

# Nepal Earthquake Response and Recovery Expense Report



(January 2017 - July 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.

Moreover, Government of Nepal decided to hold its first local elections in 20 years in three phase on ministerial meeting. First phase and second phase of local elections were completed on 14th May and 28th June 2017 respectively for province number 1, 3, 4, 5, 6, 7 whereas preparation for third phase of elections for province number 2 is scheduled for 28th September 2017.

Through this local election, the change in the local structure has cascaded down resources, power and authority at the local level. Increase in accountability of local structure will contribute in multiplying impact which will require collective efforts from all the actors.

### 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 2016, CARE has raised **\$31,060,459 coming from institutional, foundation and private funding. The pooled fund money amounts to \$7,255,693.**

The pooled fund complemented CARE Nepal's restricted funding for the earthquake emergency response, which reached a total of 196,125 people, and is currently complementing the restricted funding for recovery programs. 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.

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 seeks to prioritize implementing activities that are geared towards improving the food security and livelihood 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 cover Shelter related activities in Gorkha and Sindhupalchowk through 2017. Pooled fund budget has been allocated to cover gaps in Dhading until 2017. Given its financial and other resources, CARE Nepal does not find it feasible to invest in construction of large-scale public infrastructure. Moreover, the Government of Nepal has mandated all non-governmental humanitarian organizations to not construct any individual houses, but contribute to the government's basket fund.
- **WASH** - Restricted funds cover WASH related activities through mid-2018. Pooled fund budget has been allocated to cover gaps in the district until 2018.
- **SRMH** - The available restricted funds only cover Gorkha district until 2018. Due to lack of available restricted funding, CARE Nepal will not expand activities related to this sector in Dhading and Sindhupalchowk. Some activities in this sector, such as strengthening of Health Facilities Operation Management Committee will be supported by CARE Nepal's other projects.
- **GBV** - The current restricted grants cover through 2017 and the pooled fund budget has been allocated to cover some gaps related to capacity building in Gender and GBV. Another CARE Nepal's project will be covering GBV and Gender related activities in Dhading, Gorkha, and Sindhupalchowk.

As of June 2017, CARE Nepal reports expenses of USD 1,203,441.72 which is 60% of year 1 and year 2 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.
- 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, such as the DFID WASH project, TAIWAN ICDF Phase II, and some on-going projects were extended.
- 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's Overall Response and Recovery Activities**

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 provided 138,776 people with access to shelter solutions and materials and non-food items (NFIs), 139,350 people with access to safe drinking water and culturally appropriate sanitation facilities, 109,396 people with support to meet their basic food security and livelihood needs, 16,414 women and adolescent girls with access to female friendly spaces and better health facilities, and provided with 39,348 people with GBV services (legal support, psychological life skills, awareness programs).

CARE Nepal has been providing recovery and reconstruction support to earthquake affected communities by implementing following activities:

