and Inclusion, and ‘Joint Response Action Plan (JRAP) for Western Earthquake and Flood Response’ and ‘Emergency Preparedness and Response: From Anticipation to Action’ started under the fifth strategic window: Humanitarian / Disaster Response.

Strategic Window	Name of Joint Programme	Start Date	End Date	Budget (USD)	UN Agencies	Donors
Inclusive & Transformative Human Development	Mental Health Support Programme (MSP) Nepal	Jan 2026	Dec 2028	2,917,646	UNFPA, UNICEF, WHO	SDC, UN co-financing
Governance, Federalism, Participation & Inclusion	Accompanying the Transitional Justice Process in Nepal	Jan 2026	Dec 2026	500,000	OHCHR (Lead), UNDP, UN Women	Norwegian Ministry of Foreign Affairs
Humanitarian / Disaster Response	Joint Recovery Action Plan (JRAP): Western Earthquake & Flood Response	Apr 2024	Sep 2025	16,116,857	UNICEF, UNFPA, IOM, WFP, WHO	FCDO and SDC
Humanitarian / Disaster Response	Emergency Preparedness and Response: From Anticipation to Action	Jan 2026	Dec 2027	1,650,280	WFP, UNICEF	SDC

Strategic Window 2: Inclusive and Transformative Human Development

The Mental Health Support Programme (MSP) Nepal under the NSDCFF strategic window Inclusive and Transformative Human Development, is a three-year initiative jointly implemented by UNFPA (lead), UNICEF, and WHO. The program has a budget of USD 2,329,411 contributed by the Swiss Government through SDC plus a USD 588,235 in co-financing from the UN agencies, bringing the total programme budget to USD 2,917,646.

The joint programme will commence implementation in January 2026 and aims to address Nepal's significant mental health treatment gap by strengthening and expanding the capacity of local health facilities to provide improved diagnostic services and comprehensive mental health care across the country. The joint programme contributes to Sustainable Development Goal (SDG) indicators 3.4, 3.8, 5.2, and 16.3, supporting the institutionalisation of mental health and psychosocial support within Nepal's public health system, expanded community access to quality services through training and deployment of trained mental service providers, and strengthened referral pathways. The joint programme will target serving survivors of gender-based violence, victims of conflict, adolescents, youths, and migrant workers and their families.

STRATEGIC WINDOW 2	
Inclusive and Transformative Human Development	
	
Mental Health Support Programme (MSP) Nepal	
BUDGET \$2,917,646	
UN AGENCIES 	
START DATE January 2026	END DATE December 2028

Strategic Window 4: Governance, Federalism, Participation and Inclusion

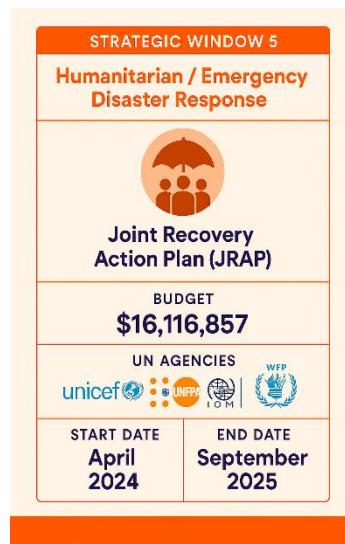
The Transitional Justice Process in Nepal is a catalytic joint initiative led by OHCHR (lead agency), UNDP, and UN Women, with a total budget of USD 500,000 contributed by the Government of Norway through the Norwegian Ministry of Foreign Affairs under the NSDCFF. This joint programme, under the NSDCFF strategic window Governance, Federalism, Participation and Inclusion, aims to support the Transitional Justice (TJ) Process in Nepal by providing technical advice to the two new Transitional Justice Institutions: The Truth Reconciliation Commission (TRC) and the Commission for Investigation on Enforced Disappeared Persons (CIEDP).

This joint programme will have an embedded OHCHR advisor supporting the transitional justice institutions to conduct capacity needs assessments, develop strategic plans and effectively implement activities, continuously monitor and document the transitional justice process, and organise specialised trainings and inductions complemented by the UN's technical inputs on a gender, inclusion, and conflict sensitive and trauma informed transitional justice process. This joint programme also aims to strengthen victims' participation through technical and logistical support to a TJ Resource Center, creating a safe space for victims to organise and engage with the TJ institutions. This joint programme contributes to SDGs 5, 10, and 16. The one-year long programme begins implementation in January 2026 and is designed to transition seamlessly into the USD 2 million Peace Building Fund (PBF) joint program.

