

**Nepal Earthquake Response and Recovery Program
Narrative Report
As of June 2018**



(As of June 2018)

1. Current Context

Gorkha earthquake of April 2015, followed by over 460 aftershocks affected 35 districts out of 75 and 14 of them severely affected. This had resulted in massive loss to the country in terms of human casualties, socio-economic, infrastructure and livelihoods urging for large scale the relief and recovery needs. Immediately following after the shocks, emergency relief and rescue work began with the involvement of local volunteers, security forces and international aid workers in coordination with the Government of Nepal (GoN).

Post-earthquake recovery framework (PDRF) of Government of Nepal has identified five strategic recovery objectives; i) Restore and improve disaster resilient housing, government buildings and cultural heritage, in rural areas and cities, ii) Strengthen the capacity of people and communities to reduce their risk and vulnerability, and to enhance social cohesion, iii) Restore and improve access to services, and improve environmental resilience, iv) Develop and restore economic opportunities and livelihoods and re-establish productive sectors and v) Strengthen capacity and effectiveness of the state to respond to the people's needs and to effectively recover from future disasters. In line with the PDRF, CARE Nepal developed its recovery and reconstruction strategy and prioritized SHELTER, WASH, FSL, SRMH and GBV as key programming sectors aiming to provide support to poor, most vulnerable and socially excluded communities.

Government of Nepal has made policy provisions and taken various initiatives to bring the recovery action into pace. As part of reconstruction and recovery plans, the GoN has approved and committed to provide USD 3000 (split into three different installments) for housing grants to those households that were classified as having completely damaged or destroyed houses. In addition, as part of socio-technical support government is also mobilizing funds and human resources to raise awareness and ensure quality construction adapting "build back safer". The NRA and district level government authorities are guiding and monitoring national, international and development organizations and ensuring proper co-ordination to reduce or minimize the duplication. However, due to the scale of the damage, frequent change in NRA leadership, elections for three levels of government in 2018, state restructuring process related to the implementation of a new federal government structure and delay in formulation of various reconstruction related policy, there have been delays in implementing the national recovery program in FY18. For example, in average only 30% of the houses in all 31 earthquake affected districts have been reconstructed, whereas the progress in CARE working district is 46%. At the Ward level, formerly Village Development Committee, VDC, areas, 61% of houses have been reconstructed, which is higher than the national and district average, but has still left out some extremely poor households in more remote locations. CARE will continue its shelter program in FY19 with focus on reaching those most vulnerable and extremely poor households.

The country is still undergoing a major shift in governance and administrative structure with three layers of government - Federal, provincial and local level. The decentralised mechanism has vested more powers with the local level governments. The newly elected people's representatives and administrative staffs have assumed offices at different levels of government. Owing to this changes in governance mechanisms, CARE Nepal also had to align its recovery and reconstruction programme including the operational modalities to better deliver at the field level. There has been political instability in the country for decades and it is hoped that these elections and the federalization process will ensure political stability because all levels of governments have been formed with majority. It is expected that the recovery and reconstruction work will be accelerated having elected governments at all levels.

2. Development of Recovery Program, review and Realignment of Pooled Fund

CARE Nepal's earthquake response and recovery programme is continuing in Dhading, Gorkha and Sindhupalchowk districts which is guided by the recovery strategy. This strategy was developed considering the needs and priorities of CARE's working areas the commitments made with Government of Nepal and priority areas identified by PDRF.

A target of \$40 million was set by CARE as what was needed to mount a significant and robust response, and to engage in the recovery and reconstruction process over the period of four years. By June 2018, CARE has raised \$35,195,616 coming from institutional, foundation and private funding. The pooled fund money amounts to \$7,537,795 (See Annex 5 for summary of all funding to the EQ Response and Recovery Program). The pooled fund complemented CARE Nepal's funding gap to meet the target mentioned in the strategy.

Initially the pooled fund steering committee made a decision to spend pooled fund resources for the four years period i.e. from April 2015 to April 2019. The pooled fund steering committee conducted a mid-term review from 6th to 14th November 2017. The review committee reviewed EQRR emergency and recovery strategy, reports, other documents, approved budget and programs. More importantly the review committee also made a field visit in Gorkha and Dhading districts, seen various activities, interacted with earthquake affected communities, CARE and partner staff other relevant stakeholders and submitted the final report with its recommendations (See ANNEX 1: Recommendations with CARE Management response). i) Giving priority to provide support to extremely poor households to build their house and meaningfully engage in rebuilding process, ii) more focus on GiE, iii) strengthening sectoral integration, iv) gradual integration of EQRR program with CARE's regular program, v) strengthening targeting and focused program intervention were major recommendations given by the review committees. With the great respect of the recommendations and considering following points, CARE Nepal reviewed overall progress as of now, re-prioritize some program areas and aligned budget allocation accordingly to address the recommendations of pooled fund steering committee, government's priorities and the existing gaps. Criteria for re-prioritizing included:

- Implementation of recommendations from the pooled fund review committee
- The slow speed of whole recovery and reconstruction program taking place in the country and Government's commitment to complete reconstruction work with in next two years.
- CARE Nepal's business plan (2015-2020) period
- CARE Nepal's strategy of smooth transition of EQRR program and aligning it with longer term business plan.
- Rapidly changing political context due to completion of three levels of election (local, federal and central government) and establishment of majority government after decades.
- Balance of pooled fund and its strategic use for the benefit of people and strengthening of organizational processes and systems for humanitarian delivery.
- Additional restricted grants secured from various donors in some sector

2. Transition plan

With above mentioned background and taking major consideration, the pooled fund resources has been allocated to meet the goal/objectives mentioned in the recovery strategy and envisioned overall transition plan with extension of pooled fund resources until June 2020. Following actions will be taken gradually so that it will help CARE Nepal for smooth transition and close out of EQRR program.

