

CARE Nepal
Nepal Earthquake Response and Recovery Report
(As of December 2017)



Current Context

An earthquake of a 7.8 magnitude on the Richter scale hit Nepal on 25 April 2015. Gorkha was the epicenter of the first earthquake. A second major earthquake of 7.2 magnitude occurred on 12 May 2015, on the border of Dolakha and Sindhupalchowk districts as the epicenter. The earthquake affected the population as well as the infrastructure of the country. About one-third of the people of Nepal have been impacted by the earthquake, with close to 9,000 people losing their lives and 22,300 being injured. The destruction has been widespread, covering residential and government buildings, heritage sites, schools, health posts, rural roads, bridges, water supply systems, and hydropower plants. Historical and cultural monuments that were at least a century old also have incurred extensive damage.

The earthquake and the subsequent damage exposed the lack of seismic-resistant features in houses and negligence in complying with the building codes. They also highlighted the inequalities within Nepali society, spanning income, geography, gender and ethnicity. Rural areas have been more adversely affected than towns and cities due to the inferior quality of houses and the inability of people to build houses with seismic-resistant features.

However, the people of Nepal are keen on rebuilding their lives with increased resilience. The Government of Nepal (GoN) is keen to support earthquake affected communities rebuild their lives and has taken various initiatives to do so. The GoN has planned to provide USD 3000 to those households that have been classified as completely damaged or destroyed. The first installment has been disbursed and community members have started building their houses. The GoN is also collaborating with various national and international agencies in order to rehabilitate public infrastructures and buildings of cultural importance in and around earthquake affected areas. In addition, it is also mobilizing funds and human resources to raise awareness and ensure quality regarding the adaptation of build back safer techniques. Moreover, the National Reconstruction Authority (NRA) and district level government authorities are guiding and monitoring national and international humanitarian and development organizations' recovery activities to ensure proper co-ordination and absence of/reduced duplication.

In recent years, Nepal has transitioned through historic changes in several areas. These changes are mainly in political front which has had implications in socio-cultural, economic and administrative front. In the current Nepalese context, administrative restructuring and strengthening have to go through a transformation process as envisaged by the new constitution. With the promulgation of the new constitution on 20th September 2016, Nepal is constitutionally a federal democratic republican state. One of the main features of the Constitution is the three tiers of Government at central, provincial and local level. It also has a provision of seven provinces with 744 local governments as 6 metropolitan cities, 11 sub-metropolitan cities, 246 municipalities and 481 rural municipalities. Local levels have a Chairperson/Mayor and a Deputy chairperson/mayor. Local levels are further subdivided into wards which have a ward chairman and 4 members.

According to new constitution, during this reporting period all elections (local, provincial and central level) elections have been completed successfully. The local election took place after 20 years and provincial central level election took first time after promulgation of new constitution through constituency election. More important, Nepal has majority government in the history of 25 years and people are positive to have stable government and expecting political stability. Through local and provincial election, the change in the local structure has cascaded down resources, power and authority at the local level. Increase in accountability of local government will contribute in multiplying impact which will require collective efforts from all the actors.

Visit from Pooled fund Steering committee

A team consisting of Sally Austin (CI-CEG), Dientje van Dongen (CARE Australia), Reinhard Trink (CARE Austria) and Lex Kassenberg (CARE USA) visited Nepal from 6 – 14 November 2017 to review the CARE Nepal pooled fund. The specific areas visited by the SC team from 8 – 12 November were Gankhu, Barpak and Laprak in Gorkha district and Arughat, Salyantar and Aginchok in Dhading district. In addition, there were brief CARE field office visits in Gorkha Bazar and Dhading Besi. The team were representing the Nepal Pooled Fund Steering Committee (SC). As part of the review process of the Nepal pooled funds, inputs from all participating members in the pooled fund were solicited and these points were taken into consideration during the field review visit. The visit focused on the relationship building between CARE Nepal and the donor CMPs, looking at the involvement and management of the funds by the CMPs, and the monitoring of operational and sectoral areas based on a field visit. The visiting SC team also looked at the compliance of the CO with the criteria and guidelines set out in the agreement with the participating CMPs. The SC team also set out to assess the impact of the pooled fund on the COs ability to effectively address the challenges and requirements of the response, illustrated by success stories both at CO (fundraising and leveraging other donor funding) and field level achievements. Based on the findings during the visit and the inputs received from the CO and CMPs, the report makes specific recommendations for the CO to consider and follow up on as well as recommendations to improve the Pooled Fund Guidelines. Prime recommendations from the pooled fund committee are as follows:

1. CARE Nepal needs to review their emergency programming to strengthen targeting on the poorest and most socially marginalised groups within CARE's target areas. This includes refocussing of target beneficiaries within communities in which CARE works (e.g. Barpak as a relatively wealthier village still requires attention for WASH and Shelter support to the most poor but does perhaps not require more longer term activities).
2. CARE Nepal needs to review their emergency programming to ensure there is a clear focus on CARE's gender in emergency approach including gender equality, minimum commitments on gender, diversity and protection in sectors, and to the extent possible women's empowerment.

3. CARE Nepal need to transition the emergency programming, the future recovery projects align to the extent possible with the longer term programming – although clearly keeping the focus on finishing the shelter programming. We recommend that the CARE Nepal considers how to ensure as close as possible collaboration and integration with overall programming. This will support the transition of the programming. A closer link between emergency and regular program staff is recommended in this regard.
4. Integration of sectors: Given the remoteness of many of the places where CARE is implementing its relief and recovery activities, it makes sense for the organization to bring an integrated package to the people whereby the various activities strengthen each other and also secure all round sustainability. This is especially relevant in places where no other agencies are active. However, while the



project has implemented activities in different sectors, there does not seem to be a well-coordinated and conscious effort to align these efforts with each other. It is therefore recommended that project management review and correct this situation.

Above are some glimpses from the pooled fund steering committee visit. Year 4. Elaborate report from the pooled fund committee is attached as Annex 1. CARE Nepal is in the process of reviewing program and activities for year 4. This will be shared with the CMP's as soon as the final report is ready.

Initially, the EQRR program was planned for 4 years, i.e. up to March 2019 and allocated pooled fund resources accordingly to fill the gaps. As the CARE Nepal's business plan period is from 2015-2020 and CARE Nepal wanted to streamline EQRR program with its business plan. During last three years CARE Nepal succeeded to obtain grants from different donors and used the pooled fund resources to fill some of the gaps (Annex 5-funding matrix). This enabled us to save the pooled fund resources more than it was envisioned earlier. Hence, with such saving, CARE Nepal is planning to explore possibility to extend the EQRR program till June 2020 and submit revised program and budget to steering committee for its approval so that it will greatly contribute to achieve the objective of RESPOND them mentioned in the business plan. Furthermore, the extension of pooled fund period will also contribute significantly for smooth transition of EQRR program or integrate fully with regular program before it closes out. Keeping this in mind CARE Nepal is reviewing existing budget allocation i) to address the recommendation made by steering committee, ii) fill the gaps, and iii) invest some resources to address new and emerging issues coming after local, federal and central level elections. The revised program and budget will be shared with steering committee within few months.

Development of Recovery Program and Realignment of Pooled Fund

CARE Nepal is currently working for the recovery and reconstruction of earthquake affected communities in three districts: Dhading, Gorkha, and Sindhupalchowk, in five core sectors: Shelter, Water, Sanitation and Hygiene (WASH), Sexual Reproductive and Maternal Health (SRMH), Gender Based Violence (GBV), and Food Security and Livelihood (FSL).

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 rehabilitation and recovery process over the next four years. By December 2017, CARE **has raised \$33,911,177.9 coming from institutional, foundation and private funding.** The pooled fund money amounts to **\$7,255,693.45** (See Annex 5 for summary of all funding to the EQ Response and Recovery Program)

The pooled fund complemented CARE Nepal's restricted funding for the initial earthquake emergency response, which reached a total of 196,125 people. Pooled fund resources are currently complementing the restricted funding for recovery programs and filling resource gaps as needed to reach the program impact populations. CARE Nepal developed a recovery strategy, stating the recovery goal, objectives, and target of each of the five sectors, Shelter, Water, Sanitation, and Hygiene (WASH), Gender Based Violence (GBV), Sexual Reproductive and Maternal Health (SRMH). The pooled fund budget was developed after the development of recovery strategy and rigorous analysis of the

sector's targets, restricted funding available to meet those targets, and gaps. Moreover, it has also been developed to support various capacity building initiatives and activities related to communication, advocacy, monitoring and evaluation, emergency preparedness plan, and to support the National Reconstruction Authority (NRA) in its enrolment process. The targets will be revised, gaps will identified and available budget will be allocated/reallocated for submission to the steering committee with time extension soon.

CARE Nepal's budgeting of the pooled fund across various sectors has been done in the following manner:

- **FSL** - Moving forward with the recovery and reconstruction phase, 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. Therefore, the pool fund has been budgeted to support food security and livelihood sector in these districts through April 2019.
- **Shelter** - Restricted funds covered shelter related activities in Gorkha and Sindhupalchowk through June 2018. Pooled fund budget was allocated to cover gaps in Dhading until 2017. Given its financial and other resources limitations, CARE Nepal did not find it feasible to invest in construction of large-scale public infrastructure. Moreover, the Government of Nepal initially mandated that all non-governmental humanitarian organizations to not construct any individual houses, but contribute to the government's basket fund. While this mandate was relaxed somewhat during the past year, INGOs and other actors are required to follow NRA guidelines on housing subsidies and the NRA approval processes for home rebuilding. As of December 2017 CARE's role was more focused on supporting communities to engage with the NRA systems and ensure that vulnerable communities are not excluded from the process. The pooled fund resources complement restricted funding from ADH and German pooled fund. After receiving recommendation from pooled fund steering committee CARE Nepal has changed its strategy to help extreme poor family to help them to construct their house up to the plinth level to help them to make eligible for Government second instalment and approach ADH through CARE Germany while submitting no cost extension proposal. It was approved by the donor and CARE Nepal is working with such 140 poor household in Gorkha and Sindhupalchowk district. This will be continued with pooled fund resources after July 2018 to reach to highest number of poor, vulnerable, marginalized and unreached families.
- **WASH** - Restricted funds cover WASH related activities through 2019. Pooled fund budget has been allocated to cover some gaps in the target districts until the end of 2018. The pooled fund resources complement restricted funding from DFID, DFATD, and HARTMANN, MOFA, DEC etc.
- **SRMH** - The available restricted funds supported programs in Gorkha district until 2018 from HARTMANN and CARE USA. Due to lack of available restricted funding, CARE Nepal will not expand activities related to this sector in Dhading and Sindhupalchowk. However, pooled fund activities will continue in Gorkha until the end of June 2018 and it will be phased-out after that.
- **Gender based violence** - The current restricted grants covered the period up to June 2018 through German pooled fund. Pooled fund resources were allocated to cover some gaps related to capacity building in Gender and GBV. In 2017 CARE's longer term GBV programs will continue to support GBV service delivery support through a longer term DFID funded national program. From the pooled fund resources some follow up activities will be considered for remaining period and emphasis will be given for GESI integration in all sectors.

