



Responding to Earthquake-Affected Communities and Households in Nepal (REACH)

QUARTERLY PROGRAM REPORT

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ACRONYMS AND TRANSLATIONS

AIN	Association of INGOs in Nepal
CCG	UN Cash Coordination Group
CDO	Chief District Officer
DRR	Disaster Risk Reduction
GoN	Government of Nepal
IEC	Information, Education and Communication
INGO	International Non-Governmental Organization
HH	Households
HNDC	Healthy Nepal Development Centre
HoH	Head of Household
KLL	Kathmandu Living Labs
NFRI	Non-Food Relief Items
MOF	Ministry of Finance
NPC	National Planning Commission
NRCS	Nepal Red Cross Society
SACCO	Savings and Credit Cooperative
SWC	Social Welfare Council
VDC	Village Development Committee
WASH	Water, Sanitation and Hygiene

GENERAL INFORMATION

Project name:	Responding to Earthquake-Affected Communities and Households in Nepal (REACH)
Duration:	May 5, 2015 to November 5, 2015 ¹
Funding:	Total funding: 1,000,000 USAID: 1,000,000
Direct Beneficiaries:	3,500 Heads of Household (HoH) from homes either partially damaged or totally destroyed.
Indirect:	27,478 individuals in 7 VDCs across Sindhupalchowk and Dolakha districts
Reporting period:	May 5, 2015 to November 5, 2015.

Target area:

District	VDC	Activities
Sindhupalchowk	Karthali	392 households received emergency kits and unconditional cash. ²
	Ramche	1,072 households received emergency kits and unconditional cash.
	Ghumtang	Distribution of materials and training for construction of 300 latrines. Hygiene and sanitation promotion activities.
	Maneswor	Distribution of materials and training for construction of 300 latrines. Hygiene and sanitation promotion activities.
Dolakha	Melung	1,150 households received emergency kits and unconditional cash. Distribution of materials and training for construction of 100 latrines. Hygiene and sanitation promotion activities.
	Chyama	886 households received emergency kits and unconditional cash.
	Sahare	Distribution of materials and training for construction of 100 latrines. Hygiene and sanitation promotion activities.

¹ On July 9, 2015, a no-cost extension was granted to extend the program's end date for an additional three months to November 5, 2015.

² In consideration of both the widespread destruction and the risk of exacerbating already rising levels of intra- and intercommunity tensions, Mercy Corps targeted whole communities at a time. District teams conducted activities in VDCs systematically so that registration, kit and cash distributions could be carried out quickly and successively.

EXECUTIVE SUMMARY

In a span of less than three weeks, two major earthquakes – measuring 7.8 and 7.3 in magnitude – and a continuing series of serious aftershocks jolted Nepal, affecting more than eight million people. In the days immediately following the first earthquake, Mercy Corps conducted rapid needs assessments in seven of the impacted districts. The teams found massive destruction to houses, productive assets, shops and infrastructure. In addition to the physical damage caused by the earthquakes, levels of fear, anger, frustration and hopelessness among the population rose in the face of a system that struggled to meet their immediate and medium-term needs. Initial assessments, conducted in coordination with the district-level government, found the primary needs of those affected by the earthquake included basic goods, shelter, water, sanitation, hygiene, health and food.

The *Responding to Earthquake-Affected Communities and Households in Nepal (REACH)* program sought to help affected households and communities meet these basic needs and begin their recovery from the effects of the 2015 earthquake. The program focused on emergency response interventions in the sectors of Shelter and Settlements and Water, Sanitation and Hygiene (WASH), providing necessary temporary shelter materials through distribution of kits with non-food relief items (NFRI) as well as one-time \$75 unconditional cash transfers to enable households to meet their individually prioritized needs. Mercy Corps and our implementing partners provided vulnerable households with materials and training to construct and maintain latrines and raised awareness about proper hygiene through the distribution of Information, Education and Communication (IEC) materials, combined with improved access to sanitation facilities for school children and vulnerable households.

The six-month program, which ran from May to November 2015, met or exceeded program targets. Nepal REACH achieved the following results:

- 17,500 people reached with basic-needs support in the form of emergency NFRI kits and unconditional cash.
- 800 hygienic latrines built at schools and vulnerable households.
- 9,987 people adopted hygienic practices promoted by our hygiene and sanitation campaign.

Progress Against Indicators

SECTOR: Shelter and Settlements				
Beneficiaries Targeted	17,500 (3,500 HH)			
Beneficiaries Reached	17,500 (3,500 HH)			
Indicator	Baseline	Cumulative Target	Achieved	Notes
SUB-SECTOR: Emergency Transitional Shelter				
Number of households in the program area receiving emergency/transitional shelter	0	3,500	3,500	Consolidated NFRI kit and unconditional cash distributions initiated on July 10 and completed by August 28.
Number of households in the program area receiving emergency/transitional shelter pursuant to Sphere Project standards and FOG guidelines	0	3,500	3,500	Consolidated NFRI kit and unconditional cash distributions initiated on July 10 and completed by August 28.
Percentage of total affected population in the program area receiving emergency/transitional shelter assistance, by sex	0	100%	100% (50% female, 50% male)	Sex disaggregated data by household is gathered at registration and distribution.

Total USD amount and percentage of approved project budget for emergency/transitional shelter spent on goods and services produced in the affected host country economy	0	326,053 USD 100%	326,053 USD 100%	Consolidated kits included items approved for purchase with OFDA funds and additional items purchased with private funds. All items included in OFDA/private kits were procured locally.
Additional Program Indicators				
Total amount of cash (\$) transferred to beneficiaries (disaggregated by sex)	0	\$262,500	\$262,500 (\$131,250 female, \$131,250 male)	Unconditional cash transfers were distributed at household level.
SECTOR: Water, Sanitation and Hygiene (WASH)				
Beneficiaries Targeted	17,500 (3,500 HH)			
Beneficiaries Reached	27,478			
Indicator	Baseline	Target	Achieved	Notes
SUB-SECTOR: Sanitation Infrastructure				
Number of people directly benefiting from the sanitation infrastructure program	n/a	4,000	4,767	Schools and vulnerable households received latrines.
SUB-SECTOR: Hygiene Promotion				
Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	0	17,500	27,478	3,500 HH (17,500 people) received hygiene kits. Additional hygiene promotion activities reached 9,978 people.
Number of respondents who know three of five critical times to wash hands	n/a	0 ³	9,978	

PROGRAM OVERVIEW

Assessment Phase and Program Set Up

Within two days of the April earthquake, Mercy Corps mobilized 20 staff members to begin assessments in seven of the hardest-hit districts: Lamjung, Gorkha, Dhading, Nuwakot, Kavrepalanchowk, Sindhupalchowk and Dolakha. The assessment teams avoided an intrusive survey process in traumatized communities by adapting a visual assessment tool developed by the World Food Program. Mercy Corps collected basic market data, reviewed the status of productive assets and conducted a targeted few key informant interviews with shop owners and suppliers to learn what impact the earthquake had on supply chains, pricing and the larger market system network. These data were complemented by cluster guidance as well as interviews with government officials, district-level Nepal Red Cross Society (NRCS) chapters, private sector actors and local NGOs.