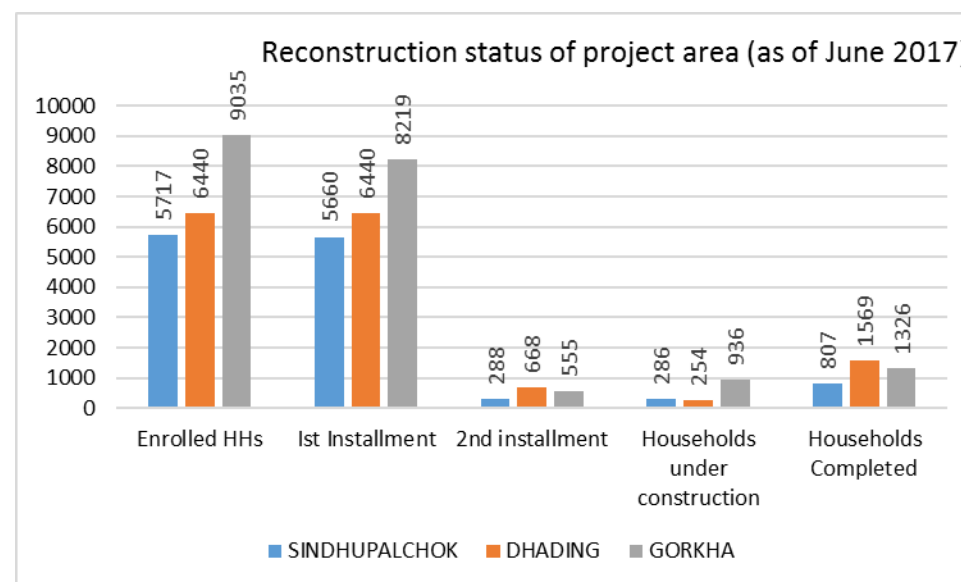
#### **Shelter**

Since the beginning of the response, CARE Nepal has taken significant steps towards ensuring 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 safer houses. Till this reporting period, a total of 19,175 HHs with 105,462 people were reached through shelter intervention in early recovery and long-term reconstruction. Trainings on build back safer techniques and awareness initiatives were instrumental on building pace of reconstruction. Training were provided to people from various backgrounds, by not limiting training to people with prior

construction experience. Total of 1533, 70% (98% in Dhading, 49% in Gorkha and 63% in Sindhupalchowk) of trained masons were involved in reconstruction work and providing their services to the households while constructing their houses. The project report as of June 2017 revealed that out 21192 enrolled HHs 3702 Houses were completed, 1476 Houses are under construction.

Follow-up Support (PPS) was designed to work on sustainability of the activities implemented by HERMES & German Pooled Fund (GPF) and to support ongoing reconstruction in Dhading district. This project also plans to provide necessary support to enhance community' capacity through onsite coaching and refresher trainings. We are planning to continue support and follow up for women masons and if we found they are potential then we will organize advanced training as well. 9% burn rate of Partner budget is recorded out of approved budget 6,498,370 NPR in PGA done with SAHAS Nepal in follow-on support of shelter support in Dhading. Activities planned under SHELTER are as follows:

- Capacity building of local artisans on earthquake resistant building techniques (DUDBC Curriculum ) with inclusive and disable friendly concept
- Orientation and awareness activities on Safe Shelter & Build Back Better
- Capacity Building and Awareness on Disaster Risk Reduction including formulation of Local Disaster Response Management Plan for each VDC
- Model House Construction including inclusive and disable friendly structure, toilet, rainwater harvesting
- Resource center construction including inclusive and disable friendly structure, toilet, rainwater harvesting
- Resource Center/ Information center Establishment, Operation and Maintenance
- Implementation of Community Identified Project related to Disaster Risk Reduction





### **Water, Sanitation and Hygiene (WASH)**

During response phase, CARE Nepal managed to repair /rehab and reconstruct altogether 103 water schemes covering a total of 25882 beneficiaries and in recovery phase supported 67 water schemes in covering altogether 31835 beneficiaries in Gorkha, Dhading and Sindhupalchowk. Furthermore, under CARE's WASH strategy, 118 new water schemes were identified, out of which 107 was covered by CARE'S various secured grants and for the remaining 11, budget under pooled fund were sanctioned. As per Post Disaster Needs Assessment (PDNA), in the 14 most affected districts 220,000 toilets were destroyed, causing an increase in open defecation. CARE. During early response phase, CARE supported 8872 latrines for 8894 households and 82 institutional latrines; benefitting 46595 individuals. Whereas, during the recovery phase CARE Nepal provided 745 latrines for 1042 households benefitting altogether 4943 individuals in all the working VDCs of Gorkha, Dhading and Sindhupalchowk. In addition, 124025 individuals from 23658 households were sensitized on safe hygiene practices through various awareness and capacity building sessions. Likewise, 1746 members from local WASH stakeholders were trained on addressing and managing local WASH needs. To cover the prevailing gap for WASH activities like, hygiene promotion, improving sanitation practices, construction and capacity building, pooled fund grants have been allocated. Women and girls were disproportionately affected by the unavailability of water systems. Compromised health facilities has subjected earthquake affected population to openly defecate adopt poor hygienic practices leading to various water 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%



Women and children friendly community tap in Gorkha.