As of December 2017, CARE Nepal reports expenses of USD 1,566,424.46 which is 38% of year 1 and year 2 and year 3 allocation. CARE Nepal will acknowledge that it is relatively less and for the following reasons:

- CARE Nepal developed its recovery strategy and while doing so did a detailed analysis of the gaps in all sectors. This revealed that the pooled fund budget had to be revised to cover the gaps and complement CARE Nepal's available restricted funding which was available in the earlier phase of reconstruction.
- In addition, it was necessary for CARE Nepal to utilize the funding from restricted grants, which were for shorter durations. CARE Nepal also received additional restricted funding in Year 2 and Year 3, such as the DFID WASH project, TAIWAN ICDF Phase II, ZF (CARE Germany), GAC and some on-going projects received NCE approval from donors for 3-6 months extension.
- There were also some savings due to the nationalization of positions that were previously held by international staff during the response and early recovery phase.
- CARE Nepal is also merging Dhading and Gorkha office effective from April 1st but the program in both districts will be continued. This will also greatly contribute to save operation and support cost covering from pooled fund.

With this background and keeping low spend of pooled fund in mind, and considering the recommendations made by pooled fund steering committee, CARE Nepal is working to re-prioritize/reallocate the balance of pooled funds and proposing the extension of pooled fund resources until June 2020. See Annex 1 for pooled fund review report with management responses.

CARE's Response and Recovery Achievements/progress

CARE Nepal's response to the 2015 earthquake was guided by a global integrated strategy designed to address the most pressing emergency needs of the quake survivors through interventions in the sectors of Shelter, Water, Sanitation and Hygiene (WASH), Sexual Reproductive and Maternal Health (SRMH), Food Security and Livelihoods (FSL), and Gender Based Violence in four of the severely affected districts – Gorkha, Dhading, Lamjung, and Sindhupalchowk. Operations were however phased out in Lamjung as of October 2015 where other actors continue to meet needs of the affected households.

CARE's response program included access to shelter solutions and materials and non-food items (NFIs), access to safe drinking water and culturally appropriate sanitation facilities, support to meet their basic food security and livelihood needs, women and adolescent girls with access to female friendly spaces and better health facilities, and GBV services (legal support, psychological life skills, awareness programs).

S.N	Program Sector/activities	Benefitted Population
1	Shelter and non-food items (NFI)	138,776
2	Water, sanitation and hygiene (WASH)	139,350
3	Food security and livelihood (FSL)	109,396
4	Sexual, reproductive and maternal health (SRMH)	16,414
5	Gender based violence and protection	39,348

Table: Overall reach

Sectoral Achievement:

Shelter

Overall achievement

Since the beginning of the response phase, CARE Nepal has taken significant steps to ensure that women, girls, men, and boys who are most vulnerable and most affected by the earthquake achieve safe and dignified emergency shelter and are able to access the resources, skills and knowledge to build back safe houses. In emergency response, phase, a total of 38,800 HHs (187,789 individuals) reached through shelter and a total of 28,908 HHs with 141,649 people were reached through shelter intervention in recovery and long-term reconstruction phase.

Trainings on build back safer techniques and awareness initiatives were instrumental on building the pace of reconstruction. Trainings were not limited to people with prior construction experience from various backgrounds. A total of 1,722 masons were trained and are being involved in reconstruction work provided their services to the households while also reconstructing damaged houses. The project report as of December 2017 reveals; out of 22,439 eligible HHs in 3 project districts (Gorkha, Sindhupalchowk and Dhading) 21,691 HHs were enrolled and contracted. Out of contacted 6,969 HHs, (32%) houses completed reconstruction. Whereas, 20,397 (97%) received first installment and 3,921 (18%) and 1,075 (5%) received second and third installment respectively.

Pooled fund achievement

Follow-up Support (PPS) through the funding support of CARE Nepal's pooled fund was designed in order to sustain activities implemented by HERMES & German Pooled Fund (GPF) and to support ongoing reconstruction work in Dhading district. This program component also aims to provide necessary support to enhance community' capacity through onsite construction coaching and refresher trainings. Under this support, our primary focus is to provide support to women masons in mobilization of reconstruction action by organizing refresher trainings and on the job mobilization in household level technical support. Detail of Shelter progress achieved in Dhading district under direct support of Pooled Fund:

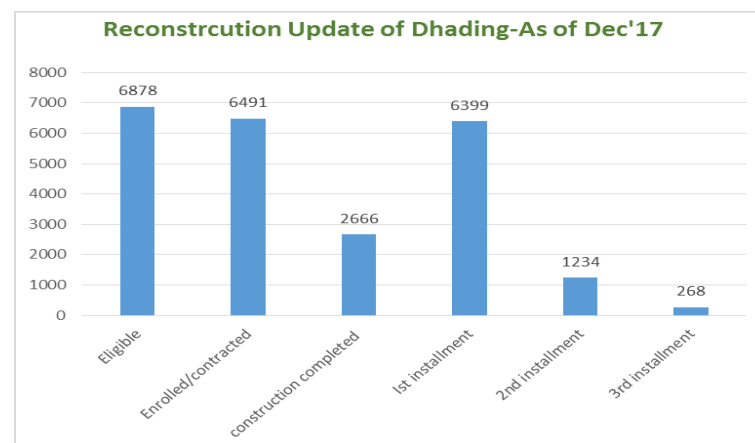
Plan VS Progress Status of Pooled fund Shelter follow-up program

Sn	Activities	Status-As of Dec 2017	
		Plan (CY 2017)	Progress
1	<i>Technical support to potential house owner and status of HHs construction</i>	2,400	2,626
2	<i>Refresher training on earthquake resistant building technology to the trained masons</i>	11	11
3	<i>Orientation and awareness activities on Safe Shelter & Build Back Better - CRC and RCC formation and capacitating</i>	54	60
4	<i>Capacity Building and Awareness on Disaster Risk Reduction including formulation of Local Disaster Response Management Plan for each VDC</i>	3	4
5	<i>Model House Construction including inclusive and disable friendly structure, toilet, rainwater harvesting</i>	6	6
6	<i>Resource center construction including inclusive and disable friendly structure, toilet, rainwater harvesting</i>	1	1

7	Implementation of Community Identified Project related to Disaster Risk Reduction	6	6
8	Change documentation with case /success story/ change in the construction and its publication and dissemination	1	1
9	Published updated IEC materials on safe shelter, DRR, gender and social inclusion in reconstruction, HLP and others for wider dissemination and awareness activities	1	1

1.1 Technical support to potential house owner and status of HHS construction

During this reporting period we have concentrated on monitoring HHs and provision of technical support for the HHs in order to encourage them to rebuild their houses using reconstruction solution by applying earthquake resistant and BBS techniques. Under this project, 2,400 household were targeted. However, through this support we have covered 2,666 newly build households in the project VDCs. Out of the 254 trained masons in the project VDCs, only 28 (11%) masons discontinued their work whereas remaining masons successfully applied Earthquake resistance techniques on newly built houses at Communities level. Our district report for December 2017 reveals; out of 6,491 (93%) contracted HHs, 2,666 (39%) HHs completed reconstruction work. Whereas, 6,399 (93%) HHs have received first installment and 1,234 (18%) HHs and 268 (4%) HHs were qualified for second and third installment respectively. It is observed that processing time between installments and as well as the 3rd/final installment payment after completion of the houses it is taking more than two months. Which ultimately delayed the reconstruction process. This is mainly due to:



- Long process of installment approval (ward – municipal – DLPIU – DCC)
- Less number/absence of government engineers at field

○ *Refresher training on earthquake resistant building technology to the trained masons*

A total of 237 masons (232 males, 4 females) were trained through 11 events on refresher training. In this training, we encouraged and motivated the participants to work in groups, to ensure semi-skilled masons learnt from lead masons and build their confidence to work

independently. Refresher training facilitated the masons to enhance their building skills. Mobilizing the participants of the refresher training by using on the job support, 2 houses belonging to ultra-poor were supported with in-kind and labor support to construct up-to plinth level. Additionally, 2nd installment of Government housing grant was recommended for the same. In order for planned activities to function in a smooth pace, project developed the process guideline for ultra-poor HHs support till plinth level. This was done in order to facilitate ultra-poor house owners to be able to access Government housing grant.

- ***Orientation and awareness activities on Safe Shelter & Build Back Better***

In order to foster better coordination in reconstruction solution, 6 reconstruction Coordination Committees (RCC) in former VDC level and 54 Community Reconstruction Committees (CRC) at community level were formed after coordination meeting between respective ward engineers, Rural Municipal (ward/Gaupalika) representatives, local political leaders, local communities, etc. Committee mobilizes technical team and provides orientation to potential house owners to raise mass awareness on safe shelter and BBS technique. We have established information /resource center in each wards. With the help of this information center, we now regularly conducting awareness activities on safe shelter and build back better in coordination with ward engineers.

- ***Model House Construction and operation status***

Through the previous shelter project funded by HERMES foundation, German Pooled Fund , 7 day mason training was conducted and masons were mobilized to construct the model houses to enhance their skill and knowledge on earthquake resilient construction. A total of 6 model houses including rainwater harvesting, disable friendly construction and toilets were constructed. The objective of model houses was to demonstrate earthquake resistance and BBS techniques, so that the newly built or rebuilt houses can incorporate the same technology to construct EQ resistant building. After the phase out of the EQRR project, it is agreed with local government that those model houses and resource centers will be handed over to Ward Office under Rural/Municipal. CARE also provided technical support to develop a guideline of Resource Center and Model house operation guideline, which was shared with DUDBC, District NRA and endorse by former VDC.