³ At time of proposal submission, hygiene promotion activities beyond the distribution of hygiene kits were undefined. Implementing a hygiene promotion campaign required significantly more collaboration with local government institutions and health organizations as well as mobilization of local partners. It was unclear at time of submission whether many government agencies and health organizations could operate at full capacity in the wake of the earthquake. Overall, Mercy Corps exceeded targets for beneficiaries reached through Nepal REACH, but this is partly attributable to the fact that we were unable to set a reasonable target for this component of the hygiene campaign.

The assessment phase revealed that the earthquake and aftershocks significantly affected market infrastructure and stocks and that many households were not able to meet basic staple food needs. In addition, most financial service providers, including banks and remittance agencies, were not functioning. It was also clear that while relief agencies were crowding in to districts closest to the initial epicenter, like Gorkha and Dhading, there was insufficient coverage being allocated to other severely affected districts like Sindhupalchowk and Dolakha, site of the second epicenter.

In coordination with local District Disaster Response Committees (DDRC), Mercy Corps established agreements with priority Village Development Committee (VDC) level officials and requested endorsements from the Chief District Officers (CDO) to initiate activities in Sindhupalchowk and Dolakha. Working through the DDRC ensured that the program avoided duplication and that assistance was uniformly spread. In collaboration with the DDRC and relevant CDOs, Mercy Corps identified six VDCs in Sindhupalchowk and six in Dolakha to receive kit and cash distributions as well as WASH support. Knowing that the destruction was widespread and levels of intra- and inter-community tensions were rising, Mercy Corps opted to target the whole community, conducting blanket distributions of emergency shelter items, hygiene kits and unconditional cash, ensuring that every household that sustained damage during the earthquake received assistance. This also ensured that vulnerable groups like pregnant women, elderly and people with disabilities, who may be less visible during an assessment phase, were still accounted for and received support. OFDA support was allocated to four VDCs in Sindhupalchowk and three in Dolakha within Mercy Corps' coverage area.

In addition, Savings and Credit Cooperatives (SACCOs), banks and vendors were identified to conduct the cash transfers. Mercy Corps selected diverse conduits for cash transfers to ensure flexibility during implementation. The emergency response distributions of consolidated NFRI kits and unconditional cash, as well as implementation of all WASH activities, were carried out by district-based Mercy Corps staff in collaboration with local partner organizations (described below). Distributions of NFRI kits and cash began in Sindhupalchowk and Dolakha in July 2015 and ended in late August 2015.

Partner Coordination

Mercy Corps worked closely with the Nepal Red Cross Society (NRCS) chapters and Healthy Nepal Development Centre (HNDC) across Mercy Corps' target VDCs to plan distributions, coordinate with community leaders and facilitate cash transfers, kit distributions and implementation of WASH activities. Local volunteers were mobilized through NRCS and HNDC. NRCS volunteers assisted with distribution of NFRI kits and HNDC volunteers were deployed to train households on proper construction and maintenance of latrines. As a key implementation partner, NRCS will continue to play a critical role in Mercy Corps' longer-term recovery strategy.

In addition, Mercy Corps is maintaining a long-term partnership with Kathmandu Living Labs (KLL) to develop and implement digital data collection methods to standardize registration of beneficiaries and monitoring of distribution activities. Mercy Corps piloted an external progress dashboard⁴ for accountability and transparency, which is available to all stakeholders.

Mercy Corps coordinated with the UN cluster groups throughout the course of the program by regularly attending Shelter, Cash and WASH cluster coordination meetings, adhered to reporting requirements, facilitated site visits and shared activity updates about its emergency response with all partner NGOs. This helped to avoid duplication of efforts and ensured proper utilization of resources. Mercy Corps team members also regularly participated in meetings with government officials at the district, VDC and ward level, to coordinate relief efforts and share the project's progress, challenges, and future plans with local government.

⁴ The KLL dashboard is available here <http://kathmandulivinglabs.github.io/mc-dash-v2/>

Mercy Corps Nepal is also an active member of the Association of International NGOs in Nepal (AIN). Mercy Corps participated in an exhibition sponsored by AIN to mark the three-month anniversary of the initial earthquake and showcase the contributions and work of INGOs involved in relief and recovery efforts. Following the exhibition, Mercy Corps Nepal's Country Director, Sanjay Karki, participated in a panel discussion with the National Planning Commission (NPC), Ministry of Finance (MOF), Social Welfare Council (SWC), and representatives from the United Nations, the larger donor community and the media. The goal of the exhibition and panel was to foster a higher level of transparency between NGOs involved in response and recovery programs, the media and the Government of Nepal (GoN).

Registration and Community Reporting Mechanism

Local DDRC representatives and CDOs, with the assistance of local volunteers, identified households that were damaged or destroyed by the earthquake and shared the list of affected households with Mercy Corps' Emergency Response Team. Heads of identified households were instructed to come to a registration event which was held at an easily accessible point, typically the VDC head office or market center where beneficiaries were likely to frequent.

Each household received a unique Mercy Corps ID card. This ensured that if identification documentation had been destroyed or lost in the earthquake, household members could still be positively identified and verified before receiving assistance. The Mercy Corps ID card was tied to the household, not only the HoH, which enabled any member of the household to arrive at the distribution to collect the emergency kit or cash. This would encourage a more equitable distribution process, inclusive of women and vulnerable groups as well as families whose HoH lived and worked elsewhere, as is common in rural communities.

The ID cards also included a community accountability and reporting mechanism. Each card listed a phone number to call with instructions so that complaints and feedback could be addressed by male or female staff, per the caller's preference, and that the anonymity of the caller would be preserved. Across all distribution areas, 19 beneficiaries utilized the community accountability and reporting mechanism to report that they had either missed the distribution date, or were not included in the original distribution list. Those who missed the distribution date were included in later distributions, upon verification against the master list, and any household reporting they were missed by the original beneficiary list were instructed to contact their local VDC representative for written verification of their residency in that community. Any additions to the beneficiary list were to be vetted by local government officials before receiving aid.



Trucks filled with NFRI kits wind through mountain roads to reach the distribution point for Melung VDC, Dolakha District in Central Nepal.