Global hand washing day celebration in IDP camp, Dhading.

**Food Security and Livelihood (FSL)** CARE Nepal supported earthquake affected vulnerable households in protecting and restoring their livelihoods by providing unconditional and cash for work opportunity to 32045 individuals. In total, 25975 households received agricultural input support to recover family farming and develop sustainable livelihood source. Similarly, small livestock support were provided to 1763 smallholder households to develop resilient livelihood. Landless and small holding 278 households received micro enterprise startup support with relevant training. 24 cooperatives along with 188 groups were supported through different capacity enhancement trainings and mobilized. Activities planned under FSL were as follows:

- Agriculture input support and supply - seeds, seeds storage bag, agriculture toolkits, poly house
- Cash for works- collection centre, animal shed, poly house construction, school building demolitions, rural road maintenance, water collecting pond construction and unconditional cash transfer to the EQ affected vulnerable people
- Small livestock restocking with fodder forage, medicines, and shed reconstruction materials (goat and pig support, shed maintenance, medicine and animal health camp, fodder and forages)
- Farmers/groups , cooperatives and stakeholders capacity strengthening
- (cultivation/ rearing training, exposure visit, survey, technology demonstration, management training/ workshops)
- Irrigation structure reconstruction and rehabilitation
- Cooperative building/ vegetable collection/ storage centre construction/support
- Support to poor vulnerable and socially excluded people through off farmed enterprise



*Tomato in plastic tunnel, Phulkharka, Dhading*

## **Sexual Reproductive and Maternal Health (SRMH)**

During the reporting period, CARE Nepal worked to ensure that women of reproductive age and adolescent girls of CARE's targeted VDCs have improved access to quality Sexual, Reproductive, and Maternal Health Services. To this end, CARE supported 30 health facilities through the distribution of reproductive health kits to birthing centers in Gorkha and Dhading, supported 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, solar lights to birthing centers, and stretchers and torch lights to community members. In addition, CARE also provided training, onsite coaching, and mentoring to 53 health facility staff. During the recovery phase, CARE Nepal supported for the reconstruction of 3 pre-fabricated health post buildings and 4 primary health care outreach clinics. Activities planned under SRMH are as follows:

- Providing onsite coaching and mentoring to health facility midwives in birthing centers of Gorkha district on maternity care skills (ANC/PNC/SBA) and long acting family planning reversible methods (IUCD/Implant) service skills
- Provide 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
- Provide infection prevention training to health facility staffs including office helpers
- Provide training to health facility staffs on reversible contraceptives –Implant/IUCD in coordination with NHTC
- Support in the formation/reactivation and orientation of basic roles and responsibilities of newly constructed Primary Health Care Outreach Clinics (PHC-ORCs) Management Committee



Prefab Health post building at Gankhu, Gorkha



Women discussion on female friendly space at Sindhupalchok



## **Gender and GBV**

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

- Conduct gender integration basic and advance levels trainings for CARE & partner staff
- Develop, implement and monitor the gender mainstreaming tools
- Gender awareness orientation at community level in 25 VDCs
- Celebration of International Women's Day at 25 VDCs , 16 days activism against GBV, and International Day for Girls' Child
- Hold series of community dialogues
- Capacity Building/ training to CARE and partner organizations on gender in emergencies, mitigation of GBV, prevention of sexual exploitation and assault, and referral protocols for survivors and SOPs
- Conducting awareness programs on GBV, human trafficking, child marriage, sexual violence, referral services for GBV survivors, providing trainings to Information volunteers(IV), and disseminating 'Information, Education, and Communication' (IEC) materials thru Community Theater/Drama, and radio messages
- Providing case management support( Case referral support) to GBV survivors
  - CASE Referrals
  - Psychosocial Services
  - Legal Aid Services
  - Female Friendly Space-1 house support



Awareness programs on GBV, human trafficking, child marriage, sexual violence, referral services for GBV survivors at Sindhupalchok

## **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, the 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 labor 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.