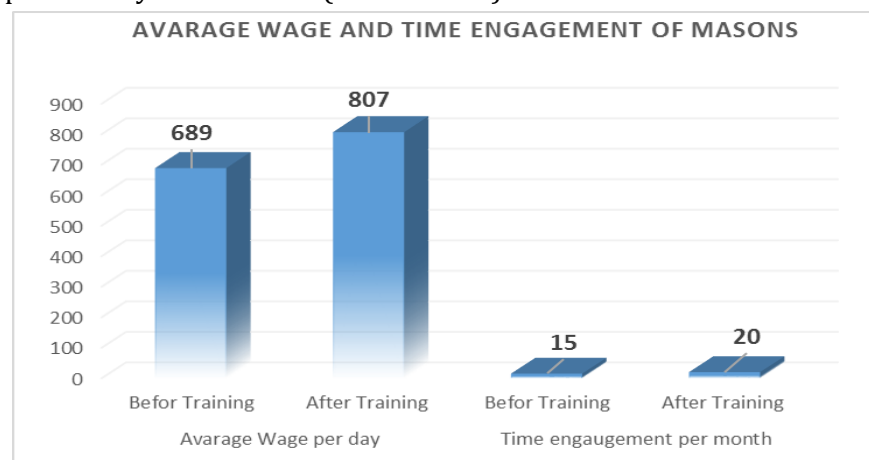
- ***Resource center construction and operation status***



We have constructed one resource center in Salyantar of Dhading district, where CARE is providing training and facilitating extension activities. The resource centers are serving as a hub for information dissemination on safe shelter construction and build back safer techniques. IEC materials, video documentary etc are used for dissemination purpose. These resource centers serve as a long-term resource that enforces build-back safer and disaster risk reduction techniques in local construction.

○ **Mason Tracking**

Altogether 539 (46 female and 492 male) masons were trained in both shelter projects funded by project HERMES and German pooled fund (GPF) in six working VDCs of Dhading district. Till this reporting period only 457 masons (85% in total) are found active. Traditionally, women engaged as unskilled laborers in construction work. Thus, follow-up initiative intended to break gender roles by engaging women in reconstruction process. Hence, project encourages women to participate in mason training and get involved in construction of damaged houses. Furthermore, to provide coaching and mentoring, project conducted masons tracking in the project area. Masons tracking revealed; before training average daily wages were NRs 689.38 and time engagement per month was 15.28 days which accounts to an average income of NRs 10,530.27 per month. Whereas, after the training the average daily wages were NRs 806.91 and time engagement per month was 20.26 days which accounts to an average income of NRs 16,347.85 per month. (Source: *Mason Income Tracking (July-Dec 2017, CARE/SAHAS, Dhading)*).



1.7 Implementation of Community Identified Project related to Disaster Risk Reduction

CARE Nepal facilitated to prepare the Local Disaster Risk Management Plan (LDRMP) through GPF in coordination with CARE Nepal's PRAYASS and Hariyo ban project funded by DIPECHO and USAID. The LDRMP has been enrolled in ward level, on the basis of LDRMP, community has identified three most vulnerable communities in Salyantar. CARE Nepal then help the community to complete small scale mitigation infrastructure such as river training and drinking water source protection. Mitigation works were expected to reduce the impact of disaster and make communities aware of disaster risk reduction and mitigation processes.



Small Scale Mitigation project Supported by Pooled Fund in Dhading

Water, Sanitation and Hygiene (WASH)

Overall Achievement: During response phase, CARE Nepal reached 40,498 HHs (205,200 individuals) through various WASH interventions together with relief item distribution. A total of 103 water schemes covering a 25,882 beneficiaries; 8,872 latrines for 8,894 households and 82 institutional latrines; benefitting 46,595 individuals have been repaired/rehabilitated. Likewise in recovery phase, till December 2017, a total of 23,658 HHs (115,924 people) have been reached. 80 water schemes reconstructed covering 9,243 HHs with 47,696 beneficiaries; 891 latrines built for 1,188 households benefitting altogether 5,330 individuals; and 124,025 individuals from 23,658 households sensitized on safe hygiene practices through various awareness and capacity building sessions. Likewise, 1,852 members from local WASH stakeholders were trained on addressing and managing local WASH needs.

Furthermore, under CARE's WASH strategy, 118 new water schemes were identified, out of which 107 were covered by CARE's various secured grants and for the remaining 11, budget under pooled fund was sanctioned. Likewise, there is gap for other WASH activities



Women and children friendly community tap in Gorkha.

like HHs toilet construction, hygiene and sanitation promotion especially for Sindhupalchowk. So, pool fund budget is allocated to cover such gaps particularly to construct latrine for 378 HHs and awareness for 700 HHs in Sindhupalchowk

Women and girls were disproportionately affected by the unavailability of water systems. Compromised WASH facilities particularly the HHs and institutional toilets has subjected earthquake affected population to openly defecate and adopt poor hygienic practices leading to various water borne diseases. Thus, various activities for restoring open defecation free zone has been planned under pooled fund.

Activities planned under WASH are as follows:

- Repairing and rehabilitating selected water supply schemes through community managed construction to ensure that vulnerable groups have access to safe drinking water
- Repairing or constructing latrines that meet agreed technical and performance standards to provide culturally appropriate sanitation facilities to vulnerable groups of people.
- Making communities aware of safe hygiene practices by conducting community based hygiene promotion activities and disseminating information through mass media
- Strengthening the capacity of local WASH management stakeholders to maintain WASH facilities and ensuring that women's representation in management is at least 33%



Tole WASHCC formation in Langarche

In Sindhupalchowk district, 26 water supply schemes were identified in five working VDCs. Out of the 26, 24 schemes were considered both technically and financially feasible. 13 water supply schemes are being implemented through GAC funded project whereas the remaining 11 schemes are covered through pooled fund. Gender balanced user's committees of those water schemes are already formed. For Dhading and Gorkha, in wards where DFID funded project could not meet the sanitary needs, pooled fund budget is utilized to cover up the gaps. Due to limited resources in DFID's WASH for sanitation and hygiene, pooled fund budget is expected to cover funding particularly for restoring and promoting ODF in all the CARE's working areas. Likewise, hygiene awareness activities are being regularly conducted in all the working areas of CARE in Sindhupalchowk together collaborating pool fund and GAC project resources.

Food Security and Livelihood (FSL)

Overall Achievement CARE Nepal supported earthquake affected vulnerable households in protecting and restoring their livelihoods by providing unconditional and cash for work opportunity to 32,045 individuals. In total, 25,975 households received agricultural input support to recover family farming and develop sustainable livelihood source. Similarly, small livestock support were provided to 1,763 smallholder households to develop resilient livelihood. Landless and small holding 542 PVSE households received off farm micro enterprise startup support whilst 1,151 extreme poor households received livelihood improvement plan (LIP) implementation support with relevant training. In total 41 irrigation canals were re/constructed from CARE support to increase production and profitability from agriculture. Intending to increase labor productivity and reduce women work load 103 agri machineries were supported through cooperatives. 24 cooperatives along with 188 groups were supported through different capacity enhancement trainings and mobilized since inception

In contrast to its previous blanket approach, CARE Nepal conducted UCPVA in November 2017 for beneficiary identification and more specific targeting of populations who have not benefitted from critical livelihood recovery activities.. Being true to our mission and goals we conducted wellbeing ranking at 17 working VDCs of 3 districts. Following the wellbeing ranking result, support was focused on ultra-poor



category. Looking at the beneficiaries from the Y3 (April,2017- March,2018)support, recorded in M&E system as of December 2017, project reached out to 58.3% extreme poor , 28.7% poor, 10.7% medium and 2.3% well off category.

Pooled Fund

All the secure grants for food security and livelihoods program have been closed in Sindhupalchowk and Dhading from last year and in Gorkha from this year. As CARE Nepal set objective for this sector at higher level as this is one of the important sector to help people to recover their livelihoods assets and help them to increase income to cope with the situation, pooled fund resources was allocated to fill the gap in two districts from the beginning of this FY and to Gorkha from this year. CARE Nepal is planning to continue this sector until the end of EQRR program period and more resources will be dedicated in future. The outcome wise progresses of planned activities funded by pooled fund for Y3 (April, 2017- March, 2018) is presented in the below table:

Outcome A: Disaster resilient agriculture structure

SN	Activities	Y3 target and achievement as of Dec, 2017		Remarks
		Target	Achievement	
A1	Water efficient small irrigation scheme construction	7	Design estimate and agreement completed	Construction in Gorkha has been started
A2	Agricultural structure support: Rustic storage, Dipping tank, construction, upgrading collection center etc	3	Construction at Gorkha has started. However, progressing 2 districts.	
A3	Small Livestock/shed improvement for urine collection	200	50	Remaining target will be met in coming days.

- 7 water efficient irrigation schemes were found feasible, design and estimate, formation of construction committee of all structures have been completed and construction process is ongoing.
- In Dhading and Sindhupalchowk two rustic storage was chosen, site selection and design and estimate is completed. In Gorkha Agriculture cooperative cum collection center structure support was decided. As of Dec 2017, around 50 % of the construction work has been completed.
- In Gorkha, 50 small livestock shed improvement support has been provided.

Outcome B: Enhancing production through resilient agricultural practices

- B.1 Completed Livelihood Improvement Plan (LIP) preparation of 1015 HH. During LIP preparation, more than 70% of HHs identified goat rearing as their main livelihood option. To ensure quality service is delivered to targeted beneficiary, 3 days training on improved animal husbandry practices was organized for all field staffs.

B.2 Out of 1015 LIP prepared, LIP support was provided to 549 beneficiaries by providing start up support to implement LIP Households were oriented on LIP, facilitated to prepare and start up support in kind equivalent to NRS 15000 per household was provided.

B.2.1 Out of 4500 target, we have completed promotion of 4404 diversified home garden (3894 at Sindhupalchowk and 510 at Dhading). However at Gorkha, the budget under this heading has been relocated to agro based semi commercial production under approval.

B.2.2 For small livestock enterprises, we have supported total 50 HHs with goats and pigs. Selected beneficiary household with ward level monitoring committee procured livestock. Then partner made payment for it. Procurement committee consist of three members one each from partner, cooperative and elected ward member.

B.3 In Dhading, multipurpose nursery has been established, in Sindhupalchowk, CARE supported for tea saplings plantation.

B.4 38 number of resource farmers (15 from Dhading, 10 from Gorkha and 13 from Sindhupalchowk) were developed through three days training and mobilized under JTA supervision

B.5 Under improved machinery support, thresher, mini tiller, corn sheller were distributed through cooperative. Cooperative provided machine to individual selected by farmer group following agreed criteria. Machinery operation guideline has been prepared, it was oriented and put on place.