Distribution

Mercy Corps' district-level teams notified recipient households two to three days in advance of a distribution with date, time and location as well as required documentation and the expected weight of the kits (16kg). There was limited road access to most target communities, which required many beneficiaries to walk two to four hours to a distribution point. Therefore, providing families with sufficient time to plan and determine who among them would carry the kits was a priority. At the distribution itself, beneficiaries were split into three lines: men, women and vulnerable groups. Priority was given to those categorized as "vulnerable"⁵ with the assumption that it might take them longer to travel, and if they were able to

⁵ Vulnerable households were defined as any household including pregnant and/or lactating women, people with disabilities and elderly people.

travel back to their communities as a group, this would help avoid the risk of theft or harassment on the journey home.⁶

Distributions were managed by Mercy Corps' district-level teams⁷ and NRCS chapters, supported by local volunteers and often attended by local government representatives and military personnel. As the relief phase continued, numbers of military personnel present at distribution increased due to increasing unrest across Nepal, attributable to frustration felt by communities struggling to receive support and the unrest surrounding the finalization of Nepal's new constitution. There were no violent incidents reported at any of Mercy Corps' registration events, distributions or during any monitoring activities. Presence of military personnel was organized and managed by local government officials, not at the request of Mercy Corps.



NFRI distribution in Dolakha District, Central Nepal. Itemized list of kit items is hung above example contents to enable all recipients to confirm they have complete kits.

SHELTER AND SETTLEMENTS

Objective: Earthquake-affected households access temporary shelter materials to help meet their immediate needs.

Mercy Corps visited 50 local markets during the assessment phase and found at least one functioning shop in 37 of the surveyed locations, but essential items like tarpaulins were not readily available. Retailers reported difficulty purchasing typical products from wholesalers, in part because relief actors were buying up stock from wholesalers in bulk. In the weeks following the April earthquake, businesses began to reopen with limited stock though supply chains struggled to function in more remote areas. Mercy Corps provided 3,500 households in Sindhupalchowk and Dolakha with critical NFRI combined with unconditional cash transfers designed to help families meet individualized needs and stimulate market recovery.

Sub-sector 1.1 Emergency Transitional Shelter

As of September 30, 2015, Mercy Corps distributed consolidated NFRI kits and cash transfers to 1,464 households in Sindhupalchowk and to 2,036 households in Dolakha (3,500 total households covered).

NFRI Kits

NFRI kits included shelter, hygiene, and kitchen items as well as a solar lamp. Mercy Corps reviewed the recommendations for the contents of the kits provided by the Nepal Red Cross Society and Shelter Cluster, and made additions for utility and relevance to gender roles and norms in the target distribution areas. Based on this initial review and analysis from field visits, Mercy Corps made an effort to address all urgent needs in the kits due to the severity and breadth of the destruction. Any kit items included outside the approved OFDA items list were paid for by private funding. Categorized kit contents and rationale are as follows:

⁶ No incidents of theft or difficulty traveling to or from NFRI or cash distributions were reported in Post-Distribution Monitoring, Focus Group Discussions or Key Informant Interviews.

⁷ Female staff members were always on hand to explain gendered kit items like sanitary pads.

- » **Hygiene Items:** Affected communities are at high risk of disease and illness. Many latrines and water systems were completely destroyed or badly damaged and the monsoon rains increase the risk of waterborne diseases. To encourage hygienic household practices, items like water purification tablets, soap, and buckets were included. Selected hygienic items for both male and female hygiene needs enabled all household members to maintain proper hygiene and sanitation, including toothpaste, toothbrushes, and sanitary pads.
- » **Shelter Items:** The earthquake and subsequent aftershocks destroyed 500,000 homes, and those left standing were often unstable and at risk of collapsing. Shelter kits, including items like tarpaulins and rope allowed affected families to quickly find shelter from the elements, particularly with the onset of the monsoon season, which is at its peak from June through August and continues into September. Additional multi-purpose string was also included with the assumption that it could be used to hang clothing, secure temporary shelter or simply help transport relief items from distribution points. Mercy Corps utilized private funds to include items like insecticide-treated mosquito nets.
- » **Kitchen Items:** Mercy Corps utilized private funds to include kitchen items in the NFRI kits. Stainless steel cookware and utensils enabled households to safely prepare and eat food, mitigating health and nutrition concerns and helping children to return to normal meal schedules.



Durza Aryal (left) cleans a bucket of vegetables by solar light her household received with their NFRI kit.

- » **Solar Lamp:** The earthquake damaged the electrical grid in affected areas, leaving many communities without electricity. Each household received one solar lamp as part of their relief distribution. The lamp was included as a safety measure, as it is easily portable and can be carried after dark.

Cash and Vouchers

Backed by Mercy Corps headquarters' Technical Support Units (TSU), Cash Transfer experts from Mercy Corps' Middle-East programs arrived in-country to guide the development of our cash programming. After on-the-ground assessments, speaking with peers and participating in the Financial Services Sub-Group of the UN Cash Coordination Group (CCG), it was determined that Mercy Corps would use a diverse group of suppliers (vendors, SACCOs and banks) to expedite the transfer process and enable greater flexibility for location of distribution. In return, vendors, SACCOs and banks received a 100NPR commission for each transfer, helping stimulate market recovery and infusing capital back in to lending bodies.

Whenever possible, Mercy Corps preferred to distribute NFRI and unconditional cash at the same time to minimize travel by beneficiaries, but often logistics challenges like landslides and flooding brought on by the monsoon rains, and the subsequent road damage limited the transport of emergency items. Cash, however, could be transferred easily to local vendors and cooperative branches. This enabled the program to move cash faster and with greater ease than kit items, expediting this component of the relief program.

The size of the cash transfer (7,500 NPR / 75USD) for 3,500 people was based on payment modality recommendations from the CCG, which determined unconditional grants should be 70% of a

minimum expenditure basket. Throughout the planning and implementation phase, Mercy Corps actively participated in the CCG by contributing to assessments, attending weekly meetings, collaborative development of post-distribution monitoring (PDM) tool and data sharing, bringing CCG representatives to focus group discussions and collaborating with CCG, Save the Children and the Assessment Capacity Project (ACAPS) with volunteers from Google to improve data collection tools.

During the project planning phase, Mercy Corps anticipated that this project would be an early cash response, with potential to follow up with a larger cash response. At this time, Mercy Corps is not planning to facilitate more cash transfers, though there will be a cash-for-work component under Disaster Risk Reduction and infrastructure projects during the recovery phase of Mercy Corps' programming. Considering the declining humanitarian context caused by the recent de facto blockade along the Nepal-Indian border and the onset of winter, Mercy Corps has established a contingency fund using funds from private donors for additional cash transfers for winter emergencies. Relationships built with SACCOs and banks during the response will be leveraged through the financial services component of the recovery programming as well.



Woman signs and adds her finger print to a distribution list at a cash distribution in Sindhupalchowk District, Central Nepal.