### **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**

Advocacy is a continuous and adaptive process of gathering, organizing and formulating information into evidence, which is then communicated to policy-makers to bring about the desired policy change. CARE Nepal advocates to policy-makers and social leaders to create an enabling policy and legislative environment that creates and sustains social transformation. CARE Nepal works to allocate resources equitably and link the voices of women and men from marginalized groups to upstream policy dialogue. Its advocacy often focuses on mobilization through; TV and radio talk shows; news coverages; celebrity spokespeople/local role models; meetings between various government and civil society organizations; and partnership meetings. CARE Nepal's advocacy communication focuses greatly on influencing its audiences by using audience specific messages in order to bring about policy change. Gender and Social Inclusion is taken into consideration while designing communication materials such as print materials (Posters, leaflets, etc.); audio/visual materials (jingles, PSA's, etc.). CARE Nepal also uses its communication materials to generate awareness amongst the beneficiaries regarding its various accountability mechanisms.

Furthermore, CARE Nepal's communications activities and materials support its project/program initiatives in various stages such as:

- Support in generating awareness and creating demand during the initial stages of a project/program through design/preparation of communication materials.
- Package the evidence and information collected during the project/program implementation to be used for advocacy purposes

In general, successful advocacy communications require clear objectives and knowledge of the content and audience. In light to the preceding sentence, CARE Nepal adapts all of its communication materials as per the requirement of the audience. 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.

### Report on CARE Nepal's Earthquake Response (January 2017 – June 2017)

#### 1. Direct Program Costs :

<i>Activities Planned</i>	<i>Amount Requested</i>	<i>Allocation</i>	<i>Results achieved</i>
<b>SHELTER</b>			<p><b>Progress as of July 2017</b></p> <ul style="list-style-type: none"> <li>9% burn rate of Partners budget is recorded out of the approved budget of 6,498,370 NPR in PGA done in collaboration with SAHAS Nepal to provide follow up -on support in Dhading. Follow up for Gorkha and Sindhupalchowk will be planned in the subsequent quarter.</li> <li>Project Implementation and Quality Standard Guideline were developed. This is expected to set standards in quality of reconstruction work.</li> <li>6 model houses and 1 Resource center have been 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 are used to disseminate information on build back safer techniques.</li> <li>Mason tracking trained in Dhading district with the help of earlier projects like GPF and HERMES has been undergoing. Till this reporting period, through masons tracking, it was revealed that only 11 male masons out of 539 discontinued their work and other masons are still contributing their skills to reconstruct houses and also support livelihood.</li> <li>Orientation meeting with newly elected representatives of 2 Rural Municipality namely Ganga Jamuna Rural Municipality and Tripurasundari Rural Municipality were</li> </ul>