- Secured restricted grants for SRSB will be completed in July 2018, however, SRSB programming will be integrated into longer term ongoing programs and will continue with funding from SAFFAC, GSK, and other funding under NURTURE program theme in Gorkha district.
- HERMES and ADH funded shelter projects focused on target households of earthquake survivors from all the houses listed in 23 VDCs till June 2018. As of December 2017 CARE's role was more focused on supporting communities to engage with the NRA shelter support systems and ensure that vulnerable communities are not excluded from the process. All restricted grants for SHELTER are now closed. After receiving recommendation from pooled fund steering committee, CARE Nepal has developed additional programming to support an additional 943 vulnerable HHs, out of which 279 have already received support and constructed their house as of June 30, 2018.. Additional 664 HH have been identified to provide further support up to the end of December 2018. CARE's "Leave No One Behind" shelter initiative has already been approved by NRA. Out of planned 664 HH, 158 HH will be funded by ECHO funded PRAYAAS Project and 664 will be funded using pooled fund resources. Some budget has been reallocated for this change.
- Restricted funds cover WASH related activities until the end of Dec 2019. Pooled fund budget has been allocated to cover some gaps in the target districts until the end of 2019. 8 water schemes will be completed through pooled fund resources complementing restrict funding from DFID, ADA, DFATD, HARTMANN, MOFA, DEC, GAC etc. Additionally, construction of drinking water scheme at Laprak of Gorkha will be carried out through pool fund budget in coming year (18/19). This sector will be closed in June 2020.
- All restricted grants for Food Security and Livelihood (FSL) programming were closed in December 2017 and future FSL programming will be continued through pool fund for remaining period. The FSL programs will be transitioned/integrated into the longer term SUSTAIN program theme by January 2019 or sooner. CARE Nepal has prioritized implementing activities that are geared towards improving the food security and livelihoods of earthquake affected population in Dhading, Gorkha, and Sindhupalchowk districts with integration between livelihood support and other recovery sectors targeting most excluded groups. For example, linking livelihood support to better enable the extreme poor to access housing support, and targeting of livelihood support for survivors of GBV, or enabling landless households access to non-land based livelihood options. Therefore, the pool fund has been budgeted to support food security and livelihood sector in these districts with a greater focus on targeting of the most vulnerable, excluded and poor.
- Restricted grants for GBV and Gender Empowerment programming have been completed, but Gender Equality and Social Inclusion (GESI) programming will be continued in all districts taking a mainstreaming approach thorough all program sectors. Gender based violence programming is being integrated with longer term GBV service support through the PREVENT program theme.
- Priority is given for institutionalization of accountability mechanisms, advocacy initiatives, communication and engagement with local and provincial government to ensure ongoing sustainability and support .

- All field activities will be completed/closed by Dec 2019 with a 6 month period (Jan-June 2020) dedicated for final evaluation, impact measurement, documentation and handing over infrastructure and other support systems.
- Sindhupalchowk district offices are planned to be closed by December 2018 but remaining activities will be continued through local implementing partners. Gorkha office will be closed by Dec 2019.

Considering above mentioned transition strategy, pooled fund resources has been allocated accordingly.

3. CARE's overall Response and Recovery Progress

As of June 2018, CARE Nepal has reached 59,676 individuals in response phase and 189,484 population (single count) are benefited through its recovery intervention under five sectors at three districts. The population reached by individual sectors is presented in table;

Since the beginning of the response phase, CARE Nepal has given high focus to women and adolescent girls and significant steps were taken to ensure that in line with government targets, 33% inclusion of women in formation of committees and programs implemented. Likewise CARE Nepal conducted Underlying Causes of Poverty, Vulnerability and Social Injustice Analysis (UCPVA) to identify the most vulnerable communities and individuals. The UCPVA undertaken in CARE's program areas indicated that out of 24,398 households; 5,463 (22.39%) and 8197 (33.59%) are extremely poor and vulnerable. This study revealed that in Gorkha, Dhading and Sindhupalchowk 33.4%, 33.40% and 38% of the population live below the poverty line respectively. This includes the following groups of people: single women; widows; senior citizens with no care taker; women headed households; children headed households; internally displaced people (IDPs); ethnic minorities; indigenous groups; Dalits with limited or very less income, landlessness, sessional labor and limited livelihoods options. Hence while performing recovery activities those vulnerable groups were taken into account and considered "build back better" strategy to ensure long term impact and resilient building.

S.N	Program Sector/activities	Benefitted Population
1	Shelter	90,213
2	Water, sanitation and hygiene (WASH)	162,085
3	Food security and livelihood (FSL)	140,473
4	Sexual, reproductive and maternal health (SRMH)	16,363
5	Gender based violence and protection	147,385



4. Sector Specific progress:

5.1 WASH

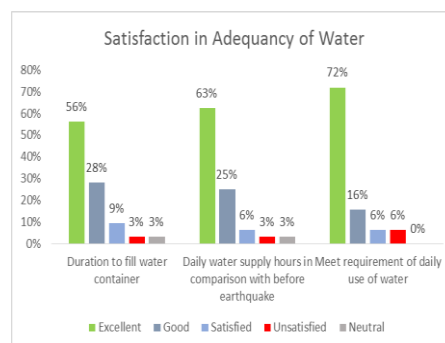
Major achievements in WASH sector has been made through various restricted grants. The secured grants were mainly used in Dhading and Gorkha while pooled fund resources is being used for Sindhupalchowk. Some of the key WASH activities implemented in the targeted districts broadly includes (a) formation of users committee and strengthening their capacity in construction, repair and maintenance, (b) construction, repair and/or rehabilitation of drinking water supply, (c) promotion of sanitation

and safe hygiene practices and (d) fulfilling the long term WASH need of the affected communities.