WATER, SANITATION AND HYGIENE (WASH)

Objective: Earthquake-affected communities regain their access to clean water and safe sanitation.

The assessments conducted by Mercy Corps staff revealed that, in addition to shelter and food needs, there was an immediate need for WASH interventions among the earthquake-affected communities and that water and sanitation conditions were well below Sphere standards.

There was widespread destruction to sanitation infrastructure. Pour-flush latrines are common in both rural and urban areas and most were destroyed or unusable, leaving people without a safe and sanitary option for disposing of human waste, forcing people to defecate in open areas. The team found limited access to safe toilets in 45 of 50 communities visited. "We had to go use the nearby jungle area," says Sanokanchi Tamang, a latrine recipient, "or into the crop land where the corn is high." This, combined with the lack of access to clean water, left the target population potentially vulnerable to water and sanitation related morbidity and mortality.

Based on these initial findings, Mercy Corps selected intervention areas in coordination with district-level government agencies and the UN WASH Cluster to ensure adequate coverage across affected areas. Based on these coordination discussions, OFDA's WASH support was ultimately directed specifically to four VDCs in Sindhupalchowk and Dolakha districts.

Sub-Sector 2.1 Sanitation Infrastructure

The emergency response team facilitated construction of 800 latrines at schools and vulnerable households in Sindhupalchowk and Dolakha. To facilitate the construction of latrines, the team distributed two pieces of corrugated galvanized iron (CGI) sheeting, tarpaulin, 25kg of cement, a

toilet pan, supply pipe and ten pieces of brick for each latrine. Community social mobilizers, after receiving training from Mercy Corps engineers, managed groups of volunteers to train household members and school officials to build and maintain latrines. Mercy Corps engineers and emergency staff reviewed construction of latrines for quality assurance and interviewed household members to ensure they had received adequate training for safe use and routine maintenance.

Sub-Sector 2.2 Hygiene Promotion

Mercy Corps conducted hygiene and sanitation promotional campaigns in Sindhupalchowk and Dolakha to inform community members on proper waste management and handwashing, use of latrines and water purification practices. Three-day trainings of trainers (ToT)⁸ were conducted in centralized locations, attended by members of women's groups, community health volunteers and community mobilizers who then developed action plans to raise awareness and safe practices in home communities.⁹

Once trained, these community health workers and volunteers promoted basic hygiene practices, safe drinking water and water purification practices using local women's groups and schools as an entry point for sanitation and hygiene promotion within the wider community. Nationally approved IEC materials were printed and distributed by Mercy Corps in the same areas. In total, hygiene and sanitation promotional campaigns, implemented by community health workers and volunteers, reached a total of 9,978 school children and adults in Sindhupalchowk and Dolakha.

Program Impact and Monitoring

Mercy Corps reached 17,500 people with NFRI kits and cash transfers, 4,767 people with access to a safe and sanitary latrine and reached 9,978 people with a hygiene and sanitation promotional campaign. As some activities were overlapping, OFDA and Mercy Corps reached more than 29,500 unique beneficiaries with critical support in the wake of the earthquake in Mercy Corps' four target districts (Sindupalchowk, Dolakha, Nuwakot and Kavre districts).

Results of the achievement of this objective were measured through post-distribution monitoring and focus group discussions.

The primary tools used in the assessment and monitoring phase were post-distribution monitoring surveys conducted on tablets by staff and enumerators and focus group discussions (separated by men



Women at a focus group discussion in Ramche VDC, Sindhupalchowk District in Central Nepal

and women). In all, a random sample of 400 households was included in the Post-Distribution Monitoring (PDM) survey. More than half of households responding are categorized as vulnerable caste households, and more than 85% of households included vulnerable individuals like elderly people, people living with long-term illness or disability and pregnant/lactating women. The Focus Group Discussions (FGDs) were held at centralized locations within target communities and included 10 – 12 men or women, respectively. Over 200 people participated in FGDs.

Through Post-Distribution Monitoring (PDM) and Focus Group Discussions (FGDs), Mercy Corps learned the following:

⁸ Report of Sindhupalchok Training of Trainers, including three-day schedule, is included in Annex 2

⁹ Partner reports on Hygiene Promotion Campaigns from NRCS and HNDC are included in Annex 3, 4, 5

- 1. Process** – *Did Mercy Corps’ kit and cash distribution process reach targeted beneficiaries in an equitable and transparent way without creating additional risk or conflict among target and peripheral communities?*

Overall, communities were highly satisfied with the distribution process. Most PDM respondents (84%) were able to easily reach the distribution site on foot and within two hours (86%). Others used alternative forms of transport, while a small number of FGD participants reported that the distribution site was too far from their home. This was widely acknowledged by Mercy Corps’ staff who recognize distributions locations were primarily selected for road accessibility during monsoon season.

FGD participants also reported that the distributions went smoothly, were well organized and transparent. Participants also confirmed that the households with the greatest need received assistance and that there were no stories of discrimination or ill treatment at Mercy Corps’ distributions. This was highly appreciated as various communities reported early concerns that aid would be distributed according to political party allegiances.

- 2. NFI kit items¹⁰** – *Were kit items useful for households and of good quality? At time of distribution, were there urgently needed items that were not included in the kits? Were kit items utilized by all members of the household, including women and vulnerable groups?*

PDM respondents reported that kit items were of high quality and complete (only 5% of survey respondents reported a missing item). PDM respondents and FGD participants appreciated that Mercy Corps’ emergency kits addressed household needs comprehensively. As one woman put it, “Mercy Corps covered us from head to toe.”

Recipient households also appreciated the quality of the kit items, citing that items were of a higher quality than people might otherwise be able to afford and would be durable and last a long time. This confirms that, in addition to addressing acute needs, we have also helped to alleviate the cost associated with repeatedly replacing basic household items.

Kitchen items and solar lanterns were rated the most valuable items for households in the aftermath of the earthquake. The sewing kit with scissors and clothing were also highly rated items. FGD participants reported that having sufficient light to cook meals and the ability to return to regular family mealtimes together held special importance for families.

While feedback on kit contents was universally positive, people did report that a kitchen knife would be a useful item for households. Visiting staff confirmed that people were largely relying on agricultural tools to cook with as all kitchen utensils were destroyed or lost in the earthquake. This recommendation will be considered in future natural disaster emergency responses.

- 3. Solar lantern** – *How often were the solar lanterns used and for what purpose? Did the inclusion of solar in emergency kits save households money? Did they have a positive impact on perceived risk and safety?*

A total of 77% of PDM respondents report they use the new lamp on a daily basis, 89% report that they are saving money with the solar light, and 99% of respondents report they feel safer at night now that they own a solar light. FGDs revealed that, as most families are limited to one-room temporary shelters, the whole family benefits from the new lamp.