			<p>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.</p> <ul style="list-style-type: none"> <li>• 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.,</li> <li>• In Dhading 1569 (23.78%) out of 6598 eligible HHs were rebuilt using earthquake resistant technique so far.</li> <li>• 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.</li> <li>• The community identified small scale mitigation measures in 3 vulnerable wards in Tripurasundari Rural Municipality ward 1&amp;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.</li> </ul>
<b>Food Security and Livelihood (FSL)</b>			<p>Agriculture input support and supply - seeds, seeds storage bag, agriculture toolkits, poly house: Under this activity, 4000 diversity kit were prepared for home garden farmer support. Households are due to receive diversity kit at the end of July. Additionally, 53 households were supported with 100000 tea saplings in Sindhupalchowk. Sapling are planted in a standard layout. In total, 69 agro machineries were distributed among farmer groups in 3 project districts. 69 trained operators are mobilized under group and cooperative management. Machines were procured from SHO's budget whereas, operator training and transportation costs were managed from pooled fund. Agro machinery follows set guidelines during operation. Out of the 69 machines, 18 were mini tillers, 12 were millet thresher and remaining 39 were wheat and rice thresher. The purpose of this activity was to reduce women's workload</p> <p>Farmers/groups, cooperatives and stakeholders capacity strengthening: Input supply and output marketing based cooperative plan for 4 cooperatives were prepared in Dhading. 10 local service providers were trained on Livelihood Improvement Plan (LIP) preparation and semi commercial production in Gorkha. Out of the 10 service providers, 6 were women. Participatory power mapping were completed in 15 wards. Out of 15 wards, 5 wards were</p>

			<p>from Gorkha, 4 from Dhading and 6 from Sindhupalchowk. Moreover, Partner staffs were oriented on UCPVA. They were also oriented on pooled fund's "SUPPER" project implementation approach. Moreover, quality standard guideline for 'SUPPER' were prepared from three districts.</p> <p>Irrigation structure reconstruction and rehabilitation: Survey, design and estimation of 2 irrigation canals were completed in Sindhupalchowk.</p> <p>Support poor vulnerable and socially excluded people through off farmed enterprise: 15 women were provided with 3 month training in local paper (Lokta paper) making in coordination with District Cottage and small industries committee, Gorkha. Among the 15 women trained, 4 trainees were from 'poor category', 9 were 'medium category' and 2 were from 'well off category' as defined by wellbeing ranking.</p>
<b>Water, Sanitation and Hygiene (WASH)</b>			<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 (Prev. Laprak VDC). Pooled fund budget is allocated for co-funding to construct DWS. Detailed survey, design and cost estimation of 10 Water supply systems has been finalized. It is now in the process of implementation.</p> <p>Support vulnerable HHs to institute improved sanitation practices through VWASHCC: UCPVA were completed in all Pooled Fund covered VDCs. CARE Nepal will be able to identify poor and vulnerable households and further support institute improved sanitation practices through VWASHCC after UCPVA report finalization.</p> <p>Support VWASHCC 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 1 Municipality (Palungtar) are supported through DFID WASH project. Due to limited resources in DFID's WASH, pooled fund budget is expected to cover funding for restoring and promoting ODF. In Sindhupalchowks Dubachour VDC, with the help of damage assessment report, 1173 HHs were supported with Permanent Toilet materials &amp; cleaning set (HHs whose toilets were fully damaged by the earthquake).</p> <p>Communities are aware of safe hygiene practices due to community based hygiene promotion activities and dissemination of information through different means (IECs, BCCs, media, door to door etc.) Hygiene promotion activities is ongoing with pooled fund budget.</p>