As per the database of ministry of water supply, there are 41205 community drinking water schemes managed by local

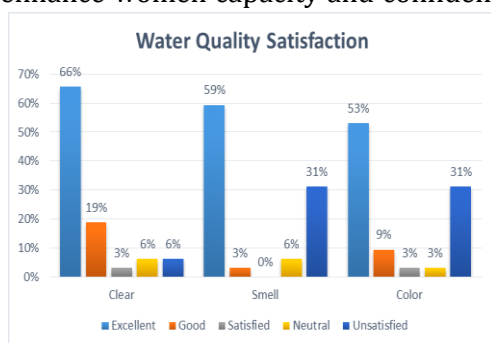
Figure: RVT construction at Kanthesai DWS under pooled fund

WUSC out of which 5233 were damaged by earthquake in most affected 14 districts (NMIP:2014), with 983 in CARE's project districts (PDNA:2015). CARE Nepal through its implementing partners reconstructed 81 water schemes by forming/reforming and strengthening Water Users and Sanitation Committee (WUSCs). These water schemes that have directly reached 51,497 HHs out of which 2517 HHs were extreme poor. Throughout the construction period 63976 person days were employed temporarily and generated total earning of around NPR 48 million, this is significant amount and was earned by beneficiaries through their labour work. Community participation and contribution has also been significant and is measured 22.7% against the target of 14%.

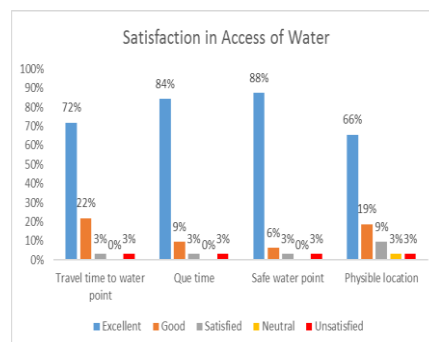


Recently, CARE Nepal commissioned a beneficiary satisfaction survey in 32 water schemes. The survey finding shows that 94% of the people were found satisfied with the adequacy and access of water, 62% of the people were found satisfied with the water quality, whereas remaining were doubtful on both color and odor. Since the study was conducted during monsoon period, above physical parameters were noticed. To confirm these physical characteristics, water quality will be re-assessed after monsoon, the water safety plan will be updated and implemented accordingly.

For each water scheme, a management committees has been formed for construction and post construction management. 99% of water users committee have ensured at least 33% women representation ensuring at least one women in signatory position. Such inclusion helped to enhance women capacity and confident in decision making



who were not involved in any social activities before program. A survey was conducted to assess the position of women in leadership and



management within 32 WUSC. Out of survey sample, 86% of water users committees (WUSCs) are chaired by women and 80% of the WUSCs have female treasurer. Among them 42% are confident in taking decisions on their own. Additionally, during the KII with treasurer it was found that 41.67% of them were keeping all the financial records whereas 67% of them reviewed all the documents before making payment, 83% of the women treasurer were found to be engaged in different community based groups..

Furthermore, functionality survey conducted on water schemes revealed that 100% of surveyed schemes are well functioning, however, 10% of them needs minor repair for water leakages. 80% of the surveyed beneficiaries reported that they have adequate water supply for 5 hours a day from all water taps throughout the year whereas remaining 20% of them stated only 70% of taps supply adequate water for 2-5 hours or less and is ensured for 11 months and less in one

month. Furthermore, 70% of the schemes have collected tariffs for operation and maintenance of the systems. As per the Sector development Plan of Ministry of Water Supply of Sanitation (2016-2030), there is need of 28,493 Village Maintenance Worker (VMW) in Nepal and only 13,315 are available nationwide. CARE provided training to 116 VMWs for repair and maintenance of DWS schemes. A total of 90 % of water user groups have appointed VMWs, out of which 60% are paid. From a total of trained VMW, 39 are female and 20 were paid for their services. While the VMS is traditionally considered to be a man's role, after training and appointing women as VMS, this gender stereotype has begun to shift.

In a recent household survey, 29 female respondents indicated that they could feel a reduction in workload due to accessibility and adequacy of quality water supply. The saved time is being used for household chores, education, agriculture, fodder collection.

As of now CARE Nepal supported in construction of 2971 toilets for most poor and vulnerable HHs that was instrumental for declaration of Open Defecation Free (ODF) area. As a result 10 wards of project intervention area are now declared as ODF. The community based hygiene promotion and safe practices have reached a total of 146,184 individuals who are sensitized on safe hygiene practices through various awareness and capacity building sessions. A survey conducted on self-monitoring hygiene behaviors found that 82% of the HHs are using toilets, out of which 80% have been maintaining basic requirements like availability of water, hygiene kits, extra slipper etc. Similarly, 96% of the HHs have hygiene necessities at handwashing station and 93% of HHs have knowledge on hand washing practices in critical stages. However only 84% of these HHs are practicing it. Regarding safe menstrual hygiene practices, 90% of the female respondents are found



Figure: Finger millet threshing, Bhotang, Sindhupalchowk

to have access to appropriate menstrual services, 73% of female students attending schools during their periods. Regarding the maintenance of kitchen and environmental sanitation, the survey revealed that 94% of the HHs have maintained kitchen cleanliness and 66% of HHs are maintaining environmental sanitation practices and also maintaining dish drying rack.

The overall achievements of WASH intervention is that it contributed to meet the Sustainable Development Goal 6.1.1 by providing safely managed drinking water and sanitation services to 0.14% of total population (Gorkha and Dhading). CARE Nepal will be increasing its focus on hygiene and sanitation elements of the program in FY19, and will be recruiting an additional Hygiene and Sanitation Specialist to work with the WASH team to better reinforce sustained behaviour change.

5.2 Food Security and Livelihood:

Under food security and livelihood, CARE Nepal supported reached to 27904 households (32,149 individuals) through different interventions like livestock support, off farm micro enterprise startup support, livelihood improvement plan (LIP) training, plastic house with drip irrigation, irrigation canal reconstruction, and agri-machinery support with the funding from Pool fund.

Figure: Jamrang Khola Irrigation scheme at Yangri, Sindhupalchowk

To add the value on commodity and improve market access, 11 collection centers, 1 Haat Bazarstore and 3 rustic centers were constructed. These structures have protected the

agricultural products and helped in linking with local markets. In order to scale up the sales, project supported to establish Haat bazar at four locations out of them, 3 are continuing under community management.