S.N	Activities	Status till Dec-2017		Remarks
		Target	Achievement	
B.1	LIP preparation HHs (linking HHs LIP with group and cooperative production plan)	1015	1015	
B.2	Support to LIP implementation	1015	549	Remaining target will be met during remaining period of Y3 (ie January-March)
B.2.1	Promotion of Diversified Home garden (at PVSE HHS) in distant communities (With group level orientation)	4500	4404	
B.2.2	Small livestock enterprise (goat, semi intensive poultry, pig, fishery etc.)	100	50	
B.2.3	Agriculture base semi commercial production :vegetable, potato, cardamom, akabare chilly, ginger/turmeric, short bearing fruits, honey bee, spices crop etc.	1350	0	Remaining target will be met during remaining period of Y3 (ie January-March)
B.3	Multipurpose Nursery Establishment	2	2	
B.4	Resource farmer development (CSA practices): zero tillage garlic, yam taro promotion in dry area, legume promotion, mulching practices, Cap technology, vermin composting etc.	75	38	Remaining target will be met during remaining period of Y3 (ie January-March)
B.5	Improved machinery support for women drudgery reduction	14	17	

Outcome C: Resilient livelihood through-Off farm and forest based enterprise

S.N	Activities	Status till Dec-2017		Remarks
		Target	Achievement	
C.1	Business plan preparation	350	182	Remaining target will be met during remaining period of Y3 and Y4
C.2	Off farm entrepreneur development support (start up support)	350	137	Remaining target will be met during remaining Y3 and Y4

- 52% of business plan have been prepared, out of which 40 % of off farm entrepreneurship development is completed. In kind support, equivalent to NRs 20,000 was provided to each entrepreneur.
- 36% (129 out of 350) start up support for off farm entrepreneur development has been distributed in Gorkha. As seen in the chart, out of the entrepreneurship options, trades like chatpat shop (snack shop), Nepali hand paper preparation training, freezer for butcher shop, machinery, sewing machine were popular demand.

Outcome D: Improved access to financial and extension service

S.N	Activities	Status till Dec-2017		Remarks
		Target	Achievement	
D.1	Power mapping/ poverty pocket identification and production pocket identification	17	12	
D.2	Wellbeing ranking (PVSE identification)	17	17	
D.3	Local service provider (development)	34	34	
D.4	Group and cooperative profiling, mobilization, activity planning	210	136	Remaining target will be met during remaining period
D.5	Cooperative mobilization for credit support to implement LIP and BP, input supply and output marketing	6	0	Remaining target will be met during remaining period
D.6	Cooperative, Group, Market and institution networking and mobilization	13	2	Remaining target will be met during remaining period
D.7	Cooperative training on post-harvest handling, commodity pricing, hat bazaar/ collection center management	4	0	Planning for remaining period.
D.8	Cooperative business plan preparation (incorporates production plan of cooperative and group)	15	6	Remaining target will be met during remaining period
D.11	Coordination /day celebration/ review reflection	4	4	

- In this outcome, the power mapping and wellbeing ranking was completed in previous reporting period, however documentation was done in this period.
- 38 local service provider has been developed, and they are providing onsite support to the farmers as per their need and demand.
- CARE is also preparing the profile of 136 groups and cooperatives and participatory governance assessment of 3 cooperatives and business plan of 6 cooperatives have been completed. As CARE is working through cooperative and farmers group, these initiatives have been implemented to help them for their profiling and institutional development. It has greatly contributed them to identify their strengths, weaknesses and to prepare an action plan for future development.
- CARE Nepal actively participated and celebrated 'World food day', 'National rice day' and potato festival ('Aalu Mahotsav'). There celebration were organized in collaboration with district level stakeholders. The major objectives of this celebration was to express the solidarity and raising awareness as mass level.

Sexual Reproductive and Maternal Health (SRMH)

Overall Achievement

During response phase, CARE Nepal worked to ensure that women of reproductive age and adolescent girls of CARE's working areas have improved access to quality Sexual, Reproductive, and Maternal Health Services. Till the end of this reporting period, CARE supported 30 health facilities through the distribution of reproductive health kits to birthing centers in Gorkha and Dhading, 19 health facilities by establishing 10 transitional homes, 6 maternity units, and 3 female friendly spaces, and provided essential medical equipment to 24 government birthing centers including solar lights to birthing centers, stretchers and torch lights to community health volunteers. In addition, CARE also provided training, onsite coaching, and mentoring to 53 health facility staffs.



During the recovery phase, CARE Nepal supported in reconstruction of 3 pre-fabricated health post buildings and 5 primary health care outreach clinics. Capacity building activities for 6 Health Facility Operation and Management Committee (HFOMC) and 5 Primary Health Care Outreach Clinics (PHC_ORC) management committee were planned. Till this reporting period, 2 HFOMCs and 1 PHC-ORC are trained. CARE established community health score boards in 6 working areas in Gorkha and is periodically monitoring the progress in health indicators by ensuring participation of local stakeholders and target groups. Health Mothers' Groups were formed in all the working areas in each of the previous wards of VDCs, and mothers are being empowered for regularly tracking health service utilization through SATH techniques. Family Planning and Post Abortion Care related activities in the total 7 health facilities including hospitals of Gorkha are supported with capacity building trainings, onsite coaching and mentoring on family planning (implant/IUCD) and abortion care services (medical and surgical abortion). Communities are also being mobilized for enhancing knowledge, increasing health service utilization and changing harmful social norms related to family planning and safe/post abortion care.

Pooled Fund

To bridge the gaps in recovery strategy, the following are the updated activities planned under pooled fund, SRMH:

- Organized comprehensive reproductive health camps in the earthquake affected remote areas along with screening and surgical camps for uterine prolapse targeting pregnant and lactating mothers, women of reproductive age group (15-49) and elderly women.
- Provided support for residential two months SBA training to nursing staffs (ANMs and staff nurses) of birthing centers in Gorkha, based on National Health Training Centre (NHTC) prescribed curriculum
- Provided training to health facility staffs on reversible contraceptives Implant/IUCD in coordination with NHTC
- Provide infection prevention training to health facility staffs including office helpers to improve quality of service



Woman receiving psychosocial counselling at Saurpani, Gorkha

GBV

Overall Achievement

In order to mitigate the prevalence of gender based violence in earthquake affected communities and strengthen GBV services (such as case management, counselling, and referrals) CARE Nepal conducted 31 trainings on gender in emergencies, mitigation of GBV, prevention of sexual exploitation, and assault, and referral protocols for survivors. In addition, CARE conducted awareness programs on GBV and protection and reached a total of 39,348 individuals, established and supported female friendly space for 3,209 GBV survivors, and provided case management support to 1,322 GBV individuals. The following activities were conducted.

Orientation on Standard Operating Procedure (SOP) to CARE/Partner staff and district stakeholders: Standard Operation Procedure (SOP) is an official government document to keep GBV survivors safe. The project lend its support in reprinting SOP's to ensure stakeholders received a copy of the document and kept it as a reference document. To orient district stakeholders on use of SOP, the project organized orientation session for district stakeholders (Women and Children Office, District Police Office and other like-minded organizations in both Dhading and Sindhupalchowk. Orientation informed stakeholders on the provisions under GBV-SOP developed by Government of Nepal helped to create strong mechanism among partners. After the orientation, participants developed 3 years strategic development plan on GBV which was endorsed by district stakeholders and 2 rural municipalities (Ganga-jamuna and tripurasundari). Additionally, orientation also enabled stakeholders to follow rules on SOP while responding and providing support on GBV cases. A total of 53 participants (Female 20, Male 33) from various GO, INGO and like-minded organizations attended the orientation session. 108 copies of SOP were distributed to stakeholders and staffs at the end of the orientation.

Life Skill training and Start Up business capital support for GBV survivors: Two entrepreneurship development training were organized in coordination with Small and Cottage Industries Development Committee (SMIDC) in Dhading and Sindhupalchowk respectively. The main objective of this training was to provide knowledge and skill to survivors and help them in selecting business and further support them while making business plan. Based on project plan, a total of 32 GBV survivors received start up business capital.

Strengthening existing Female Friendly Space (FFS) in Dhading: Sahayatri Samaj, is CARE Nepal's local partner. Sahayatri Samaj established Female Friendly Space (FFS) for GBV survivors in the district headquarter. FFS is providing the services like psycho-social



One day orientation to Women's group

counselling, medical and legal aid services for GBV survivors who seek consent. The project also supported FFS situated in Neelkantha Municipality - 3, Dhading. Through these supports, survivors felt safe and were able to protect their right and proceed for legal action against perpetrator. During the reporting period, 119 cases were registered in FFS, out of which 99 cases were settle. Additionally, 8 cases were referred to court and other 24 cases were referred to the Police Office for further investigation.

Orientation on Gender and GBV to Adolescent Girls and Boys: Orientation on Gender and GBV to adolescent girls and boys was organized in 20 community schools in Dhading and 68 schools in Sindhupalchowk. Orientations were attended by young school going boys and girl's school. It and helpful to aware them directly and aware their parents and relatives indirectly.

As a result of trainings and activities conducted, women from community and mother groups shared that they did not hesitate to take action wherever they encountered or suspected any case of human trafficking, polygamy, sexual and verbal abuses and domestic violence. They reported GBV cases to nearby police post. It is very clear that women are now able to stand for themselves and speak up if in case they faced gender based violence.

Cross Cutting Issues

Gender

CARE Nepal anticipates to continue adapting its operations to the complexities that characterize the response operations, maintaining its focus on the most vulnerable segment of the affected population. Nepalese society is largely patriarchal. Discrimination based on gender is prevalent and manifested in different ways. For example, gender relations vary with caste, ethnic group, religion, and socio-economic class. In all the response and recovery work in Nepal, CARE upholds its commitment to women and girls' empowerment and wellbeing by applying its understanding of the gendered dynamics within Nepal's social and political environment, prioritizing the needs of women and girls in addition to particularly vulnerable groups including vulnerable children, senior citizens, and persons with disabilities. CARE Nepal, while targeting beneficiaries, specifically prioritized families from vulnerable communities such as Dalits and Janajatis. In all the relief activities mentioned above, different needs of men and women have been taken into consideration. A Rapid Gender Analysis (RGA) was conducted and its findings have been fused in all facets of the beneficiary identification and selection and the determination of relief items such as gender responsive hygiene kits (which meet the specific needs of women and adolescent girls) that have been distributed to ensure that the hygiene practices of women and young girls are not compromised. Women have been included in the decision-making process in the distribution of relief items. CARE has been collaborating with the Citizen Awareness forum (CAC) of the Government of Nepal to distribute relief items in the targeted VDCs. At least 33% of CAC members are female. CARE's hygiene promotion team consists of 50% females, purposefully designed to ensure that women are included in conversations to determine appropriate requirements aligned to their hygiene practices.