STRATEGIC WINDOW 4	
Governance, Federalism, Participation and Inclusion	
	
Transitional Justice Process in Nepal	
BUDGET \$500,000	
UN AGENCIES 	
START DATE January 2026	END DATE December 2026

Strategic Window 5: Humanitarian / Disaster Response

The Joint Recovery Action Plan (JRAP) was the UN system's joint disaster response programme implemented from April 2024 to September 2025 with USD 16,116,857 funding contributions from the UK government through FCDO and the Swiss Government through SDC. Initially, the joint program was designed to address immediate humanitarian needs and recovery for those affected by the 6.4 magnitude earthquake that struck Jajarkot and Rukum West on 3 November 2023, killing 154 people, injuring 366, and damaging more than 62,000 homes across Karnali Province. -The heavy monsoon rains in September 2024 triggered severe floods and landslides across eastern and central Nepal. In recognition of the urgent multisectoral needs and the flexibility of JRAP's onset emergencies window, the NSDCFF Steering Committee expanded JRAP's scope and geographic coverage to include targeted flood response interventions.

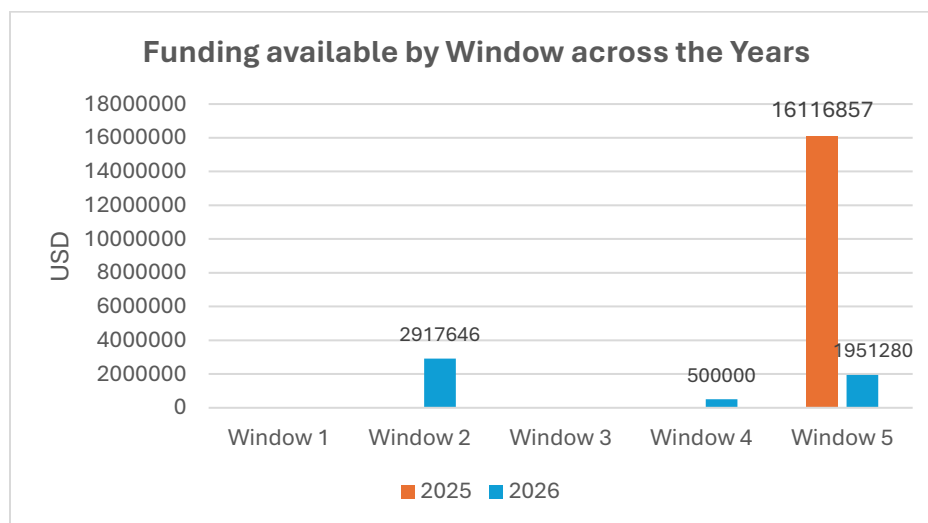


The western earthquake response and recovery activities under JRAP were completed in March 2025 with USD 15.6 million in funding from FCDO and the flood response activities under JRAP were completed in September 2025 through USD 16.7 million in funding from FCDO and USD 222,000 from SDC. This joint programme was implemented by UNICEF, UNFPA, IOM, WFP, and WHO with the RCO leading coordination under NSDCFF's strategic window Humanitarian / Disaster Response. The results achieved from the JRAP joint programme is presented later in this report.

SDC contributed additional funding of USD 1,175,000 to support the joint programme 'Emergency Preparedness and Response: From Anticipation to Action' under the NSDCFF Strategic Window 5, that commences implementation from January 2026. The programme is led by WFP and UNICEF with a total budget of USD 1,650,280, which includes parallel co-financing of USD 475,280 from the two UN agencies. This joint programme aims to strengthen anticipatory action against natural disasters in Nepal by operationalising the Government of Nepal's 2024 Shock Responsive Social Protection (SRSP) Guideline and Relief Distribution Standards in alignment with the National Anticipatory Action Framework. The programme comprises two core components: (1) anticipatory action activated through a two stage flood based trigger system using GloFAS seven day flood forecasts and DHM's three day flood bulletin to enable the delivery of unconditional multipurpose cash assistance to preregistered vulnerable households and (2) a humanitarian response window that supports medium scale disasters through the dissemination of early warning messages, delivery of emergency assistance and services, and post shock cash assistance. The joint programme will also contribute to strengthening national disaster governance systems by improving real time information management, supporting Mult cluster coordination, and assisting local governments to plan and budget for anticipatory action. FCDO also contributed additional funding of USD 301,000 under the NSDCFF Strategic Window 5.