A study performed to monitor the outcome of livelihood initiatives at three districts reflected that women's workload in terms of labor intensive work is reduced by 5.07 times after agri-machinery was introduced and 8.72 times by using mini-tiller equipment. The introduction of threshers helped to reduced labor cost by 57% (based on 13 case studies). Income tracking of 174 selected farmers found that average annual income of these farmers is NPR. 92361. This income has been made by selling their vegetable products. Out of their income 20.8% was invested for shelter construction (by 87 HHs).

Similarly 77 irrigation schemes (43 reconstruction and 34 rehabilitated) supported by the program helped farmers to bring significant changes in their farming practice. In total, 11 selected irrigation schemes having 636 beneficiaries were considered for survey. The survey revealed that the irrigated land has been increased by 28.86%, cropping intensity increased by 100%, cereal crop productivity increased by 40% and 18.9 % HHs switched towards lucrative crop like vegetable. The winter vegetable production increased and cropping pattern changed from two crops a year to three crops.

During the program period, 1143 extreme poor HHs were provided with Livelihood Improvement Plan (LIP) preparation, start up and incubation support from pooled fund. Recently, CARE Nepal tracked the income of 200 LIP supported houses. The result shows that households increased their income by 18% in last 6 months as compared to previous six months. While analyzing the expenditure of income, 13% (79HHs) of income was used for shelter construction, 12% (104HHs) was saved and 18% (81HHs) was invested for further inputs in livelihoods sector. The promotion of diversified livelihoods (off farm, on farm), creating access to market, improving income opportunity, strengthen livelihood that cumulatively contributing for resilient recovery.

An innovative zero tillage garlic production technique was introduced first time in Dhading and Sindhupalchowk districts. Despite the late sowing, performance was encouraging as compared to conventional methods applied at the same period. While collecting the preference from farmers, they preferred this technology because no tillage is required, less irrigation requirement, higher storability, and relatively higher cloves than conventional method.

Out of 24 cooperatives supported to develop as input supply and output marketing service providers, 6 were taken for growth trend analysis and finding shows that on an average, 69% shareholder member increased and 61% transaction increased. In terms of participation/inclusion, 65% women, 47% Dalit and 121% (i.e. 528 to 1168) Janjati members received membership. Two cooperatives in Dhading have legal policy to provide loan to extreme poor for their livelihoods enhancement not exceeding the interest rate of saving (i.e. 8% and 9%). After completing Participatory Governance Assessment, 2 cooperatives adopted improved governance practice and 1 is planning to adopt. Five cooperatives have developed its multi-year agri business plan by incorporating group's production plans.

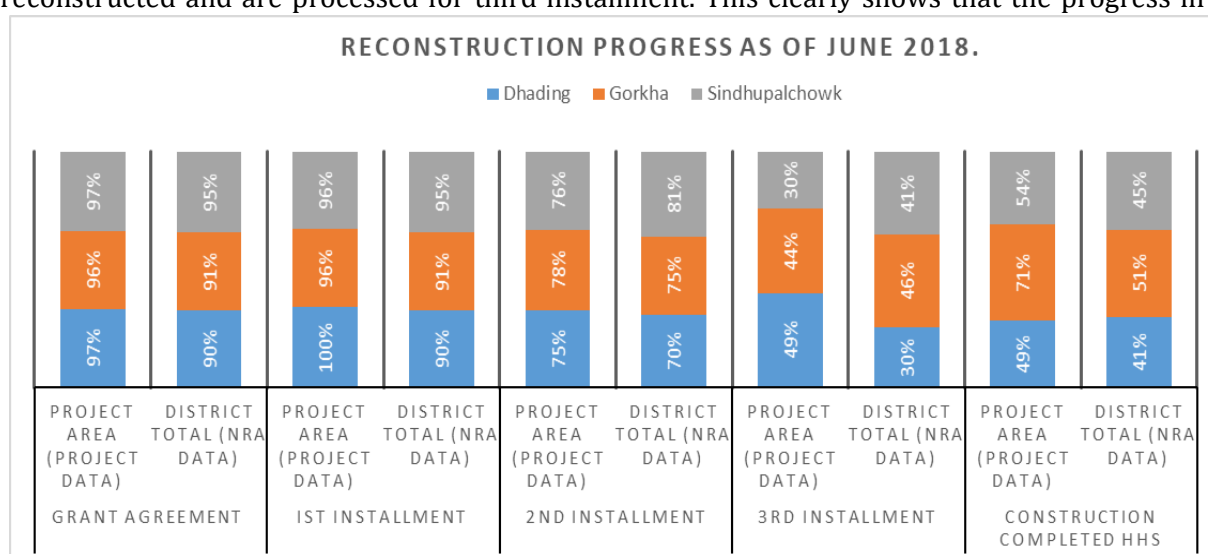


Figure: Zero tillage garlic production

5.3 Shelter:

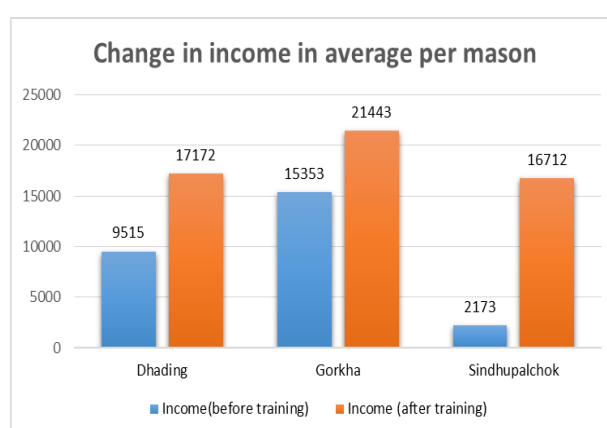
A total of 26,173 HHs (90,213 population) were reached through shelter intervention in recovery and long-term reconstruction phase. The major intervention was capacity building on build back better and safer techniques, onsite construction coaching, focus on women masons mobilization for reconstruction action, awareness raising and DRR.