CARE Nepal's ongoing projects integrate gender interventions targeted towards reaching women and girls, especially from marginalized groups of the community. For example, a project that targets the construction of a water supply systems and household latrines through cash-for-work labour is working to ensure that at least 33% of employed labour are women. CARE is also conducting focus group discussions

with women members of the communities to facilitate better understanding of their shelter, WASH, and food security needs. CARE plans to fuse the findings from these focus group discussions into the design of future projects. CARE plans to facilitate discussions with the women members of the targeted communities by mobilizing self-help groups, which largely consists of women members. This intervention is designed with the aim to involve women in the larger discussion about their role in development of their communities.

CARE conducted capacity development trainings with an aim to provide support to all sectors of CARE Nepal's earthquake response and recovery programs for gender integration. They were oriented on various tools namely; gender analysis, CARE International gender integration framework, and gender integration in project cycle, gender continuum, CARE's gender marker tool, and other communication skills.

During this reporting period series of discussion on GESI integration in all sectors was held with project and partner staff. As a result sector-wise GESI checklist was developed and information collection started as indicated in the checklist. Additionally, GESI action plan of sectoral activities of partner and project was developed.

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 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 research team is now doing the mapping and based on the finding research questions will be revised and conducted research survey before monsoon. For more Information on the UNSW research, refer to annex 4.1 and 4.2.

GESI integration into all sector programming

In food security and livelihood, 254 landless and stallholders including 26 GBV survivor re/started their own business after receiving start up support and relevant training. GBV survivors received livelihood support to carry out on-farm and off-farm business. A total of 47 people were benefited from different type of income-generating activities. Example: goat keeping, sewing and cutting, poultry farming business, wood carving etc. In Shelter, model house were constructed with disability friendly separate toilets for men and women. The syllabus of the mason training includes a chapter on inclusivity and accessibility which has made helped make community members and trained masons aware of the inherent challenges in inclusion and ways to overcome the challenges. CARE Nepal prioritized targeting skilled and semi-skilled masons who belonged to marginalized groups of the community. Moreover, CARE Nepal involved community leaders and members of Ward Citizen Forum (WCF) while selecting masons for the project. Discussions were conducted with the local government bodies regarding the necessity of involving women masons in construction work. This messages were clearly disseminated through radio program and notices posted in VDC buildings. As a result, 12 female masons started to work as skilled mason and 74 are working as semi-skilled masons. In the section of Water, Sanitation, and Hygiene (WASH) female friendly bathing spaces were constructed. Moreover, women friendly tap stand

were also constructed: The constructed water supply schemes are in a close proximity of 4-5 houses and in some cases have yard connection: This has reduced potential risk of gender based violence and minor accidents to some extent.

Quality and Accountability

- CARE's Humanitarian Accountability Framework (HAF) guides emergency responses and defines accountability to key stakeholders. HAF is guided by existing internal and interagency standards and codes for humanitarian quality and accountability. The Humanitarian Accountability framework has eight benchmarks which are aligned with all funding requirements set out in the Humanitarian Response Funding Guidelines. CARE decision making process involves earthquake affected people. Decision making involves design, planning, implementation, monitoring and evaluation. CARE conducted baseline surveys where it included affected population as key respondents. This was done in order to identify response and recovery needs of the area and to select right beneficiaries. So far, CARE Nepal ensured quality and accountability during implementation of the earthquake emergency response/recovery programme:
- CARE Nepal used a robust complaint handling mechanism (CHM) to receive and address complaints, which consists of complaint boxes set up at the exit point of distributions and a large banner in Nepali explaining the affected population about how the mechanism works.
- CARE Nepal also responded to complaints by consolidating all the common complaints, providing answers to these complaints by publishing answers to these complaints in banners and displaying them during distributions, and distributing the answers to the VDCs and the local authorities.
- CARE Nepal, where appropriate, also responded to unique and sensitive complaints by calling the beneficiaries directly.
- CARE Nepal adopted constituent voice model of feedback system to draw perception of stakeholders and beneficiaries towards effectiveness of response and recovery intervenes. This system enables to access service quality, quality relationship and outcomes and feedback for future course correction.
- CARE Nepal publicly announced the list of distributed items. Furthermore, it oriented the beneficiaries on its response plans, beneficiary selection criteria, materials to be distributed, and their unit costs before commencing distribution.
- CARE Nepal has submitted the Earthquake Response programme, including emergency relief, (early) recovery and rehabilitation over a four year period, to the Social Welfare Council of the Nepali government as per national law. This project has now been approved.
- A synopsis of the project has been published at different project locations and shared with local unit: Village/municipality/ward level. This will facilitate the arrangement of local level meetings with stakeholders. A synopsis of the projects' progress along with financial statements will also be published via local newspapers and Radio.
- CARE Nepal worked diligently to target vulnerable households in the community, even those who could not be accommodated during relief distribution of the government, such as those who migrated to the targeted districts and those who did not own an identity card. CARE Nepal ensured that these groups were targeted to reduce vulnerabilities and to mitigate the possibility of any conflict during distributions.

- CARE Nepal has worked diligently through consultative and inclusive processes to target vulnerable households in the community. CARE Nepal ensured that these groups were targeted to reduce vulnerabilities while applying “do no harm” concepts to mitigate the possibility of any conflict during distributions.
- CARE Nepal has orientated the local partners and social mobilizers on its organizational system, policies, values and procedures that are in place to ensure accountability to its beneficiaries and donors.
- In order to ensure that accountability is maintained across all of CARE Nepal’s emergency response projects, CARE Nepal recruited an accountability specialist. The specialist has been instrumental in ensuring necessary accountability measures in different projects.
- CARE Nepal has organized public hearings and public audit at each project locations to ensure that CARE Nepal’s projects are transparent to the communities it targets.
- CARE Nepal has adopted use of project book that portrays systematic recording of all transactions and decision during construction period of all kind of infrastructure building.
- CARE Nepal has worked closely with ward citizen forums (WCFs), a mechanisms of local governance at ward level of project covered VDCs during planning, implementation and monitoring of project activities.

Advocacy and communications

In line to all of its interventions, CARE Nepal gathers, organizes and formulates information into evidence for the purpose of advocacy. CARE Nepal works to allocate resources equitably and link the voices of women and men from marginalized groups to upstream policy dialogue. Utilizing various platforms such as partnership meetings, news coverages, media, celebrity spokespeople/local role models and meetings with various government and civil society organizations, CARE Nepal has been strengthening its advocacy efforts. All the advocacy efforts are targeted to create an enabling environment to affect specific policies and legislatures.

CARE Nepal also practices communication in different forms and through different media with a motive of sensitization, awareness, behavioural change, strengthening advocacy and educating communities on multiple issues. The communication is not only limited to CARE’s interventions but also disseminates the information that are required to the community on issues that affect their daily lives and those contributing to social transformation. As a whole, CARE Nepal’s advocacy and communication activities help to make community’s voice heard among policy makers and stakeholders.

Partnership and coordination

The Government of Nepal (GoN) requires development and humanitarian organization to work in targeted areas through local partners. CARE will continue to strengthen its community based response by working with local partners. Moreover, CARE will aim to partner with other humanitarian aid organizations to deliver holistic response in the absence of or reduce duplication of recovery materials and services. CARE Nepal also aims to focus on working with national NGOs, local level civil society, and community members to implement recovery and

reconstruction programs. CARE believes in empowering community members to drive their own response, recovery, and reconstruction processes and support lasting change and multiply impact.

CARE Nepal acknowledges that partnership is critical to increase the impact of CARE's recovery and reconstruction programme. The established presence of local implementing partners, their relationships with communities and different levels of government, combined with their strong understanding of the local socio-cultural context is crucial to cultivate local driven and owned response. CARE Nepal will work towards strengthening its partnership by involving partners in project design and implementation, conducting capacity building activities with regular monitoring and providing technical and managerial support. CARE Nepal will continue to coordinate with the local partners while identifying and targeting beneficiary households. CARE Nepal will ensure that local partner staff are present during trainings to facilitate smooth sessions and quality monitoring. The partners will also be present during CARE Nepal's implementation planning and reflection meetings and consultations with the District Disaster Relief Committee (DDRC), local authorities, and key stakeholders. For co-ordination with other actors, CARE actively participates in co-ordination meetings and several working groups, through National coordination mechanisms such as HRRP. CARE is also one of three INGOs nominated to represent the AIN (Association of International NGOs) in Nepal at the Humanitarian Country Team meetings being held regularly at Kathmandu level to co-ordinate the recovery. CARE will co-ordinate with fellow international NGOs who have been assigned as District Lead Support Agencies (DLSAs) to assist the DDRCs in the districts where we work.

Pooled fund Plan and budget VS Achievement

Report on CARE Nepal's Earthquake Response (As of December 2017)

1. Direct Program Costs :

<i>Activities Planned</i>	<i>Amount Allocated</i>	<i>Amount Spent</i>	<i>Results achieved</i>
SHELTER	120,344.00	25,542.61	<p>Progress as of December 2017</p> <ul style="list-style-type: none"> • Project Implementation and Quality Standard Guideline were developed. This guided implementing team to establish standards in quality of reconstruction work. • 2 houses belonging to ultra-poor hhs were supported with in-kind and labor support to construct up-to plinth level. Additionally, 2nd installment of Government housing grant was recommended. • 6 model houses and 1 Resource center are now functional. The resource centers are used to provide technical support to the community people for building earthquake resistant houses and build back safer technology. Audio-visual materials, snake and ladder game, prototype model houses, and presentation of 29 earthquake resistant building model of Government, and other IEC materials were used to disseminate information on build back safer techniques. • Mason tracking of trained masons in Dhading district with the help of earlier projects like GPF and HERMES is in process. Till this reporting period, through masons tracking, it was revealed that 457 (85%) trained masons were found active and providing technical in skilled labor input in rebuilding the damaged hhs and also support livelihood. • Orientation meeting with newly elected representatives of 2 Rural Municipality namely Ganga Jamuna Rural Municipality and Tripurasundari Rural Municipality were conducted. During the meeting, the project team discussed on formation of Community Recovery Committee (CRC) and masons alliance (loose forum) to systematize the implemented initiative. The meeting concluded that CRS in each ward will be formed immediately and orient them accordingly for effective mobilization. Masons alliance will be formed by conducting meeting with trained masons on the municipality.