			<p>Local Government and stakeholders have improved knowledge and information on water situation in earthquake affected communities: Orientations on web based IMS were given to stakeholders and line agencies under DFID funded Rapid Community WASH Recovery Project. Assessment on water supply schemes and potential water sources of all the working VDCs in Gorkha, Dhading and Sindhupalchowk were conducted. This has now been uploaded in the Web based IM system 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)			<p>Pooled fund plan for SRMH covers Gorkha district till 2018 due to limited availability of fund. CARE Nepal does not plan to expand activities on SRMH to Dhading and Sindhupalchowk. CARE aims to use pooled fund in the areas listed by emergency recovery strategy. CARE Nepal's budgeting of pooled fund for Sexual Reproductive and Maternal Health is done in the following manner.</p> <p>Activities on capacity building of health workers is in process. Capacity building training to user committees such as PHC-ORC is planned for September. CARE submitted its training plan to training conducting authority which is National health Training Center (NHTC).The delay in training is due to delay in approval from NHTC.</p> <p>Providing onsite coaching and mentoring to health facility midwives on maternity care skills (ANC/PNC/SBA) and long acting family planning devices (IUCD/Implant) service skills NC/PNC/SBA) and long acting family planning devices (IUCD/Implant) service skills: This activity was expected to be implemented in birthing centers where CARE was involved in reconstruction work. Construction work in most of the health facilities is not completed due to delay from contractor's side. Another reason for delay in training is due to tight schedules of district health office staffs. Thus, it was difficult to get time of DPHO staffs to implement planned activities such as Onsite coaching and mentoring.</p> <p>CARE Nepal is undertaking preparatory work for implementation of activities planned under pooled fund budget. On field implementation is expected to begin soon. Thus, burn rate in Year 3 and Year 4 is likely to increase. There is a need to revise activities mentioned in the pooled fund planning due to change in local governance structures in health, changes in district's priority, and additional new project activities which duplicates planned activities of pooled fund.</p>



Gender Based Violence(GBV)			<p><i>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 create strong mechamnism among partners. Additionally, orientation also enabled stakeholders to follow rules on SOP while resonding 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 was distributed to stakeholders and staffs at the end of the orientation.</i></p> <ul style="list-style-type: none"> <li><i>Life Skill training and Start Up business capital 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 select business and further support them while making business plan. Based on project plan, a total of 32 GBV survivors received start up business capital.</i></li> <li><i>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 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.</i></li> <li><i>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</i></li> </ul>
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			<i>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.</i>
<i>Post project support for sustainability</i>			<i>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.</i>
<i>Program Innovation:  Innovation</i>			<i>Initiation to reach remotely located and underprivileged population is taken considering leave no one behind for instance- solar and electric pumping for drinking water system were built to provide safe access to water supply to the hard to reach population. Other innovative ideas and activities across all sectors is in the planning phase. Implementation is envisioned to happen in the upcoming quarter.</i>
<i>Match contribution and program development  visibility</i>			<i>During this reporting period, CARE Nepal ensured visibility of CARE's work in the program districts through various visibility materials such as:  Leaflets/videos/factsheets – To showcase the work done by the EQ response and recovery program during the second year of the project  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  Hoarding boards for various themes under the EQRR program  Moreover, media platforms such as Radio and print media (newspapers) were also mobilized for this purpose.</i>

Research together with UNSW			Discussions on four research questions took place via skype. Mapping out socio-economic inequalities and poverty in relation to impact and capacity of different groups to respond, Gender injustice, CARE Nepal's interventions and innovations in disaster recovery and resilience building – analyzing disaster justice and Institutional arrangements for disaster justice were discussed. TOR has been developed with joint initiation from CARE Nepal and UNSW team. PGA has been signed; HoS approval gained and financial formalities are being organized. Moreover, commencement of search for Research Associate has formally begun. UNSW team's plan to visit CARE Nepal were also discussed over skype.
<p>Capacity building training to partner</p> <p>Partnership</p> <ul style="list-style-type: none"> <li>Conducted Training of Trainers (ToT) for CARE and partner organizations' staff of Earthquake Emergency Response and Recovery Program of Sindupalchowk, Dhading and Gorkha districts</li> <li>Support to develop cost-shared policy of implementing partner organizations of Earthquake Response and Recovery Program</li> </ul>			<p><b>Support to develop cost-shared policy</b></p> <p>CARE Nepal conducted orientation session on cost share policy to implementing partner organizations of EQ program in Finance Workshop on Feb, 2017. In addition, CARE's compliance and sub-grant staffs are also visiting partners' office frequently for the purpose of sub-grant monitoring and coaching. CARE colleagues also provide technical support in developing cost-shared policy of partner organizations.</p> <p><b>Partnership study</b></p> <p>CARE Nepal commissioned partnership study to review its partnership model. The major objective of this study was to understand added value of partnership approach in terms of dealing with complex and multi-faceted causes of poverty and social injustice, synergetic action among likeminded organization in bringing desired change; best utilization of resources and value for money; better outreach to impact population; multiply impact; strengthening institutional capacity of CSOs to influence the policy and represent pro-poor voice and sustainability of positive changes. This study brought forward findings that helped CARE Nepal's management team to reflect and make decision on relevant strategies and modalities on partnerships for changing context. CARE Nepal utilized some portion of the resource from Emergency pooled fund to accomplish this mission level study. CARE Nepal is in the process of developing action plan against key recommendations of the study in order to strengthen and contextualize partnership approach in changing context.</p>
Preparedness, operation and program support			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 contributing 1000 USD out of their budget towards the fund and CARE Nepal has also committed to