In three CARE's working districts, 230102 are eligible for government's grant for construction of damaged house, where as 211757 (92%) signed an agreement, 211728 (92%) received 1st installment, 167518 (73%) received 2nd installment and 79750 (35%) received 3rd installment and 96431 (42%) completed construction of their houses. Where as in CARE's working VDCs, out of total 22123 eligible houses, 21617 HHs (98%) have enrolled and sign contract, 21498 (99%) have received the first installment, 16916 (78%) have received second installment, 9153 (42%) have received third installment and 13144 (61%) of the houses have been completely reconstructed and are processed for third installment. This clearly shows that the progress in



CARE's working area is higher by 5%, 5% and 7% in receiving 1st, 2nd and 3rd installment and 19% higher in completion of individual house.. Through this process CARE Nepal has contributed around 10% HHs in overall reconstruction target set by NRA for private house construction in CARE's working districts.

Total of 1745 trained masons are involving in reconstruction activities. Income tracking conducted among 1339 mason showed their monthly income has increased by almost two folds on an average (NRS 9344 to 18660 i.e. equivalent to 930 USD to 1800 USD) and subsequently the FGD shows that 50% of trained female masons are active in reconstruction work while other are engaged in skilled tasks, semi-skilled and labors. Similarly KII with 31 female mason indicated that 92% of them agree that they are paid equally to those with men masons for same work.



Poverty analysis conducted at three districts using UCPVA indicates that out of 24,398 households; 5,463 (22.39%) and 8197 (33.59%) are extremely poor and vulnerable and majority of them still reside in temporary shelters. Hence 276 ultra-poor and vulnerable HHs has received reconstruction support and were recommended for further installment. Out of total 276 households, 21% were women headed and 18% were single men, 12 % are person

with disability and 16% were children headed HHs. As an outcome of reconstruction support to 276 HHs, 54 HHs already shifted to new houses, 75% received 2nd installment and 45% received 3rd installment so far.

In order to support to assist the extreme poor and vulnerable to help them to rebuild their houses, CARE Nepal piloted a new approach in Dhading. Through the pilot initiative practical session was organized mobilizing trained mason and helped 56 extreme poor HHs to construct their house up to the plinth level to make them eligible to claim second installment. As the result of this initiative, all of them have now completed their houses. CI pooled fund steering committee also visited this site and interacted with those families. This pilot initiative was much appreciated and recommended to replicate/scale up this model in other district as well. More importantly, local government and other stakeholder also acknowledged this effort and strongly recommended for its expansion in other earthquake affected districts. This is considered as best practice and has been expanded/scaled up and provided support to 276 extreme poor to construct their house. NRA, at later stage adapted this strategy and appeal agencies to provide similar support to help extreme poor HH by topping up additional NPR 50,000.

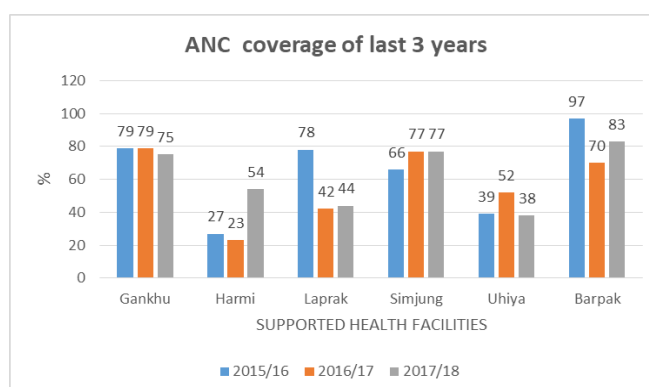
Apart from reconstruction, to reduce the impacts of subsequent disasters, as risk reduction measure, CARE also supported to develop 17 local disaster risk management plan, 2 District Disaster Preparedness and Response Plan and 3 Local Disaster Preparedness and Response Plan of rural municipality. CARE also supported to implementation of Local Disaster Risk Management Plan through construction of small scale mitigation work. The small scale mitigation work includes bio-engineering works and low cost civil engineering structures at 51 disaster prone locations. This low cost technology can be replicated in mid hills of Nepal and is already replicated at one of the soil erosion site of Choprak. The bio-engineering consists of wide varieties of plants such as sissoo (*Dalbergia sissoo*), bamboo, broom grass, shrubs, grass plantation and these varieties were linked with livelihood option. Hence the project not only looks for immediate recovery rather focus for longer term recovery program.

5.4 Sexual Reproductive and Maternal Health (SRMH)

As part of the recovery phase, CARE Nepal supported in reconstruction and operationalization of three 3 well-furnished pre-fabricated health post buildings with birthing facilities, staff quarters and full set of equipment at Gorkha. As a result of provisioning staff quarter at health facilities, 24 hours institutional delivery service has been possible with more ease and comfort. In addition, 5 five primary health care outreach clinics (PHC-ORCs) were set up which are and are now functional at remote clusters of the earthquake affected area.

To improve the service delivery skills of health workers in these health facilities and expand services, CARE supported for capacity building of health workers on infection prevention (IP), long acting contraceptives (IUCD) and safe abortion services (medical and surgical abortion). 94 health workers on IP, 26 health workers on implant and IUCD insertion

and removal skills and 15 health workers on safe abortion service were trained. Self-Applied Techniques for Quality Health (SATH) initiative was implemented in 6 VDCs for strengthening and empowering mothers groups and increase health seeking behaviors. In order to bridge the gap and implement recovery strategy, pool fund budget was utilized for organizing 3 mobile reproductive health and screening camps, 1 Hysterectomy Camp, Skilled birth attendant (SBA) training and Infection prevention and health care waste management training.



Through the constant support, project has brought a huge impact on reaching the progress in key maternal health outcome indicators. As per the data from District Public Health Office Gorkha, there has been no reported cases of maternal and neonatal mortality in the supported facilities (source: District Public Health Office, Gorkha). Institutional delivery tracking from 6 health facilities supported by CARE has showed 25% increase in this last fiscal year compared to 2015/16. (99 in 2015/16, 112 in 2016/17 and to 124 in 2017/18). Average number of patients' case load served by primary health care outreach clinics per month has also increased from 85 per month in 2015/16 to 147 per month in 2017/18 (Source: DHO, Gorkha, 2015-2018). Overall contraceptive prevalence rate of the supported health facilities has also been in increasing trend for the last 3 fiscal years (see the attached chart above). Antenatal care (ANC) coverage has been in increasing trend in most of the supported health facilities as shown in chart (ANC coverage of last 3 years). Satellite clinic have provided family planning service to 226 persons (215 female) of remote areas.