			<ul style="list-style-type: none"> • <i>Community Reconstruction Committee (CRC) needs to be formed, following the coordination meeting between respective NRA personnel, Rural Municipal (Gaupalika) representative, local political leaders, local communities, etc.,</i> • <i>In Dhading 2666 (39%) out of 6878 eligible HHs were rebuilt using earthquake resistant technique so far.</i> • <i>In addition, technical committee comprising of NRA and project's technicians were formed, which will be engaged in follow up and monitoring, to ensure quality of construction in building earthquake resistant houses along with necessary feedbacks.</i> • <i>The community identified small scale mitigation measures in 3 vulnerable wards in Tripurasundari Rural Municipality ward 1&2 Salyantar. Identification of additional small mitigation measures in other ward of Ganga Jamuna Rural Municipality and Tripurasundari Rural Municipality were also initiated through municipality and ward level meeting.</i> • <i>LDRMP has been rolled out in ward level as well. Based on the LDRMP plan, community selected three sites in Salyantar. Project completed small scale mitigation site (one site for river training and two sites for drinking water conservation with safety measures) at Salyanatar.</i>
Food Security and Livelihood (FSL)	806,815.00	217,878.39	<p>Disaster resilient agriculture infrastructure: A total of 50 small livestock shed support/ animal shed improvement for urine collection and for composting is supported.</p> <p>Enhancing production through resilient agriculture: 1015 LIP is prepared. Since more than 70% of developed LIP identified goat rearing as a main commodity, training on improved goat husbandry was organized for the field staffs, in order to ensure the quality of service is delivered to beneficiaries. We supported 549 HH for LIP implementation. Furthermore, 4404 activity of promotion of diversified home garden was conducted with group level orientation at Sindhupalchowk and Dhading. We also supported 95 small livestock enterprises (goat, pig). Additionally, 38 Resource farmers were developed in all 3 districts. 2 multipurpose nursery were established (april-june) in Dhading and Sindhupalchowk.</p> <p>Resilient livelihood through off farm and forest: 182 Business plan were developed in Gorkha. 141 off farm entrepreneur development start up support has been provided at Gorkha.</p> <p>Improved access to financial and extension services: 38 local service providers were developed in all 3 districts. Currently, 136 group and cooperative profiling is ongoing. 4</p>

			<p>day celebration has been completed in all 3 districts. The 4 day celebration consisted of 'World food day' celebration in Dhading and Sindhupalchowk, 'National rice planting day' celebration in Sindhupalchowk and potato festival or 'Aalu Mahotsav', in Gorkha. The 'Aalu Mahotsav' initiative was organized in collaboration with district level stakeholders.</p>
<p>Water, Sanitation and Hygiene (WASH)</p>	287,119.60	8,507.57	<p>Construction, Repair and/or rehabilitation of drinking water supply (DWS) schemes: Construction of Gupsipakha Drinking Water Supply Scheme is ongoing in ward no. 4, Dharche Rural Municipality. Around 30% of the construction work of DWS is completed. Pooled fund was co-funded to construct this DWS in collaboration with other WASH grants funded by HARTMANN group and government of Nepal Water Supply and Sanitation Division Office (WSSDO). Similarly, pooled fund budget is allocated for co-funding in the construction of two other Water schemes namely; Chape Balhari DWS at Chhoprak and Kalnekhola DWS at Namjung of Gorkha district. In Dhading district, Pooled Fund budget was leveraged to complete three water schemes namely; Thulopadero DWS at Mulpani, Golang DWS at Aginchowk and Hatyabazar DWS in Budathum. In Sindhupalchowk detailed survey, design and cost estimation of 24 Water supply schemes has been finalized, out of which pool fund has covered resources for 8 schemes. The procurement process of all non-local materials like HDPE pipe, GI pipe, tools and fittings etc. is completed. All these materials will be delivered to the respective construction site by the end of January and construction is likely to start. See annex-1 for the details on water schemes constructed in Sindhupalchowk.</p> <p>Gender Balanced Water User's and Sanitation Committee is formed in all schemes. Similarly, pre-construction training to User's Committee is ongoing. The process for registration of water user's committee in District Water Resource Committee has been initiated and is expected to receive the registration certificate by the end of February 2018.</p> <p>Support vulnerable HHs to institute improved sanitation practices through WWASHCC (former VWASHCC): UCPVA were completed in all Pooled Fund covered wards. CARE Nepal has identified poor and vulnerable households and further provided its support to institute improved sanitation practices through WWASHCC, which will be carried out after February. 378 vulnerable HHs in Sindhupalchowk are selected for receiving support through pooled fund.</p>

			<p>Support Rural Municipality and WWASHCC in restoring and promoting ODF practices in earthquake affected communities: 12 wards of 5 Rural Municipality (Dharche, Siranchok, Ajirkot, Arughat, Shahid Lakhan) and 2 wards of Paluntar Municipality in Gorkha, 2 wards of Tripurasundari Rural Municipality (former Salyantar VDC) in Dhading are supported through DFID WASH project for ODF restoration and declaration. Due to limited resources in these secured grants, pooled fund budget is leveraged for restoring and promoting ODF. In former Dubachour VDC of Sindhupalchowk, 1173 HHs were supported with Permanent Toilet materials & cleaning sets (HHs whose toilets were fully damaged by the earthquake) utilizing pool fund.</p> <p>Making communities aware of safe hygiene practices by conducting community based hygiene promotion activities and disseminating information through different means (IECs, BCCs, media, door to door etc.): With community based hygiene promotion activities and dissemination of information through different means (IECs, BCCs, media, door to door etc.), communities are aware of safe hygiene practices. 700 HHs in Sindhupalchowk are targeted for awareness. Out of 700 HHs, The first round of door to door awareness for 300 HHs in Sindhupalchowk is completed. Awareness activities to reach remaining HHs and conducting next round ongoing.</p> <p>Local Government and stakeholders have improved knowledge and information on water situation in earthquake affected communities: Orientations on web based IMS was given to stakeholders and line agencies. Assessment on water supply schemes and potential water sources of all the working VDCs in Gorkha and Dhading was conducted under DFID funded Rapid Community WASH Recovery Project. The same, orientation on web based IMS and data collection of water systems and sources in Sindhupalchowk was carried out with Pooled Fund resources. This has now been uploaded in the Web based IM system. CARE Nepal is now in the process of establishing this system into Gaupalika too.</p>
Sexual Reproductive Maternal Health(SRMH)	70,100.00	12,313.96	<p>Pooled fund plan for SRMH covers Gorkha district till 2018. CARE aims to use pooled fund in the areas listed by emergency recovery strategy. CARE Nepal's budgeted pooled fund activities for Sexual Reproductive and Maternal Health was done in the following manner.</p> <p>Comprehensive reproductive health camps were organized in 3 remote places of Gorkha district- Barpak, Saurpani and Machhakhola. Through these camps, a total 1051 community people, mainly females of reproductive age group received service. In total,</p>

			<p>100 pregnant women received ultrasound services to rule out pregnancy complications. Through the camp, 58 women were suspected to be at risk and were further screened for cervical cancer. Out of which, 2 were found positive and referred to higher facilities for confirmatory diagnosis. Total 181 women received counselling and health information on family planning. Total 36 women received implant service through the camp. 145 patients received psychosocial counselling through the camp.</p> <p>42 women were identified with prolapsed uterus and were provided ring pessary. 26 of them were of 3rd and 4th degree prolapse and will be supported for further surgical treatment. This will be done in coordination with the district hospital for which a hysterectomy operation session will be organized. The surgical camp is scheduled to be organized within March 2018.</p> <p>CARE submitted its training plan to National health Training Center (NHTC) which is the coordinating body for all health related trainings. Activities on capacity building of health workers is ongoing.</p> <p>Two months residential SBA training for nursing staffs (ANMs and staff nurses) from 10 birthing centers in Gorkha, based on the standard curriculum prescribed by National Health Training Centre (NHTC) is planned in the last week of January 2018. Trainings for implant and IUCD are planned for health workers. The trainings were postponed due to the disturbances caused by 3 rounds of elections in the country. Rescheduling will be done in consultation with NHTC.</p> <p>Some activities have been dropped from the earlier plan such as; HFOMC and PHC-ORC trainings, Onsite coaching and mentoring for maternity care skills, reduction in number of comprehensive health camps. Changes were made as per district's priorities.</p>
Gender Based Violence(GBV)	32,530.00	4203.40	<p>Gender Integration Training</p> <p>Two day training on Advance Level Gender Integration was conducted by CARE Nepal Emergency Response. Facilitators highlighted the importance of the training for CARE and Partner Staff. The training was an opportunity for staffs to build their capacity in gender. The Training helped participants to realize, whether they were Gender sensitive in their private and professional lives. After the training, participants shared their views that this training was not limited to Emergency response Programs but it held great role in the overall development programs. Additionally, the training increased knowledge of participants on different aspects of Gender as Gender Analysis on Control and Assess of</p>

			<p>resources and daily work performance, Gender Integration on aspects of Political will, Technical Capacity, Accountability and organizational culture, Project Cycle on Assessment, Planning, Implementation, Monitoring and Evaluation, CARE norms on Gender equality and equity, Gender Continuum on addresses of gender aspect in the program, Gender marker on measurement of gender friendly project and Gender responsive budget to priorities the gender theme inside the budget.</p> <p>International Women's Day</p> <p>73 successful women entrepreneurs were facilitated in the occasion of the International Women's Day in 2017. In addition, 30 journalist participated in a one day orientation programme that discussed women issues and legal provision as well as cases reported to the district court and its procedures.</p> <p>On this occasion, CARE Gorkha organized different programmes in 12 VDC's and 2 events at district level. With the collaboration of different local women networks, INGO's and NGO's, Media and children office.</p>
Post project support for sustainability	40,000.00	0.00	<p>CARE Nepal, through the pooled fund project, supported the Government of Nepal (GoN) and the NRA in enrolling subsidy policy provided to earthquake survivors in the targeted VDCs. The regional NRA body requested all supporting agencies who have presence in the district to provide different kinds of support for the enrollment process. CARE supported the NRA by deploying volunteers and social mobilizers from partner organizations in the enrollment camp. Moreover, it also maintained an information help desk with IEC materials with information regarding the enrollment process. The IEC materials were endorsed by the Government of Nepal and developed by CARE Nepal. CARE Nepal also mobilized social mobilizers and information volunteers to conduct mass awareness sessions in communities on enrollment process. The reimbursement provided to social mobilizers and information volunteers was covered through the pooled fund. There has been some expense as of now and it will be reported during next reporting period.</p>
Program Innovation: Innovation	414,127 55,000.00	0.00	<p>We have not spent resources under this line item. It will be reprioritized while reviewing program and budget next time.</p>