			contribute 500 USD from the pooled fund.
Discretionary Investment fund			-
Liability			-

## 2. Program Quality Costs:

Activities Planned	Amount Requested	Allocation	Results expected and achieved
Capacity building training to CARE staff			<ul style="list-style-type: none"> <li>Capacity building training on Underlying Causes of Poverty and Vulnerability Analysis (UCPVA) for CARE Nepal and partners' staff</li> </ul> <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 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</p>



			<p>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.</p> <p><b>Training of trainers (TOT)</b></p> <p>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 Sindupalchowk 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 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>
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<p><b>Monitoring and evaluation</b></p>			<p><b>Progress against M&amp;E budget allocated from POOL Fund:</b></p> <p><i>The budget allocated for M&amp;E of 20,000 USD has not been spent in FY 2017 (July 2016-june 2017) and has been planned for FY 2018 (July 2017-June 2018). The budget was requested to develop a Monitoring Evaluation and Learning (MEL) Management of Information Systems (MIS) for CARE Nepal country office. Thus, FY 2017 focused on finalization of Design Monitoring Evaluation Learning (DMEL) framework for CARE Nepal which is the foundation for building the MIS system and preparatory work to initiate the process was conducted. CARE Nepal did not want to duplicate efforts and investments planned by the CARE US Multiplying Impact team and thus also consulted with CARE US team on this process.</i></p> <p><i>The following preparatory work were completed in this FY :</i></p> <ul style="list-style-type: none"> <li><i>• Finalization of data requirement for the MEL MIS system as per DMEL framework.</i></li> <li><i>• Preparation of concept note for the MEL MIS system including assessment of required investment in server to facilitate the functionality of an MIS system.</i></li> <li><i>• A Terms of reference has been developed to solicit proposals from vendors for the development of the MIS system.</i></li> <li><i>• Consulted with CARE US MI team to understand their processes and priorities with regards to investments in similar MIS systems for country office under CARE US and to explore possibility of technical support and guidance as CARE Nepal takes forward this process. CARE Nepal received clear communication from CARE US that they do not have any current plans to develop MIS system for COs except that they are looking at a system to consolidate PIIRs. CARE USMI team representative shared that they would look forward to learn together with CARE Nepal on this initiative and would provide the required technical support from their team and link with CARE US IT/systems team to move this process forward. It is envisioned that the vendor solicitation process would start in early FY 2018 (July-August) and have the pilot MEL MIS tested by Dec 2017. The finalization of the system and roll out is envisioned to be completed latest by March 2018.</i></li> </ul>
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<b>CTS (Commodity Tracking System)</b>			<p><b>CTS (Commodity Tracking System)</b></p> <p>One of the major inventory tools in CARE Nepal is CIMS (Commodity Information Management System). Commodity Tracking System is unable to fully function in Nepal due to the nature of the commodity and complexity in operation. CARE International is aware on CTS's (Commodity Information Tracking System) failure to smoothly operate in Nepal. Currently, CARE Nepal is unable to create a separate new inventory system. Pooled fund budget was allocated for CTS (Commodity Tracking system). However, Care Nepal does not find it feasible to invest in CTS so we are waiting for Care International's logistic department to suggest us on what Inventory management system to follow. Due to this pooled fund budget has not been utilized</p>
<b>Overall impact assessment</b>			Mid-term evaluation is planned for FY 18 and at the end of this project overall impact assessment will be carried out.
<b>Annual review and reflection</b>			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.
<b>ICT4D, AutoCAD etc</b>			Is planned in upcoming quarters.
<p><b>Program Investment:</b></p> <p><b>Accountability</b></p>			<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 49 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>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. 26 events on public hearing and 148 events on public audit were organized.</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 &amp; maternity health (SRMH). 2 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>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>
<b>Communication</b>			<p><i>During this reporting period, various communication materials/activities were prepared/conducted as part of our communications strategy were to support implementation of different emergency response and recovery projects. The materials are listed below:</i></p> <ul style="list-style-type: none"> <li><i>• Leaflets (Prepared on the two year anniversary of the Mega Earthquake)</i></li> <li><i>• Videos (Prepared on the two year anniversary of the Mega Earthquake)</i></li> <li><i>• PSAs (To disseminate messages regarding Gender based violence)</i></li> <li><i>• Celebrations of different days (Like Women's day)</i></li> <li><i>• Factsheets (Prepared on the two year anniversary of the Mega Earthquake)</i></li> </ul> <p><i>Apart from these, production of various other communication materials were planned during this reporting period, however due to various disturbances in the political context of the country, production of these materials was delayed. These will, however, be completed during the succeeding year.</i></p>