NSDCFF Key Results and Achievements in 2025

The Joint Recovery Action Plan (JRAP) joint program concluded in September 2025 but by the end of the year, NSDCFF had expanded its fund size from USD 16.12 million and just one programme to a total fund size of USD 21.49 million covering four joint programmes. The three new joint programmes will begin implementation in January 2026.



Key results achieved by the JRAP joint programme in 2025 under NSDCFF are briefly presented below and covered in depth in the JRAP final joint programme report.

1. Protection: Safeguarding Women, Children, and Vulnerable Populations

The JRAP significantly strengthened protection systems in the disaster affected joint programme areas, reaching over 94,067 people (48,324 female and 45,743 male) with protection risk awareness messages through local FM radio stations. Community sensitization and targeted outreach activities reached an additional 1,574 people in the earthquake affected communities.

A comprehensive vulnerability assessment covering 74,598 children and adolescents from 31,758 households in seven municipalities identified 2,518 highly vulnerable children (1,283 girls and 1,235 boys; 69 persons with disabilities), all of whom received tailored case-managed assistance including food, educational materials, medical care, transportation support, and livelihood assistance. 10.58 percent of the vulnerable children (3,889 children) benefited from emergency assistance. Four child-friendly spaces (CFSs) were established and are currently managed by the local governments, ensuring long-term sustainability and data confidentiality. These CFSs benefited 279 children (152 girls and 127 boys) while 1,402 new cases were included in the Child Protection Information Management System (CPIMS) to ensure delivery of support to vulnerable children and survivors of violence.

Five women-friendly spaces (WFSs) were established, providing psychosocial support, legal aid, case management, and referral services to 3,448 women and girls, including 73 persons with disabilities. The WFS also provided psychosocial counseling services to 556 men and boys through mobile counsellors. In addition, two one-stop crisis management centres (OCMCs) and two safe houses were operationalized in Jajarkot and Rukum West, providing confidential,

survivor-centred services to 305 people (271 women, 27 girls, and 7 men; 8 persons with disabilities) with strengthened referral pathways for close response gaps and provide seamless delivery of services. Mass awareness campaigns on GBV prevention, PSEA, and sexual and reproductive health rights reached 219,132 people through FM radio, community events, and public sensitization programmes. Targeted SRHR awareness and outreach programs in the communities reached 16,087 people, including 36 persons with disabilities.

Twenty-eight SRHR outreach camps were established, delivering life-saving services, including family planning, fistula screening, cervical cancer screening, and antenatal and postnatal care to 8,630 people (8,085 women and girls, 545 men and boys; 16 persons with disabilities). A total of 6,453 women were screened for pelvic organ prolapse with 166 women receiving immediate medical treatment, 70 women receiving surgery, and 158 women referred for surgery and additional treatment. Similarly, 3,410 people were screened for cervical cancer, out of which 566 tested positive and were referred for medical treatment. Likewise, 970 pregnant and postnatal women received lifesaving services along with digital cash assistance to access medical care transportation to medical facilities and meet nutrition needs. Eleven health facilities and three birthing centres received urgent restoration support and were equipped with interagency reproductive health (IARH) kits, collectively reaching 22,399 people (3,383 women and 19,016 men) with lifesaving SRHR services. 2,046 women and girls received lifesaving supplies (115 dignity kits, 125 kishori kits, 200 winterisation kits, and 1,606 IARH kits). 9,055 pregnant women and lactating mothers received access to safe antenatal care and delivery services.