The light is most often used by women and children for things like cooking, studying, visiting the latrine at night, checking for environmental risks like scorpions and snakes and for

¹⁰ A full list of items included in the NFRI kits is included in Annex 1

damage after landslides and aftershocks. The addition of solar has enabled families to return to normal routines, cut the cost of other more harmful lighting methods like kerosene and candles, enabling households to reallocate those savings to other needs, and has allowed affected people to feel safer in an uncertain time.

4. Cash transfers – *How did households spend the unconditional cash distributed by Mercy Corps? How has having this additional cash impacted household recovery?*

PDM respondents reported that their top priority needs immediately after the earthquake were shelter (91%), followed closely by food (41%) and labor (51%), presumably shelter-related labor costs like clearing rubble from their property. This was reinforced by findings from UN-led coordination groups and peer agencies as well.

Overwhelmingly, households report that the unconditional cash distributed by Mercy Corps was spent on shelter items (72%) like corrugated galvanized iron (CGI) sheeting, to repay loans to their local CGI vendor, or labor (39%) for rubble clearing, and some essential food items (65%) like rice and dal.

FGD participants reported that, while most households spent the cash on CGI and other shelter materials, others allocated the cash to livelihood investments, like buying livestock, repaying loans or paying off medical debt. A number of households also report replacing their wood stove with a kerosene cook stove to reduce indoor pollutants and save space in their smaller temporary shelters.

By providing unconditional cash instead of distributing CGI sheeting or large shelter materials directly, households were able to address the immediate need while stimulating market recovery and supporting local vendors instead of importing large-quantity items internationally, which would have also incurred cumbersome transport costs.

5. WASH – *Are households using and maintaining latrines? Have sanitation conditions and hygiene practices been improved by Mercy Corps' activities?*

WASH support was not distributed to every affected household, but instead targeted to vulnerable households and schools. The WASH activities were not included in the PDM survey tool for this reason. FGDs did however include discussion of WASH activities, and partner agencies conducted parallel monitoring activities.

After receiving training, most households took on maintenance and repair of their new household latrines. Mercy Corps provided the basic materials necessary to build a safe and adequate toilet, but households invested in masonry (bricks, mortar and roofing materials) to build a more permanent structure. Partners and Mercy Corps staff also report that all members of recipient households use the latrine regularly and properly. Routine maintenance and investments like this indicate that households will be using these latrines for a long time.

There are still significant remaining needs for safe toilets and access to clean water in other communities outside Mercy Corps' response areas. Incomplete coverage across affected areas threatens sustainability of the project over time and may create potential community-level conflict. Mercy Corps has maintained communication within the WASH cluster and with local government agencies to address this gap.

Cost Effectiveness

The *Responding to Earthquake-Affected Communities and Households in Nepal (REACH)* program reached 3,500 households (17,500 beneficiaries) with support for emergency and transitional shelter in the form of NFRIs and unconditional cash transfers. A total of 4,767 vulnerable people and school children were supported with sanitation infrastructure and 27,478 people were reached by our hygiene

promotion activities. Mercy Corps met and/or exceeded all targets within the program period and spent all associated funds as budgeted.

RECOVERY PROGRAMMING: BUILDING BACK BETTER

Mercy Corps transitioned to longer-term recovery programming in August 2015. The team returned to the communities who received emergency distributions and are in the process of conducting village-level vulnerability and capacity assessments of local communities and partners in the 216 target villages, though with the ongoing fuel and essential items crisis, these efforts have been greatly reduced. These assessments, combined with learnings from Mercy Corps' Resilience research¹¹ conducted during the relief phase, provided Mercy Corps with the foundation to develop a recovery strategy that would help communities build back better and be more resilient to future shocks and threats.

Disaster Risk Reduction (DRR): Mercy Corps' engineers identified high risk areas that sustained significant damage during the earthquake, like landslides or fissures. After this assessment phase, Mercy Corps DRR engineers prioritized 61 locations where homes or productive assets are threatened and are in the process of designing infrastructure interventions together with the affected communities to mitigate risk and enable people to return safely.

Under the guidance of the DRR engineers, local community members will provide the labor for all infrastructure projects and be paid via a Cash for Work (CfW) modality. This will multiply our impact across earthquake-affected communities by providing income in an increasingly uncertain time.

In addition, the DRR team is in the process of working collaboratively with disaster-affected communities to map out risks and hazards and develop emergency preparedness plans, including helping to identify vulnerable people and households within communities and engage local government actors to develop action plans for emergency response across these prioritized communities. Action plans will also include community infrastructure projects, such as slope stabilization engineering or bioengineering works, improved water management and embankment stabilization. It will also include community level rubble clearing or road improvement which have a direct impact on accessibility or hazard reduction.

Rebuilding: Mercy Corps is implementing an information campaign in collaboration with Build Change and the Department of Urban Design and Building Construction (DUDBC) to provide guidance and training to community members whose homes were destroyed or damaged by the earthquake. The campaign helps people to determine what materials they can salvage from their homes for building transitional or permanent shelters and what materials are not safe to reuse. This is now shifting to working with the DUDBC to develop easy to use guidelines for the DUDBC's approved safer housing designs and, at the community level, working with local builders, homeowners, materials suppliers and local district engineers to build model demonstration houses and model retro-fitting interventions that take a homeowner-centric approach and focus on the most vulnerable.

Access to Financial Services: Mercy Corps' financial services programming builds on the strong partnerships established with financial institutions and beneficiaries through the cash transfer component of the relief phase. The team is working with village-level savings and credit organizations, micro-finance institutions, commercial banks, and a wide range of traditional and non-traditional financial service providers to support inclusive market development.

Mercy Corps is building capacity of 20 local savings and credit cooperatives in earthquake-affected districts through mentoring and training designed to improve leadership and management skills, account management, savings and credit policy, good governance and social inclusion.

¹¹ Mercy Corps released "What Next for Nepal? Evidence of What Matters for Building Resilience After the Gorkha Earthquake" in November. To view the full report, see Annex 7

Cooperatives will build linkages to local financial institutions and formal banks, increasing access to capital and lending capacity. An improved set of financial products, including financial literacy training, will be readily available to communities. This will also enable people to equitably access the grants or low-interest rebuilding loans committed by the Government of Nepal.

Livelihoods Recovery: A livelihood recovery challenge fund is to be established through the savings and credit cooperatives targeted under the financial services recovery project. Five hundred vulnerable households will receive training and support through the livelihood recovery fund. Activities like skill development training for vegetable farming or livestock rearing practices combined with a low interest loan will enable the most vulnerable to invest in their businesses and futures.