<i>Match contribution and program development visibility</i>	<i>167,100.00</i>	<i>50.91</i>	<p><i>During this reporting period, CARE Nepal ensured visibility of CARE's work in the program districts through various visibility materials such as:</i></p> <p><i>Leaflets/videos/factsheets – To showcase the work done by the EQ response and recovery program during the second year of the project</i></p> <p><i>PSA's – To disseminate information about GBV amongst our impact groups and to make CARE Nepal's work to address GBV visible in our working communities</i></p> <p><i>Hoarding boards for various themes under the EQRR program</i></p> <p><i>Moreover, media platforms such as Radio and print media (newspapers) were also mobilized for this purpose.</i></p>
<i>Research with UNSW(University of south Wales Australia)</i>	<i>162,027.00</i>	<i>0.00</i>	<p><i>Research Manager and two field assistants are on board. On Jan 04, 2018 the CARE Nepal team welcomed Researchers from UNSW for the Research design workshop at the CO wherein the overall research questions underwent refinement as part of group work with the Gender and Programmatic team of CARE. Tools and Methodologies were discussed and a work plan for three months is prepared for all to follow. Team returned with several ideas and innovative inputs for the joint research. Three lead researchers of UNSW are overall leading three broad Research Questions and the UNSW VC along with CARE's Gender advisor is responsible for the research's gender component. Roles and responsibilities have been clearly assigned along with immediate anticipated outputs by mid-2018. \$25,000 has been allocated as an advance to UNSW to conduct initial research activities.</i></p> <p><i>A check list for every group and for the field-based staff was also shared amongst the team for greater accountability. The contents are explicitly detailed in the proceedings document which will be completed by mid-Feb.</i></p> <p><i>Research manager is overall in-charge of ensuring the set timelines are met-with in duly and functional manner. But everyone involved is to be held accountable to his/ her own deliverables for the team. CARE Nepal already transferred the resources to UNSW but we have not yet received the expense report. There has also been some expense at CO level that will be reported during next reporting period.</i></p>
<i>Preparedness, operation and program support</i>	<i>1512216.03</i>	<i>159595.95</i>	<i>The District Disaster Relief Committee in Sindhupalchowk circulated a notice to each VDC asking them to establish a DRR emergency fund. The VDCs have committed to</i>

			<p>contributing 1000 USD out of their budget towards the fund and CARE Nepal has also committed to contribute 500 USD from the pooled fund.</p> <p>Flood Response</p> <p>Heavy rainfall during 10-13 August 2017 triggered severe flash flood and landslide across the country. Flood severely affected lives of 17,705,334 people across 28 worst flood affected districts out of 75 districts in Nepal. The Ministry of Agriculture (MoAD) estimates about 6,081 hectares of cultivated crop land was affected with losses amounting to an approximate figure of US \$ 57 million in the agriculture sector. The Ministry of Local Development estimates direct livestock losses of US \$ 12.5 million and indirect losses of US \$ 100 million across the flood affected districts. CARE Nepal immediately deployed their field team for conducting Initial Rapid Assessment (IRA) in coordination with District Disaster Response Committee (DDRC), Government of Nepal in the flood affected communities located in Bardiya, Banke and Kailali districts. Based on the findings of IRA and request received from DDRC of Bardiya, Banke and Kailali district, CARE Nepal distributed relief items funded through the pooled fund. CARE Nepal's response to the 2017 flood was designed based on its Emergency Preparedness Plan (EPP) and the field IRA to address the most pressing emergency needs of the flood survivors through interventions in the different sectors. 14,663 flood affected people were reached through CARE's response. CARE provided them with different food and non-food items (NFIs). In this respect; 1,800 food items, 267 hygiene kits, 48 fortified baby food, 144 non-food items (NFI), and Water purifiers (Piush) were distributed. For more details refer Annex 3.</p>
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2. Program Quality Costs:

Activities Planned	Amount Requested	Amount spent	Results expected and achieved
Capacity building training to CARE staff	40,000	538.67	<ul style="list-style-type: none"> Capacity building training on Underlying Causes of Poverty and Vulnerability Analysis (UCPVA) for CARE Nepal and partners' staff <p>CARE Nepal conducted Underlying Causes of Poverty and Vulnerability Analysis (UCPVA) training for CARE Nepal and partners' staff in Gorkha district from January 3rd to January 8th 2017. The main objective of this training was to develop understanding of CARE and partners' staff on UCPVA approach, UCPVA approach is participatory, reflective, empowering and action oriented. Additionally, it is also a method, process which aids in analysis of the underlying causes</p>

			<p><i>of poverty and vulnerability. CARE's opinion on underlying causes of poverty is that, it can only be addressed by bringing about improvements in living conditions of the people. Apart from bringing improvements in living condition, UCPVA also ensures heightened social, political and economic condition which brings positive change in social position of marginalized people. Therefore, UCPVA is perceived as a significant approach which requires a deeper understanding on forces that shape social, political, and economic processes. Furthermore, this training made participants aware on the process and methods of UCPVA to analyze unequal power relation between women, men, power holders and marginalized communities by using participatory process. These process includes methods like power mapping; social, resource and vulnerable mapping; well-being ranking; historical timeline; dependency analysis; income-expenditure analysis; life line; seasonal calendar analysis; wages analysis etc. UCPVA training applied participatory and reflective approach where the majority of the participants were from Earthquake Response and Recovery Program (CARE and partner). Also, participants from regular development program were invited to facilitate cross learning and for information sharing. A total of 24 participants selected (10 female and 14 male) were responsible to cascade learning from the training into their specific projects and districts. Theoretical session of training were in-house and participants practiced methods and process of UCPVA in Gankhu VDC (ward number- 1, 9, 2, and 8, identified as poverty pockets areas in process of power mapping). Practical session on UCPVA helped participants for better understanding about the process and methods of UCPVA approach. The training remained encouraging and participants showed enthusiasm throughout the training. It was an eye opening experience which allowed participants to understand the various perspectives of poverty and vulnerability. It was reported that participants started to practice UCPVA approach in their districts in order to identify the causes of poverty and vulnerability. Moreover, they have started to act to address issues of poverty and vulnerability through their sectoral program.</i></p> <p>Training of trainers (TOT)</p> <p><i>CARE Nepal conducted three events on Training of Trainers (hereafter called as ToT). Initially, all three TOT events were planned and budgeted under EQ pooled fund. However, one event for Sindhupalchowk was conducted from CARE Canada funded Gender and Protection Integration Project. The ToT was organized with the objective of strengthening communication and facilitation skills of the participants by applying adult learning and participatory process. In addition to this, ToT focused in improving the skills and knowledge on training cycle management- task analysis, setting learning objectives, selecting appropriate training methods</i></p>
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			<p>and material, developing training curricula and session plan. This ToT has also applied practical facilitation session where each participant has practiced facilitation skills on their specific session plan and received feedback on their presentation skills from the facilitators. The training was conducted in participatory manner following practical exercises and group works. Review of objectives and expectations were held during the last day of the training. The participants unanimously said that all of objectives and expectations were successfully met. Post-tests and pre-tests were used to evaluate the effectiveness of the training. Altogether, 69 (30 female and 39 male) staffs from CARE and partner organizations fully participated in the training. Skills and knowledge acquired in the TOT is in practice. For example- the district managers made mandatory to submit training curriculum by sectoral staff of CARE and partner before getting approval for organizing any trainings. It is observed that sectoral staffs are practicing and developing curriculum and session plan in training activities.</p>
Overall impact assessment	20,000.00	0.00	Overall impact assessment will be carried out in year 4. Till now pooled fund budget has not been utilized.
Annual review and reflection	15,000.00	952.78	A review reflection workshop was conducted, where CARE Nepal's emergency response team from Gorkha, Dhading, Sindhupalchowk, and Kathmandu participated. The meeting was conducted for three days in order to thoroughly review CARE's response to the earthquake of 2015. The review and reflection workshop also gave an opportunity for all those involved in the emergency response to come together for the first time and discuss best practices and lessons learnt. A total of 36 people were present at the workshop.
Program Investment: Accountability	15,000.00	6,078.17	<p>In order to ensure accountability, CARE Nepal implemented various initiatives. Accountability activities are detailed below:</p> <p>Information boards: A total of 92 information boards were placed at different project locations. CARE Nepal also installed 107 public audit boards at community construction sites.</p> <p>Radio Programme: 147 episodes of radio program were used to disseminate different messages of CARE Nepal. Radio program aims to sensitize affected people on different issues like GBV awareness, disasters preparedness, building earthquake resilient housing and taking public suggestions on CARE Nepal work.</p>

			<p><i>Public hearing and audit: CARE Nepal organized public hearing and public audit to ensure CARE Nepal's projects are transparent among the targeted communities and stakeholders. 52 events on public hearing and 205 events on public audit were organized.</i></p> <p><i>Training to partner and staff: CARE Nepal conducted 6 events on accountability training for its local partners and social mobilizers.</i></p> <p><i>Community Health Score boards: CARE Nepal is working to strengthen local health facilities, particularly safe reproductive & maternity health (SRMH). 6 events on community health score boards (CHSB) were organized with an objective of participatory assessment of public health facilities. The assessment process includes; finding gaps and way forward to ensure quality health services at the locality.</i></p> <p><i>Complain Handling Mechanism: 42 suggestion boxes were set up at different locations and 4 hotline numbers are in operation to receive complains from stakeholders and beneficiaries. 30 Pieces of large banner and 1200 pieces of posters in Nepali explaining the affected population about how the mechanism works are widely disseminated to project covered VDCs. Through this mechanism altogether, a total of 955 complaints have been received and dully responded through consoled way by publishing notice and contacting individual complainants directly.</i></p> <p><i>Participatory Governance Assessment: Altogether five events of participatory governance assessment was done to help agriculture cooperative for their improved governance. During assessment process governance aspects of those cooperatives were assessed, gaps were identified and action plan was agreed to future improvements.</i></p> <p><i>The aforementioned accountability achievements were accomplished by mobilizing resources obtained from different secured grants. In order to ensure that accountability is maintained across all of CARE Nepal's emergency response and recovery projects, CARE Nepal recruited an accountability specialist. CARE Nepal's accountability specialist has been instrumental in ensuring necessary accountability measures in different projects. Budget allocated for accountability and human resources under it, is drawn from pooled fund budget.</i></p>
Communication	26,000.00	11,629.81	<p><i>To support the implementation of different Emergency Response and Recovery Projects, few communication materials and activities were prepared/conducted. The materials are listed below:</i></p>