"There has been significant change after earthquake- new building is constructed, upgraded to birthing center, staffs are available for 24 hrs. We don't need to go far for treatment anymore"

- A client attending Gankhu health post (source: exit interview, 2018)

To improve health service governance and accountability, CARE established community health score boards and conducted capacity building trainings to all Health facility operation and management committees and PHC-ORC management committees. Such support contributed for the expansion of primary health care outreach clinics in Laprak and Barpak Pokhari village, upgrading birthing centre into community health unit with complete immunization for under 1 children in Laprak VDC and initiation of zero home delivery initiative in Simjung. Also Ward has allocated NRs. 300,000 budget for Health programs in FY 2074/2075) at Siranchok-6.

Through capacity building in family planning and safe abortion, total of 275 women received implant services and 28 women received IUCD services after the training. Safe abortion service was expanded to 5 more sites and total 140 women received safe abortion services from the supported health facilities till the reporting period.

5.5 Gender based violence and GESI

A total of 47,539 individuals benefited from CARE's program through various GBV and gender empowerment and protection interventions like ToT on GBV prevention, GBV key messaging, referral services, public dialogues, day observation, and inclusion/participation and gender awareness/orientations. The gender analysis, gender integration framework, gender integration in project cycle, gender continuum, and gender marker tools have been adapted in Nepali context and rolled out for to account mainstreaming of Gender in Emergency (GiE) across all sectors. A gender assessment exercise with 22 partner and project staffs to analyze the gender marker revealed a self assessment of 50% of the participants assessing the program as gender sensitive, 39% gender neutral and 11% gender transformative. CARE's EQRR program team has worked closely with GBV service providers to integrate GBV prevention policies. For example, GBV prevention policies and procedures were integrated into the operating practices in a Community Mediation Center in one of the Rural Municipality. The GBV working closely with other GBV services providers including CARE Nepal's Safe Justice program to enable community members to report GBV cases to police and other authorities. Till the reporting period, 655 cases have been registered and 465 (71%) cases were referred to concern organizations. Stakeholders i.e. District Police, Attorney Office and Women & Children Office also referred cases to Female Friendly Spaces for legal support. Internalizing this importance, Sahayatri Samaj Nepal (a local NGO as well as project partner) is continuing providing free legal support and managing the transportation fund for referral cases from other sources. In addition case registered against domestic violence is in increasing trend. Out of registered 203 in FY 17/18,

114 were addressed by concern authority. Similarly 119 were registered in 16/17, in which 78 were addressed by authority at Gorkha district as per women service center.

In course of uplifting livelihoods status of GBV survivors, a total of 90 survivors have received entrepreneurship training and 39 (43%) have been operating their business registering at the Small Cottage Development Office. Income tracking with 20 GBV survivors shows a large jump in income from NRs 15, 000 to 66,000 monthly (on average, equivalent to 2800 USD). This income is being utilized by them in education 11%, food 47%, shelter 13%, health 29% and 73% saving invested in local groups and cooperatives as saving.

As the result of 378 REFLECT sessions organized in 6 former VDC of Dhading, women and marginalized members are holding positions in school management committees. Similarly the two reflect groups have lobbied and secured NPR 200,000 from former VDC to construct their meeting hall. Local service providers like Police Unit of Phoolkharka had supported REFLECT group to run anti alcoholism campaign while Primary Health Centre Salyantar conducted orientation program at Paykuleko dil, Salyantar to respond the demand of CAC. This has lead changing the gender stereotype and women started taking leadership roles.

Realizing the importance of students as a change agent, 5680 student (3217 adolescent girls and 2463 boys) were approached for sensitizing on different gender based violence issues and act as messenger for HH awareness. As an outcome of this this initiative, child clubs referred 1 domestic violence cases, 2 child marriage cases and 1 harassment cases to community mediator, ward office at Sindhupalchowk. Similarly, the complaint handling mechanisms are activated in 20 school, as a result students started registering or filing complain of harassment by teachers to the school management committee. 20 schools are continuing to manage sanitary pad and rest room for girls' students, which is reducing the absence rate of girls' students during menstruation period.

6. Cross Cutting Issues

6.1 Gender in emergency and gender integration

CARE Nepal has made a long-term commitment for gender equality in all aspect of its work. To ensure gender equality in its humanitarian response and recovery program, CARE Nepal has followed the steps recommended in GiE i.e. i) rapid gender analysis, ii) minimum commitment for gender protection and diversities, iii) women lead in emergencies and iv) life free from violence. The most important strategy of CARE Nepal is to integrated/mainstream GiE in all sector from planning to implementation, monitoring and evaluation of the program initiatives. To achieve the desirable results, all sectors developed sectoral gender integration/mainstreaming checklist that was oriented to CARE and partner staff. Staff are using this checklist during program planning, implementation and monitoring. As the result, following outcomes have been measured.