A total of 2,136 people (902 girls, 465 boys, 468 women, and 301 men; 306 persons with disabilities) received structured psychological support, including one-on-one counselling, group healing sessions, school-based psychosocial counselling, and family counselling for caregivers of children with disabilities. 73.2 percent of people reported experiencing improvements in psychosocial well-being after receiving psychosocial counseling support. Advocacy with seven municipalities resulted in psychosocial needs being incorporated into local government plans and budgets, and counselling centres were established in four municipalities. Meanwhile, 16,087 children, adolescents, and community members (3,479 girls, 2,670 boys, 7,110 women, and 2,828 men; 36 persons with disabilities) were sensitized on psychosocial well-being and the importance of help-seeking behaviours, contributing to increased access to counselling and support services.

Following the September 2024 floods, eight additional child-friendly spaces (CFSs) were established in Lalitpur, benefiting 367 children (177 girls and 190 boys). Psychosocial support was extended to 2,041 people (512 girls, 444 boys, 636 women, and 449 men; 29 persons with disabilities) in flood-affected communities. Three counselling centres were established for GBV survivors and 2,592 vulnerable people (280 girls, 119 boys, 1,833 women and 360 men) received GBV-related services including 2,592 GBV survivors and at-risk people receiving psychosocial support services. Winterisation kits were distributed to 400 flood-affected women and girls. The endline survey of beneficiaries shows that 7.7 percent of the vulnerable children benefited from the child friendly spaces and emergency assistance, 61 percent of people reported improved psycho-social wellbeing after receiving counseling, and 95 percent of women were satisfied with the winterisation kits and GBV services received.

2. Water, Sanitation, and Hygiene (WASH)

Reconstruction of critical water infrastructure in Jajarkot and Rukum West benefited 17 percent of the population, or 53,936 people and sanitation infrastructure reconstruction benefited 41 percent of the population or 101,097 people.

A total of 49 water supply schemes were repaired benefiting 17,656 people (9,037 female and 8,619 males; 186 persons with disabilities) and 22 water supply schemes were reconstructed benefiting a further 9,406 people (4,795 female and 4,611 males; 96 persons with disabilities). Inline chlorination and auto-dosing systems were installed in 35 water supply schemes to ensure water safety while water supply was improved in 63 schools benefitting 21,392 students (10,985 girls and 10,407 boys). To ensure sustainability and accountability at the local level, the project leveraged resources from local governments to reconstruct water supply schemes worth NPR11.6 million (USD 85,000). Insurance coverage was introduced as a model in 25 water supply schemes to safeguard against future disruptions, and all 71 water supply schemes were integrated into the national N-WASH information platform.

5,312 households (26,742 people) received sanitation support including the reconstruction of 2,564 toilets, benefitting 12,192 people (6,271 females and 5,921 males) and the repair of 2,748 toilets, benefitting 13,610 people (6,974 females and 6,636 males). Sixteen disability-friendly toilets were also constructed. WASH facilities were established in fifty-one schools to support the continuity of education for 15,310 students (7,862 girls and 7,448 boys). 82,070 people (42,101 female and 39,886 male) in over 100 communities participated in hygiene promotion sessions, addressing the historically high risk of waterborne disease outbreaks in the region. Critical WASH supplies were distributed to 45,000 people. A total of 749 provincial and local government officials received training on WASH in emergencies, and 10 municipalities now have completed WASH contingency plans.

Repair of water supply systems in the September 2024 floods affected project areas benefitted 6,440 people (3,288 females and 3,152 males; 12 persons with disabilities) while 1,285 people (659 women, 436 children, and 7 persons with disabilities) benefitted from restoration of sanitation and hygiene facilities. WASH supplies were distributed to 700 affected households, benefitting 3,500 people including 1,715 women, 1,225 children, and 14 persons with disabilities.

3. Nutrition: Strengthening Health and Nutrition Status of Children and Vulnerable People

8,548 mothers and caregivers (100 percent of target) received IYCF counselling, resulting in approximately 80 percent of infants aged six months being exclusively breastfed and 80 percent of mothers adopting WHO recommended complementary feeding practices. The integration of nutrition cash top-ups further enhanced dietary diversity for children in the affected areas. About 88 percent of the community health workers (351 people) and 87 percent of female community health volunteers (273 people) were trained in nutrition in emergencies, including IYCF counselling. Eight nutrition mobilizers were deployed across all eight local levels of Jajarkot and Rukum West, providing tailored household-level guidance and working in close coordination with FCHVs and community health workers to ensure sustained coverage.