			<ul style="list-style-type: none"> • <i>Stories of change (It is a compilation of success stories from the areas where the food security and livelihood project was implemented. The publication was distributed in the community and among different stakeholders we work with.)</i> • <i>Compilation of different guidelines introduced by the government (The publication was a compilation of different guidelines introduced by the government on agriculture and livelihood related activities. It was distributed in the community for their information)</i> • <i>Banners and flexes (For the purpose of backdrop in events organized in the community)</i> <p><i>Preparation of these materials and activities was led by the Advocacy and Communications Officer in close coordination with the communications and program team.</i></p> <p><i>Budget for these materials/events and human resources for communications has been drawn from pooled fund budget.</i></p>
Emergency preparedness planning	15,000.00	0.00	<p>Emergency Preparedness Plan Workshop</p> <p><i>An after action review was organized by CARE Nepal in the month of February 2018 to review the implementation process and discuss challenges, learning and way forward in participation with CARE and partner team. A total of 19 people participated in the meeting organized at Tikapur, Kailali. The AAR Meeting was organized by CARE Nepal to review the emergency Response, early recovery and stabilization program 2017 done in Far and Mid-Western part of Nepal in three different districts Banke, Bardiya and Kailali. In the meeting emphasis was on active learning through participatory discussion, group exercises, presentations and data validations. Informal exchange of experience sharing is a vital part of this meeting. The main objective of the AAR was to reflect on the flood response activities, successes, shortcoming, learning and improving strategies for future possible humanitarian response activities. CARE Nepal's Senior Management Team, Sector Leads, Thematic Coordinators and Representatives of the Response Team were present in the review meeting.</i></p>

3. Shared Program Costs:

Activities Planned	Amount Allocated	Amount Spent	Results expected and achieved
Cover the remuneration for country office's support staff	\$ 590,873.24	84,975.66	CARE reports the costs for program support costs of the country office. Staff from the communications, program support, partnership, communications, M

			<p><i>and E were supported with this cost. In addition, utilities and transportation.</i></p> <p><i>CARE reports the costs for logistics, transportation, capital items, office supplies, support staff, utilities, and maintenance as direct program costs. The pooled fund covered funding gaps from other restricted grants.</i></p>
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CASE STORIES

Foundation in Pyauli's house



Pyauli, who lives in Salyantar in Tripurasundari Rural Municipality is happy these days with the ongoing construction of the foundation for her new house. She had been facing numerous problems and seeking for help since the earthquake as her house was completely destroyed then. She had been living alone in a temporary shelter since then as her husband had started living elsewhere with another woman. Her husband and the other woman even took 1st installment of the money provided by the government for reconstruction. But after a year and a half, she received skilled labor support and on the job construction training from CARE Nepal.

Surviving the mega tremors in 2015, Pyauli also had to face many other additional problems in life. As she had no resources to construct a house, she had been residing in somebody else's land for last two and half years. Moreover, as her husband had left her, she solely had to take the responsibility of two young sons too. Her elder son had some

mental illness due to which he couldn't continue his studies and he was sent to his maternal uncle's home where he had been helping his uncle and the family. Her younger son has been going to school nearby and studies in class 4.

She shares, "As I had been residing further from the land we have, it is troublesome to work on the field as the distance is really far. I earn Rs.300 as daily wage when I get to provide labor support to people at farms. It is hard to fulfill basic necessities with the money I make and constructing a house of own is just out of thought. In the four years after my husband left us he has visited us twice, once to inquire about any donations and the second time to take away the 1st installment of grant money from us."

During the whole time the villagers saw what Pyauli had been facing and had sympathy for her. Therefore, while the refresher training for masons was being organized by CARE for masons in Salyantar and other VDCs, it was suggested that it would be better to use the training resources could be used to construct house for underprivileged family. As a result of the suggestion, it was decided that Pyauli needed help with the reconstruction and everybody including her neighbors and villagers agreed to the idea.

Local villager Ram Bahadur says, “Normal people like us do not need much support for reconstruction but people like Pyauli do need help and we are very happy that she is receiving support. I am sure CARE Nepal will receive blessings from her family. However, it would have been better if the organization could help her complete her home too.”

Even the ward chairman was very happy to see Pyauli receiving the support and added, “Families like that of Pyauli really need this kind of motivation and support. Therefore, we on behalf of the ward are positive on this and would be happy to recommend such families and also help the organization.”

The engineer assigned by the Nepal Reconstruction Authority has visited and approved the construction of foundation of her home. With the approval, Pyauli is now eligible to claim for the 2nd installment of the government’s grant and has applied for it. Receiving the second installment could help Pyauli complete her home and relieve her from staying in a temporary shelter in somebody else’s land.

Reliving Life

“I am now able to live my life freely without any shame, travel long distances and do household and other activities”, says 63 years old Mrs. Dharjini Gurung happily.

Mrs Dharjini Gurung has seen many difficulties in her 63 years of life. She has five children among whom three of them are daughters. Belonging to a middle class family with huge responsibilities, her husband and in-laws always forced her to give birth to a boy child due to which she had to give birth to children again and again.

As agriculture was the only income source for their family, she had to work for hours in the field every day and moreover also complete all the household chores. She started having abdomen pain after her third child birth. She ignored it thinking it was just a random pain due to heavy works but the pain became more intense after her last child. After repeated pains, she came to know that her uterine had prolapsed.

The place she had been residing in, Saurpani, is a rural community in Gorkha with very poor health facilities and services. So she had to face a lot of problems and moreover she couldn’t talk to anyone of her problems and neither receive any counselling. She was suffering and struggling on her own. Sometimes it was hard for her to even come out of her room due to heavy bleeding and extreme pain. She used to think that she would have to live with the pain for all her life.



She had been struggling with the pain until she came to know of the Reproduction Health Camp was being held in Machhakhola which would be delivering services to needy women and make them aware on sexual and reproductive health. When she heard of this from the Female Community Health Volunteers and Health post members, she was happy and saw hope for recovery. She finally attended the RH camp in Saurpani. Health workers in the camp diagnosed her with 3rd degree Pelvic Organ Prolapse and inserted Ring pessary to support her prolapsed pelvic organ. Her problem has been taken care by doctors in the health camp.

She now feels relieved and much comfortable to get rid of the pain and is grateful to CARE Nepal and SSICDC for the services. She feels that this such camps should be organized frequently and for a longer period of time. If camps as such would be organized in the village, women would manage their household works to participate and share their problems.

Suffering the pain herself, she expects that every woman should get a chance to be cured if their uterine gets prolapsed and live a healthy life. She now hopes to get her surgery done as soon as possible to have her disease fully cured and live her life easily.

Learning to grow vegetables

I am Utta Kumar Gurung, native of Laprak VDC, ward number 3 Gorkha. I have three sons and two daughters. Together with my wife, I can say we are a happy family of seven. When the disastrous earthquake hit us back on 25th April, 2015 all of us in the village were forced to leave the destroyed village and stay at Gupsi pakha, in temporary shelter. All the villagers are staying around the same place. Living has been different since then but we are grateful to various national and international organizations who helped us and have been helping us since then.

Since Laprak is at high altitude, only limited crops like maize, millet, potato, beans, and soybean are grown here. In comparison to plain areas, the growth duration of the crops is longer, which left us no other option but to eat potato, millet and maize as basic staple food. Vegetables were rare commodity, and we were able to buy them only during our routine trip to the market in Gorkha. It would be a delicacy to have vegetables cooked at home at times.

But now the situation has changed. There is a wise saying, “with every disaster, there comes an opportunity”. We didn’t have any idea about growing vegetables before but after the earthquake, CARE Nepal and SSICDC supported us with vegetable seeds and even gave us training to grow them. We were quite excited and piloted the vegetable farming in our kitchen gardens.



They also formed a group called 'Himali farmers Group' and linked us with Ganesh agriculture cooperative, where, I was one of the shareholders. They collaborated with the agriculture cooperative and conducted various programs for livelihood improvement which included supporting our farmers group with plastic tunnel, vegetable seeds, drip irrigation set and trainings on vegetable production.

After participating in the training, I constructed a plastic tunnel and started growing vegetables like tomato, cabbage, cauliflower, broccoli, chilies. Other vegetables like radish, carrot, leafy vegetables, and coriander were grown outside. We were successful to grow fresh green vegetables in our own village and consume it regularly in our meals and sell the surplus in the village. There are 35 other farmers who have been doing vegetable farming like me. As there are additional people in the village currently, masons for reconstruction, we have enough demand in village to supply the surplus of our productions.



I have been earning Rs.5000 from the sales monthly which has been of great support to my family, mostly my children. I send all my children to school and I use my income to pay their fees. As I have been growing both seasonal and off-seasonal vegetables, I have products all-round the year to eat and then sell in the market. Off seasonal vegetables yield higher profit compared to the seasonal ones.

CARE has been working for livelihood improvement with main focus on diversified agriculture production. They have been helping us to shift from traditional farming to commercial farming changing our perceptions. Previously, we didn't have any idea that vegetables could be grown in a cold area like ours but now the production has amazed us.

Likewise drip irrigation too was completely new for us. At least for me, the concept was alien. Water is scarce in hilly areas and with little water, irrigation was difficult. So drip irrigation solved the problem. Apart from it, I have also been practicing botanical pesticides for disease and pest control. I work in the tunnel during free hours, and during morning and evening time, my family members also help me. With this program I had an opportunity on 3 days exposure visit to the western parts of Nepal. One of the method of adult learning is- learning by seeing, learning by doing. Currently, I have one tunnel, however, after the visit I am motivated to add another one too. All of this has been truly-an eye opening experience for us and we are very grateful to the organizations.