Market System Development: Mercy Corps is working to improve livelihoods for dairy, livestock and vegetable farmers in earthquake-affected areas whose primary market is the greater Kathmandu Valley. In January 2016, Mercy Corps will conduct market assessments to explore ways to promote livelihoods among these market actors. This will be intimately tied to the financial services component of our recovery strategy. The financial institutions strengthened through the recovery will be the conduits through which these market actors are promoted.

Beneficiary Story

Nirmaya Tami was working in the field near her home when the earthquake struck. "No one was home at the time and I wouldn't even come see the house after," she remembers. "We were too afraid to walk to the house for fear of landslide." For two weeks following the earthquake, Nirmaya and all her neighbors slept together in an open field. "We all fed each other. We had a big pot in the center and everyone contributed rice."

Eventually, Nirmaya made the walk back to her house. "I came back to check on my animals," she explains. Before the earthquake, she'd had six goats and two cows. "Only two of my goats and one cow were still alive. When I saw my house, I thought, 'Everything is gone and I don't know what will happen next.'" Like most of the stone and dry-mortar houses in her community, her house had been leveled.



Nirmaya Tami and her two surviving goats sit outside their temporary shelter settlement in Ramche VDC, Sindhupalchowk District in Central Nepal.

Nirmaya runs the household, while her husband works abroad, but her farm won't yield half what it did last year, she estimates. "There has been a big impact on agriculture. We dismantled the tomato and mushroom huts to sleep under. We are living on our fields," she says, gesturing to the temporary settlement. "And animals come, like monkeys, because we cannot watch the crops." She started to work as a laborer in a town down the hill to make extra money.

The price of labor tripled seemingly overnight as the monsoon rains began to subside in September. Nirmaya can make 500NPR (about \$5 USD) per day clearing rubble, whereas normally she might only make 200NPR. Nirmaya excitedly tells us she's made 3,500 NPR last week.

She plans to save the cash she received from Mercy Corps and the money she is making in town to rebuild her home. "When I get my home rebuilt, I can be in my home and I will be very happy then."

Nirmaya says the kits are well-utilized at her house too. "The solar light was most valuable. We get good use out of the clothing too, but everyone liked solar best because we don't have electricity here since the earthquake," she explains. "We use it to collect fodder and to check on the cattle at night, but mostly just to light the house."

Nirmaya and her family are adapting to the uncertain circumstances, but most of all she wants to go home. Nirmaya, like everyone else in her village, moved on to a neighbor's property they believe is safer and are paying 500NPR a month in rent. "This is my land. I want to come back and build my home again on my land."

Annexes

1 – Itemized List of Kit Items

2 – HNDC Final Partner Report of Hygiene Promotion Training of Trainers in Sindhupalchowk District

3 – NRCS Partner Report on Hygiene Promotion Campaign in Melung, Dolakha District

4 – NRCS Partner Report on Hygiene Promotion Campaign in Shahare, Dolakha District

5 – HNDC Partner Report on Hygiene Promotion Campaign in Ghumthang and Maneswor, Sindhupalchowk District

6 – What Next for Nepal? Building Resilience Report

Annex 1 – Itemized List of Kit Items

Kitchen Kit			Price
S.No	Particulars	Quantity Per Kit	USD 22.80
1	Stainless Steel- Large - Capacity 7 Ltrs	1	
2	Stainless Steel - Medium - 5 ltrs	1	
3	Stainless Steel- Small - 3 ltrs	1	
4	Stainless Steel Bowls- Small	2	
5	Stainless Steel - Plates	2	
6	Stainless Steel - Cups	2	
7	Stainless Steel - Cooking Spoon	1	
8	Stainless Steel - Ladle	1	

Hygiene Kit			Price
S.No	Particulars	Quantity Per Kit	USD 39.90
1	Bars of antiseptic soap - Dettol	2	
2	Medium sized towels	2	
3	Water bottles with 1-liter capacity	2	
4	Water purification tablets (1 pack of 30 tabs) (Aquatabs – one tab per 20 liters)	1	
5	Plastic Bucket with Lid - 15 Ltrs	1	
6	Sari for Women 5.5 Meters	2	
7	Ladies Underpants - Small - 2, Medium - 2, Large - 2	6	
8	Three meters of cotton cloth	1	
9	Sewing kit with Scissors	1	
10	Laundry Soap - 250 gms	1	
11	Tooth Paste - Minimum 150 gms	2	
12	Toothbrushes - Adult - 4, Kids - 2	6	
13	Nail Cutter	1	
14	Comb	1	
15	Sanitary Pads (16-20 pads)	1	

Shelter Kit			Price
S.No	Particulars	Quantity Per Kit	USD 77.49
1	Tarpaulin (12*18 sq. ft.) Standard Blue - Thick (Minimum 190 gsm)	1	

2	10 meter nylon rope	1
3	Roll of plastic string - 20mtr	1
4	Double Blankets (Woolen), 150*200cm size; 55% wool; weight around 1.9 Kgs per pc	4
5	1 Jerry can - 20 liters (Collapsible)	1
6	Treated mosquito nets (Single Size, each fits 2 people)	2
7	Solar Lamp (with a separate Solar Panel) and Mobile Charging - D.light - S300	1

Total Cost Per Kit	USD 140.19
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Annex 2 - HNDC Final Partner Report of Hygiene Promotion Training of Trainers in Sindhupalchowk District



WATER SANITATION AND HYGIENE PROGRAM (WASH)

MANEESHWARA AND GHUMTHANG, SINDHUPALCHOK

Grant No: HNDC REACH 32694S003

PROJECT COMPLETION REPORT



AUGUST 2014

Submitted by



HEALTHY NEPAL DEVELOPMENT CENTRE

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Acronyms

DAO	District Administrative Office
DWSSO	District Water Supply and Sanitation Office
GoN	Government of Nepal
HHs	Households
HNDC	Healthy Nepal Development Centre
INGO	International Non-Profit Organization
NGO	Non-Profit Organization
NPC	National Planning Commission
SH	Social Mobilizer
SWC	Social Welfare Center
UK	United Kingdom
USGS	United States Geological Survey
USA	United States of America
VDC	Village Development Committee
VWASH	Village Water Sanitation and Hygiene
WASH	Water Sanitation and Hygiene

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1. BACKGROUND:

Mercy Corps is an international, non-governmental humanitarian relief and development agency that exists to alleviate suffering, poverty and oppression by helping people to build secure, productive and just communities. Mercy Corps was established in 1979, and has headquarters in the USA and UK. Since 1979, Mercy Corps has worked in over 100 countries. Mercy Corps currently works in 41 countries around the world and improving the lives of 19 million people Globally, Mercy Corps implements programs in a range of sectors, including: agriculture & food security; market development; emergency response; disaster risk reduction; climate change; health; conflict management; youth engagement; and, community mobilization/ governance.