4. Food Security and Livelihood

16,855 households (82.5 percent of the affected population) benefited from food security and nutrition assistance, combining Food Assistance for Assets (FFA), Food Assistance for Training (FFT), unconditional cash transfers, and nutrition cash top-ups. A total of 54,785 people (50 percent women and 1,302 persons with disabilities) received cash transfers through asset creation and training activities. A total of USD 3,224,366.67 was transferred as conditional cash assistance benefitting 54,785 people (48.5 percent women), and USD 2,003,056.96 as unconditional cash assistance and nutrition top-ups benefitting 33,911 people (51 percent women, and 711 persons with disabilities). All cash transfers were delivered digitally through bank accounts, eliminating direct cash handling and promoting the financial inclusion of marginalized groups while ensuring full transparency with corruption and gender-based exploitation risk reductions.

427,397 employment days were created for poor women and socio-economically marginalized groups through FFA/FFT programming while 9,838 people were directly engaged through the cash/food for work initiatives in rehabilitation of the earthquake damaged community assets. A total of 25 community assets, primarily rural roads spanning 110 kilometers, were rehabilitated or reconstructed using a build back better approach which integrated green conservation and grey engineering techniques. 22,414 households benefited from improved access to schools, health centres, and markets through these rehabilitated roads. 40,480 tree saplings were planted along roadsides as part of the green recovery initiative. Beneficiary surveys at the end of the programme revealed that 82.5 percent of the population in the targeted communities reported benefitting from an enhanced livelihood asset base.

Following the September 2024 floods, multipurpose cash assistance was provided to 1,210 households (6,169 individuals, 50 percent female) in the three most severely affected local governments of Kavrepalanchowk district, disbursing approximately USD 112 per households with five or less members and USD 15 for households with more than five members, in alignment with the Government of Nepal's disaster relief standards.

5. Shelter: Building Back Better and Strengthening Local Reconstruction Capacity

A total of 38,155 households (62 percent of the total affected households) were supported through socio-technical shelter assistance, that included door-to-door support, mobile van campaigns, community consultations, and capacity-building sessions. Amongst them, 19,040 households (31 percent) received direct or indirect support to rebuild their homes while 1,324 people (675 female and 649 male) were reached through 46 PASSA (Participatory Approach for Safe Shelter Awareness) sessions on disaster-resilient construction. Over 88,542 households were reached with awareness messages on safe reconstruction, PSEA, CFM, and accountability mechanisms. 20,071 people directly benefited through the grievance handling mechanism.

848 local masons (180 women, 668 men) were trained, including 157 masons (28 women and 129 men), in earthquake-resistant construction techniques, 553 masons (117 women and 436 men) in CSEB interlocking technology, and 136 local masons (35 women and 103

men) received training to promote vernacular architecture. 28 green enterprises were established for CSEB production and stone-cutting, creating 100 local jobs and ensuring a sustainable local supply of eco-friendly building materials for the ongoing reconstruction process. 26 earthquake-resistant model houses were constructed using compressed stabilized earth brick (CSEB) and stone masonry technology, with 34 percent of the houses owned by women-led households and 38 percent of the houses owned by persons with disabilities. 190 engineers (46 women and 144 men) working for subnational governments received training in safe construction, seismic design, and GRID principles. With UN support, 13 local governments developed a suite of policy documents, 21 in total, including one recovery and reconstruction action plan, five building bylaws, one local disaster and climate resilience framework, one disaster preparedness and response plan, and 13 green technology enterprise operational guidelines.

6. Health

The JRAP programme implemented health support activities responding to the September 2024 floods in seven local governments of Lalitpur, Kavrepalanchowk, Sindhupalchowk and Sindhuli districts. Over 3,200 people were screened for TB, 280 suspected cases were further tested and out of them, 5 were confirmed to be TB cases, in addition to 5 cases from Pulmonary Clinically Diagnosis (PCD) TB (total 10 TB cases). The ten diagnosed with TB were provided immediate free treatment in line with national guidelines. A Medical Camp Kits (MCKs) was installed in Phidim Municipality of Koshi Province and Roshi Rural Municipality in Bagmati Province to serve as Alternate care sites for Lalikharka Health post and Roshi Basic Hospital respectively that benefitted 503 people residing in the two local governments. Twelve health professionals from five local governments in Kavrepalanchowk district also received training on providing primary health care and mental health care services while health facilities in 54.5 percent of the affected municipal governments were supported to provide mental health and psychosocial support services.