Sector	Examples of Gender integration outcome
Shelter	- 12% out of 1745 trained mason are women and at least 5% of them are engaging in construction work who are earning average of NPR 13,500/month. This initiative is an instrumental to change the gender role in the society and to empower women.
WASH	- Total 57 gender and child friendly water supply schemes were constructed. - There is at least 50% representation of PVSE women in water user committee and at least 33% female are in decision making position (chairperson or secretary or treasure) and at one women is signatory in financial transactions of WUSC.
SRMH	- Number of women using long term family planning methods is increasing - Separate toilet for male & female in all PHC-ORC constructed by.
FSL	- 29.1% poor and 17.8% extreme poor out of 636 HH were benefited. - Two cooperatives from Dhading have provisioned subsidized interest rate for loan to

	extreme poor's business support.
	- Women's participation at decision making level has increased by 30% in Cooperative
GBV	- Able to raise voice for justice, livelihood opportunity for GBV survivors

Joint research with UNSW, Sydney, Australia – CARE Nepal, in coordination with CARE Australia, through pooled fund, the joint research initiative on “Gender Justice in Disaster” has been initiated. The major objective of this research initiative is to bring academic institution to work together with practitioner like CARE in the field of disaster through research initiative to find out the status of gender justice during disaster. To kick off this work the University team visited Nepal for two weeks in January and completed research design workshop, organized meeting with different stakeholders, visited in the research field to get an insight, organized joint meeting with likeminded organization and INGOs active in Nepal after an EQ. The key research question identified for this research is “Exploring Disaster Justice in Practice: How can we make disaster preparedness and recovery more just and gender transformative?” To answer this key research question three broader thematic areas i) social structural inequalities, ii) institutions and iii) development aid have been identified and finalized the key questions under each themes. Gender is consider as cross cutting theme that goes across all there themes. As of now key research questions, household survey questionnaire and field checklist have been finalized. Within the month of August, CARE Nepal is planning to field test the developed questionnaire and the checklist taking 5% sampling size and first round of research will take place from September onwards. All research work in being undertaken in close coordination with the University.

6.2 Quality and Accountability:

Guided by Humanitarian Accountability Framework (HAF) of CARE International as well as “Internal Accountability Position Paper 2013, CARE Nepal has been practicing multiple means of accountability and transparency measures such as information boards, public hearing, public audit, community health score boards, complain handling mechanism and constituent voice of feedback system to ensure accountability towards impact population, stakeholder and government authorities. The recent findings drawn from different study report demonstrates that CARE’s earthquake response and recovery program has been relatively successful to ensure transparency and to maintain accountability. The access to information about the project and its sufficiency was significantly higher. The study shows that 73.4% of the respondent reported that various information and messages regarding the project was provided on time. Similarly, 68.1% reported that the information and messages they received were adequate to their need. It was reported that 42.3% participated in participatory monitoring process through group meetings and public auditing process.

6.3 Advocacy and communication

CARE Nepal organized a workshop on advocacy with a motive to identify issues for advocacy in all the themes of CARE Nepal involved in. As a result of the workshop, CARE Nepal RESPOND (DRR, Emergency preparedness & Humanitarian Response) theme decided to lead and continue an advocacy works to reduce the impacts of disasters on the lives and livelihoods of the most marginalized, repeatedly exposed/affected by natural hazards. The marginalization of certain communities related to socio-economic reasons is one of the causes and on the other hand the influencing reasons as ineffective implementation of policies and lack of preparedness and risk management of those communities contributes to the problem. Through our advocacy, we envision local governments to develop inclusive DRR & M strategy/policy document and its integration into local development plans and programmes from the risk sensitive lens as longer term solution for effective risk reduction. CARE Nepal will involve at the local and the provincial level for the same while we will continue our efforts at the national level too.

6.4 Communications

CARE Nepal's communication efforts have been ongoing simultaneously. Our communications have been timely and relevant to the diverse audiences we work with. Some of the communication products that were prepared can be found in the link below:

1. Informative video on the context of GBV and CARE Nepal's interventions (<https://www.youtube.com/watch?v=2Fyqlez3Sek>)
2. Sectoral factsheets of the EQRR program (<http://www.carenepal.org/publicationdetail.php?id=121>)
3. Publication documenting shelter interventions through the program (<http://www.carenepal.org/publicationdetail.php?id=123>)

As we have been implementing the program for three years now from the occurrence of earthquake, we are looking forward to focus our communications more towards process documentation, learning and sharing and evidence generation for our advocacy. However, we will continue our communication initiatives for awareness, information sharing, educating on issues and communicating for effectiveness of programs too.

6.5 Partnership and coordination

CARE Nepal is working at the three district in partnership with the local implementing partner. All the field level intervention is conducted through local partner and the technical back stopping is through CARE Nepal. Besides this the partners capacity enhancement is also continued through their engagement in district level networks like District Disaster Relief Committee (DDRC), different clusters as well as local authorities. Apart from this CARE Nepal works in strong collaboration with national level stakeholders, other humanitarian aid agencies, and local implementing partners to deliver holistic response and recovery projects and effectively respond to emergencies. For co-ordination with other actors, CARE actively participates in co-ordination meetings and several working groups, through National coordination mechanisms such as HRRP. Coordination with sectoral agencies at district is also ongoing to have joint effort and avoid duplications. Coordination with internal programs are also ongoing at organizational level so that the recovery program can be linked with long term development program such that the program approach can continue for example SRMH is linked with new project.

7. Budget Status and Expanse

CARE Nepal made a 4 year commitment to use pooled fund and other restricted resources in various sectors in three most affected districts and signed an agreement with Social Welfare Council and National Reconstruction Authority. While preparing CARE Nepal earthquake recovery strategy and to allocate pooled fund resources to fill the gaps under different sectors, it was not sure whether CARE Nepal with the help of CMPs would be able to secure additional resources over the period of time. Fortunately, CARE Nepal succeeded to secure additional restricted resources to fill the gaps committed under different sectors, specially, for WASH and

SN	Budget Headings	Total Budget	Total Expense	burn rate	Variance
1	Direct Program Costs (80%)	4,654,102	1,978,211	43%	2,675,890
2	Program Quality Costs (8%)	246,313	72,397	29%	173,916
	Sub-Total	4,900,415	2,050,608	42%	2,849,807
3	SPC (12%)	590,873	192,434	33%	398,439
	Total	5,491,288	2,243,042	41%	3,248,246

to some extent for SHELTER. This help CARE Nepal to re-program pooled fund resources without compromising its commitments, coverage, quality and standards. While burn rate through June for pooled fund resources was only 41% of the total funds, in FY19 most restricted funding for Earthquake recovery is not completed so the remaining programming in FY19 will be supported with the balance of pooled fund resources. Keeping this in mind, CARE Nepal reviewed the progress made so far, considered the recommendation made by pooled fund steering committee, evaluate the remaining financial resources and prepare the program and budget to cover the period until the end of June 2010. The financial report as of June 2018 is attached herewith in different file. (See Annex II attached financial report and budget projection)