Mercy Corps began its operation in Nepal in 2005, with projects focusing on the sectors of economic and food security; climate, natural resource and disaster risk management; youth engagement; with the inclusion of women and disadvantaged groups as important cross-cutting themes throughout each intervention area. Mercy Corps Nepal works to build the absorptive, adaptive and transformative potential of vulnerable individuals and communities across Nepal. The goal is attained through a systems based approach to market development, financial services, disaster risk reduction, climate change adaptation and youth engagement. Healthy Nepal Development Center (HNDC) is an organization of social and civilian professionals working in the field of social development and public awareness. It is a member based non-governmental, non-profit and social development organization that has been committed to excellence in sustainable community development for about a decade. HNDC is registered at the District Administrative Office (DAO), Kathmandu in 5th December 2005 A.D. and affiliated with the Social Welfare Council (SWC), Nepal. The organization's registered address of head office is Boudha -6, Kathmandu Nepal and main operation office at Minbhawan Kathmandu. It is working in field of water supply, sanitation and awareness. HNDC implemented projects focusing on target group such as marginalized households, women, and disadvantaged community (Dalit, Janajati etc.). The organization aims at improving health and sanitation through community participation. The HNDC's well-deserved recognition as professional and results oriented organization is largely due to the commitment of its expert human resources, technical competency, holistic and sustainable community development and empowerment approach. Till date, HNDC has already implemented 35 projects in 10 districts.

Recently, the magnitude 7.9 earthquakes devastated occurred in the country, which was followed by a series of tremors ranging between 4.0 and 6.2 magnitudes. This is a unique and typical Himalayan earthquake. The disaster has killed more than 8,000 people and has injured more than twice as many as this number. As a result of this earthquake livelihoods of above 8 million people in the eastern, central and western hill regions across 26 districts has been affected. Hundreds of thousands of houses were destroyed across many districts of the country leaving people homeless. Simultaneously, almost all water supply infrastructures and toilets were also managed severely requiring major rehabilitation or new construction. Sindhupalchowk district was the largest hit in terms of losses and damages of lives and property.

As the death toll rises nearly 9000 people after the massive earthquake that hit Nepal on 25 April and 12 May, an estimated hundred thousand people are homeless and realized in urgent need of water, sanitation, hygiene and food. To address these crucial needs, the Nepalese government has stepped up its calls for urgent international help and the major relief effort and support in dealing with the humanitarian crisis. .

With this background, National Planning Commission (NPC) had recommended that the government and donor agencies should streamline their assistance on the WASH activities to avoid the spreading the deadly disease in the surroundings. Mercy corps Nepal has also extended humanitarian support in this big disaster. In this context, Healthy Nepal Development Center (HNDC) is entrusted by Mercy corps Nepal to provide technical support in the WASH sector in the 2 VDCs of Sindhupalchowk district. In the first phase, the support includes provision of toilets and training on sanitation and hygiene promotion.

2. INTRODUCTION:

Access to safe water and adequate sanitation services has proven to be one of the most efficient ways of improving human health. Therefore, access to safe drinking water and adequate sanitation services is vital to human health and their survival but has other important benefits ranging from the easily identifiable and quantifiable to the more intangible (convenience, well-being, dignity, privacy and safety).

Water and sanitation and hygiene (WASH) are often among the most important elements in humanitarian disasters. Unsanitary living conditions such as inadequate sanitation, lack of water or poor hygiene make affected populations even more vulnerable and prone to diseases. Unless adequate water and sanitation services are quickly provided to affected population, disease and death can follow. In addition, unless good hygiene is consistently practiced by affected people, the danger of diarrhoea, cholera and other disease outbreaks can persist. Hence response activities under WASH component should include provision of sufficient quantities of safe water, arrangement of basic sanitation, and promoting good hygiene behaviour with a package of intervention consisting of water, sanitation and hygiene improvement activities. One of the key elements under better sanitation is to build low-cost household latrines and ultimately eliminate the practice of open defecation. Training on education and communication are important components of a hygiene promotion programme. All people have a right to know about the relationship between water, sanitation, hygiene and the health of themselves and their families.

3. OBJECTIVES:

The overall goal of the WASH programme was to promote good personal and environmental hygiene in order to protect health. Its main objective was to reduce the transmission of faecal-oral diseases and exposure to disease bearing vectors through good hygiene practices and provision of safe drinking water. Besides this, WASH program in Maneshwara and Ghumthang VDCs in sindhupalchok set the specific object to

- increase percentage of population with basic knowledge on water, environmental sanitation, hygiene and waste management
- increase the percentage of families with access to adequate safe drinking water all year round
- increase the percentage of families with access to and proper use of sanitary human excreta disposal facilities
- increase the percentage of population practicing hand washing with soap/ash and water at critical times and personal hygiene

4. OUTCOME

Major outcome measured/observed after the Implementation of WASH Program in Ghumthang and Maneshwara VDC in sindhupalchowk were;

- Improvement in personal Hygiene like hand washing in crucial time
- Increase in use of toilets
- Decrease in open defecation
- Drinking of safe water by using domestic level water purification methods

5. ACTIVITIES PERFORMED

5.1. Coordination Meeting with district level stakeholders:

HNDC Nepal is keeping regular interactions with Arun Simkhada, Chief of DWSSO, district level WASH cluster lead by Chief of DWSSO to consider their concerns and views on the WASH program and prescribing the appropriate line of actions. HNDC Nepal has taken recommendation letter from DWSSO to run WASH program in Ramche, Maneshwara and Ghumthang VDCs in Sindhupalchok on 12 June 2015 (Please See **APPENDIX A**).

The field level Wash Officers and Social mobilizers from HNDC Nepal have been consulting with the VDC office, VWASH committee lead by VDC secretary, and representatives of local leaders to incorporate their views and suggestions. During this period HNDC has received letter for emergency work activities 25 June 2015 from Ramche and Ghumthang VDC (please see the **APPENDIX B**).

5.2. Need Assessment and Selection of Sanitation support

HNDC Nepal has mobilised project team from 1st July 2015, lead by Bishow KC to collect the need assessment data at household level in each VDC. Our organization has mobilized a team of 9 persons to carry out field level activities. The list of the team members with their responsibilities are given in the following table.