Lessons Learnt

Lesson 1: Embed Climate and Access Risk Planning into Programme Design

Environmental seasonality is a predictable constraint in Nepal and must be built into programme design from the very beginning. Monsoon seasons, flood cycles, and recurring climate events will reliably disrupt field access, supply chains, and verification processes if timelines are not designed around them. Treating seasonal risk as a planning parameter, rather than a contingency is critical for a resilient programme.

The communities most affected by disasters are also the most exposed to climate change. Recovery programmes with conventional approaches miss a critical opportunity to reduce future risk while innovative green technologies and nature-based solutions have demonstrated viability in resource-constrained contexts. Disaster-affected populations also experience simultaneous challenges. For example, a household facing food insecurity may simultaneously be experiencing shelter damage, health risks, and protection threats. Siloed responses produce fragmented, temporary relief rather than durable recovery. For this reason, multi-cluster programming is

recommended for efficiency and effectiveness, to reduce duplications, and produce more equitable outcomes.

Lesson 2: Treat Local Capacity Development as a Programme Component

Local skills gaps are a root cause of implementation delays, not a symptom. Programmes stall when local labour, technical expertise, and institutional knowledge are assumed rather than developed. Gaps in technical competencies and institutional capacities translate directly into delivery failures and sustainability risks. In addition, programmes that bypass local systems may deliver faster in the short term but leave nothing behind. Locally rooted organizations consistently outperform external actors on contextual understanding, community trust, and cost-effectiveness. Training local professionals creates lasting human capital that serves communities long after the programme ends. Genuine localization must be intentionally resourced, not assumed.

Lesson 3: Anticipate Administrative and Policy Bottlenecks

Government policy constraints, documentation requirements, and approval processes are predictable friction points in emergency contexts. Banking requirements for cash transfers, documentation thresholds for beneficiary registration, and inter-agency approval chains routinely delay or exclude the most vulnerable, particularly women, undocumented individuals, and displaced persons. Early political and administrative engagement is a smart risk mitigation strategy.

Political interference in beneficiary selection, gender norms limiting women's participation, safety incidents, and evolving reconstruction guidelines are not exceptional circumstances, but rather routine features of post-disaster environments. Programmes that lack adaptive mechanisms and community accountability systems become rigid, exclusionary, and vulnerable to capture. Accountability to affected populations is both an ethical requirement and an operational effectiveness tool.

Lesson 4: Gender-Responsive and Protection-linked Services Are Recovery Accelerators

Disasters disproportionately affect women, girls, children, and persons with disabilities, both in immediate impact and in long-term recovery trajectories. Psychosocial support, GBV response, child protection, and inclusive community services produce measurable resilience outcomes. Programmes that focus exclusively on physical reconstruction while neglecting these needs leave the most vulnerable behind and undermine community-level recovery.

Priorities for 2026

NDCFF priorities for 2026 are described below:

- Monitoring and management of risks – constantly monitor and manage the joint programmes' risks, including political and social risks. The joint programme on transitional justice will operate in politically sensitive contexts with the added complexity and fragilities of the post Gen Z movement and formation of the new government following March 2026 elections.

Mental Health and Anticipatory (Humanitarian) Action joint programs both operate in socially sensitive domains.

- The joint programmes on transitional justice and mental health are designed as catalytic finance pilots to generate evidence that demonstrates feasibility, open spaces for innovation, and unlock additional resources, supporting the impacts from the initial investments extending beyond the joint program period, paving way for sustainable system-wide changes.
- The anticipatory (humanitarian) action joint programme intends to support future scale up and ensure that the current joint programmes support systems strengthening and Government ownership so that over time, they increasingly fund AA. The joint programme will be complementary to CERF AA funding (if available).
- Progressively incorporating the Government of Nepal into the governance structures and co-chair-ship of the Fund.
- Continue expanding the donor base of the Fund and the number of UN agencies that implement strategic joint programmes financed by the Fund.