8. Learning:

- Underlying Causes of Poverty and Vulnerability Assessment (UCPVA) approach proved effective to identify disparity among the community members, and to identify different level that causes poverty. In addition, UCPVA approach helped to reach out to poor vulnerable and socially excluded (PVSE) households. This has also been instrumental to reduce the dispute in beneficiary selection/targeting.
- Sustainability and functionality intervention should be inbuilt since the planning phase of drinking water construction. Likewise, operation and maintenance fund should be generated before commencement of the construction of water supply systems
- More mason and plumber trainings required to generate skilled human resources at Rural Municipality and placing a mechanism of service contract between water users committee and trained person under the umbrella of Rural municipality would help to ensure the skilled resources available at local level for repair and maintenance
- More capacity and skills required to enhance leadership and management skills of women member.
- Intense BCC sessions, monitoring and follow ups through local legitimate sanitation and hygiene committee is necessary for sustained behaviour change and practice.
- Community Health Score Board (CHSB) was demonstrated as successful tool for health service expansion, quality service measurement, promoting social accountability and in resource allocation however its indicator are to be reduced. To give the continuity of this process, CARE Nepal need to engage greatly with health facilities to strengthen their capacity so this program will be continued.

9. Way forward

- Establish a linkage between various initiatives, beneficiaries and institutions developed by the project with local authorities so that they will be responsible and accountable for sustaining, scaling and upgrading of the work done so far.
- Partner's institutional capacity should be further built to drive the reconstruction work on their own, monitor its status in future and help linking people with local authorities and private service providers for sustainability.
- For multiplying impact, there is need of concrete integration, supplementary and complementary plan should be developed and implement across the sectors and program.
- More focus on monitoring visit with constructive feedback/suggestions and timely orientation to staffs and stakeholders' on new design, guideline/s, forms/formats, Audit/Financial compliance, software by center and District office.
- Need to allocate cost for the environmental and DRR prospective while designing infrastructure projects.
- Monitoring, evaluation and data management system should be further strengthened and for that CARE should have a clear monitoring and evaluation plan and proper data base management system.

- Introduce private sector or placing a corporate mechanisms to supply repair and maintenance worker to water users committee.
- Support and engage WUSC for sanitation and hygiene promotion at community.
- Engage with local authorities to develop Rural municipal/Municipal level development plan ensuring the integration of other sectoral priorities and plans.
- Looking into recovery gap mapped out in recovery strategy, CARE's engagement and continuous support is require to meet unmet needs. Further plan and actions should focus more to fulfil those need.
- Sustaining actions have been initiated to improve livelihood of extreme poor. Further extensive follow up support, business awareness and further support to help them to organize with local institutions are necessary to sustain livelihoods.
- Enhancing capacity of local institutions i.e. Cooperatives and groups as well as making them extreme poor responsive is very important and more focus need to give in future for sustaining actions alone with incubation support. In absence of project, local institution should be able to organize farmers and support them for extension and market access service.
- Better to cover single M/RM/Wards rather than scattering resource in larger geological area and better targeting to extreme poor and most vulnerable excluded groups

Conclusion:

CARE Nepal has been implementing recovery actions with funding support from different donor agencies that has greatly contributed to uplift the human condition and social position of earthquake affected communities, specially, extreme poor and vulnerable segment of the population. While planning the recovery activities it is ensured that the earthquake affected people are benefited with sectoral integration to have multiple impact and they has been supported to recover in its multi sectoral dimensions.

EQRR performance review was carried out during annual program review and reflection. Critical review is carried out to answer the 6 structured questions; i) where we are, in general? ii) what went well or what did work and why? iii) what didn't work and why? iv) what are the most promising works that can be said "WOW"? v) Way forwards and vi) Key challenges. The self-assessment by staffs and implementing partners after 3 and half year program implementation realized that CARE Nepal's EQRR program able to reach to most vulnerable population with multi sectoral relief and recovery support. CARE's program is positively recognized and acknowledged by stakeholders and authorities and demonstrated one of the lead organization in recovery and reconstruction with wider coverage in remote geography. Till now, it has succeeded to achieve more than 75% of its recovery and reconstruction targets set in its strategy which has significantly contributed in nation's earthquake recovery and reconstruction initiatives. The programs are at ending stages and need to develop and implement an exit and sustainability plan in an effective and efficient manner.

The key reasons behind the success was; the program was initiated with developing clear strategy and actions and implemented through local well experienced partners. There was a clear targeting approach which evolved over time to ensure that the programme is reaching the most marginalized communities i.e. UCPVA and VCA. Transparency, participation, inclusion and coordination with stakeholders and beneficiaries were at the core. A dedicated team and efficient staff and fund management are other key to success. Despite of various good practices and principles, there are still some room to improve and some efforts didn't go as well as intended. More effort was needed to ensure that the EQ recovery program was better integrated and complementing longer term programming initiatives. Similarly no proper outcome measurement indicators prepared at the beginning. Sectors in the early stage were to some

extend compartmentalized and implemented in siloes. DRR and risk sensitive planning need to be integrated from response to recovery and reconstruction.

A key challenge throughout the project was data management, result/outcome monitoring and documenting the successes and learning. There are several tangible outcomes which needs to be documented for which indicators and MOV to measure the outcome of the interventions need to be crafted and finalized.

Specific and targeted interventions have been carried out for ultra-poor such as housing support; DWS with leave no one behind, toilet support, LIP support, referral support for sexual and reproductive health and GBV etc. Around 60% extreme poor in working area were supported directly through such targeted initiatives

As the program is in the last year, of operations, there is need of proper exit and sustainability plan with proper linkage with local authorities. The ownership of work done need to be transferred to the local authorities so that they will be responsible and accountable for sustaining, scaling and upgrading of the work done so far. Partner's institutional capacity will continue to be reinforced so that they are better able to drive the reconstruction work on their own.