			<p><i>Preparation of these materials and activities was led by the Advocacy and Communications Officer (who has been recruited for CARE Nepal's Emergency Response and Recovery program) under the guidance of 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>
<b>Advocacy strategy implementation</b>			<p><i>As part of CARE Nepal's advocacy strategy implementation, some advocacy products were prepared during this reporting period to support our advocacy initiatives. These materials have mostly been prepared to highlight the evidences that we received from the project districts. These products will in turn be used to support our advocacy initiatives.</i></p> <p><i>Due to the local level elections held in Nepal this year, the Government stakeholders and policy makers were extremely busy. So we were unable to carry out intensive advocacy work during this reporting period. However, these products that have been prepared will be used to intensify our advocacy work during the coming year.</i></p> <p><i>The Advocacy and Communications Officer (who has been recruited for CARE Nepal's Emergency Response and Recovery program), under the guidance of the advocacy and program team, leads preparatory work of our advocacy initiatives, Budget for these materials and human resources for advocacy has been drawn from pooled fund budget.</i></p>
<b>Emergency preparedness planning</b>			<p><b>Emergency Preparedness Plan Workshop</b></p> <p><i>CARE Nepal conducted an Emergency Preparedness Plan Workshop from November 29-December 31. The workshop was conducted with the objective to review CARE Nepal's emergency preparedness plan and its capacity to respond. The discussions, group work, and presentations from the workshop are currently being used to update CARE Nepal's Emergency Preparedness Plan workbook. The workshop saw the participation of program, program support, and administrative teams from the country office, representatives from CARE Member Partners, such as CARE USA, CARE UK, and CARE Germany. In addition, CARE Nepal's and partners' staff from three program districts, Dhading, Gorkha, and Sindhupalchowk were present at the training. A comprehensive action plan has been developed in consultation with the participants and follow-up meetings are being conducted regarding the action points. A total of 34 people were present at the workshop.</i></p>

### 3. Shared Program Costs:

<i>Activities Planned</i>	<i>Amount Requested</i>	<i>Allocation</i>	<i>Results expected and achieved</i>
- Cover the remuneration for country office's support staff	\$205,718.89	US10H/CIPFNP0001	<p>CARE reports the costs for program support costs of the country office. Staff from the communications, program support, partnership, communications, M and E were supported with this cost. In addition, utilities and transportation.</p> <p>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.</p>