Table 1: Responsibility given to HNDC mobilized team

SN	Name of staff	Designation	Responsibility given	Remarks
1.	Bishow KC	Coordinator	Overall management of program, coordination with MercyCorps and district WASH cluster	
2.	Binod Bikram Shah	WASH officer	Overall management of VDC level program, coordination with MercyCorps district team and VWASH committee	Ghumthang
3.	Amit Chaudhary	WASH officer	Overall management of VDC level program, coordination with MercyCorps district team and VWASH committee	Maneshwara
4.	Sharmila Shrestha	SM	management of VDC level program, carry out need assessment and data collection in HH level	Ghumthang
5.	Rajesh Shrestha	SM	management of VDC level program, carry out need assessment and data collection in HH level	Ghumthang
6.	Nisha Karki	SM	management of VDC level program, carry out need assessment and data collection in HH level	Ghumthang
7.	Ishwor Poudyal	SM	management of VDC level program, carry out need assessment and data collection in HH level	Maneshwara
8.	Laxmi Tamang	SM	management of VDC level program, carry out need assessment and data collection in HH level	Maneshwara
9.	Shankar Nepal	SM	management of VDC level program, carry out need assessment and data collection in HH level	Maneshwara

The field level team members organized VDC level and or ward level stakeholder meeting before the collection of field data. After the initialization meetings WASH Officer and Social Mobilizer visited the households in each wards of project VDC to collect need assessment data.

During this activity, HNDC collect the list of 300 HHs for sanitation support (private toilet) for first phase and damage assessment of water supply schemes in community level.

5.3. Procurement of sanitation support materials and distribution

After the finalization of list of sanitation HHs in each VDC Procurement committee of HNDC Nepal purchased the materials for sanitation support. For the support of each unit of toilet construction the following materials are distributed

Toilet pan with P trap:	1 no
CGI Sheet:	3 nos
Cement (OPC):	1 bag
Waste pipe:	2 m

Table 2: Beneficiaries of Sanitation support Ghumthang VDC

Ward No	Beneficires							Remarks
	HHS	M	F	Total Popn	Dalit	Janajati	Others	
1	23	71	76	147	5	127	15	
2	15	44	39	83	-	83	-	
3	37	127	102	229	40	189	-	
4	33	127	120	247	-	247	-	
5	28	79	81	160	28	132	-	
6	20	66	59	125	-	125	-	
7	89	264	259	523	25	293	205	
8	19	64	58	122	5	24	93	
9	40	145	129	274	-	270	4	
Total	304	987	923	1,910	103	1,490	317	

Ward No	Beneficires							Remarks
	HHS	M	F	Total Popn	Dalit	Janajati	Others	
1	35	91	111	202	25	21	156	
2	37	123	134	257	71	186	-	
3	32	145	139	284	-	284	-	
4	30	94	88	182	-	182	-	
5	37	118	123	241	-	200	41	
6	32	67	75	142	2	64	76	
7	45	111	120	231	38	70	123	
8	20	61	51	112	36	47	29	
9	36	85	92	177	-	68	109	
Total	304	895	933	1,828	172	1,122	534	

Purchased materials were distributed on 20th July 2015 in Maneshwara VDC and 21st July 2015 in Ghumthang VDC in first phase and 9th September 2015 in second phase. List of beneficiary HHs are presented in **APPENDIX C**.



Photograph: Toilet Distribution in Maneshwara



Photograph: Toilet Distribution in Ghumthang

5.4. Implementation of Sanitation Support

In the first phase, HNDC has provided the materials for 300 toilet (150 in each VDC) construction. HNDC Nepal provided technical support during the construction of toilets and community / supported HHs constructed / rehabilitated the toilet units from 21st July 2015.



Photograph: Toilet construction in Ghumthang 3



Photograph: Toilet construction in Maneshwara

5.5. Sanitation and Hygiene related Training

5.5.1. Sanitation Awareness training

Health and Hygiene Awareness plays major role in behavioural change in total sanitation in community. This helps communities to realize health and hygiene benefits through improved water supply and sanitation facilities and services. HNDC conducted one day sanitation awareness training adopting good hygiene practices such as hand washing at critical times, good personal hygiene, proper livestock keeping and good food hygiene on 27th July 2015 in Bhadrakali High school in Manashwara and Thagam 4, Ghumthang on 29th July 2015.

SN	Training type	Duration	Date	No	of	Remarks
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				participants	
1.	Sanitation Awareness training	1 day	27 July 2015	30	In Maneshwara
2.	Sanitation Awareness training	1 day	29 July 2015	36	In Ghumthang

5.5.2. Water Purification training

Safe water is one of the most important vectors for the total sanitation in personal, HH level and community level. The earthquake damage most of the water supply scheme in Maneshwara and Ghumthang. The monsoon season also increases the contamination in source. HNDC Nepal conducted one day training in each VDC for improving water quality from source to tap and safely storing in household, purification in domestic level.

SN	Training type	Duration	Date	No of participants	Remarks
1.	Water Purification Training	1 day	28 July 2015	30	In Maneshwara
2.	Water Purification Training	1 day	30 July 2015	32	In Ghumthang

5.5.3. Community health mobilizer training

In emergency period, there is more chance of spreading epidemic diseases due to lack of sanitation. HNDC Nepal conducted one day training for youth and health worker for quick response during such period in each VDC.

SN	Training type	Duration	Date	No of participants	Remarks
1.	Community Health Mobiliser training	1 day	29 Julyt 2015	30	Maneshwara
2.	Community Health Mobiliser training	1 day	1 August 2015	30	Ghumthang

5.5.4. Water borne diseases and its prevention

Health & Hygiene Promotion Activities were established to address a lack of knowledge of basic hygiene practices, such as hand washing at critical times, the use of soap during hand washing, domestic waste dispose in proper place, and water and food covering practice.

Water would become the vehicle for many diseases if it is unsafe to drink. Diarrhoea, dysentery are common epidemic disease in monsoon season. HNDC Nepal organized training on **Water**

borne diseases and its prevention in Maneshwara on 30th and 31st July 2015 and in Ghumthang on 2nd and 3rd August 2015.

SN	Training type	Duration	Date	No of participants	Remarks
1.	Water borne diseases and its prevention	2 days	30-31 July 2015	29	Maneshwara
2.	Water borne diseases and its prevention	2 days	2-3 August 2015	32	Ghumthang

5.5.5. Sanitation Campaign

Health & Hygiene Promotion Activities were established to address a lack of knowledge of basic hygiene practices, such as hand washing at critical times, the use of soap during hand washing, domestic waste dispose in proper place, and water and food covering practice.

Hygiene education sessions were conducted at household, Tole (cluster of households), community and school levels. Health motivators and facilitators from our organization staff and led the hygiene education activities. However they were supported by Community Health Volunteers whom they trained and engaged in the activities, and mobilised to promote improved personal and community hygiene practices.

In the presence of more than 250 People sanitation Campaign is successfully completed in Ghumthang and Maneshwara on 28th August 2015. The sanitation Campaign aims to reduce environmental contamination and achieving total behaviour change in hygiene and sanitation at HH level as well as community level.

In House hold level the campaign mainly focused on

- Identifying small doable actions to move people toward total behaviour change
- Discussed ways to keep water safe.
- How to wash hands correctly
- How to build a hand washing station
- Describe critical hand washing practices
- How to build a household latrine
- Explain the links between WASH and healthy living.
- Identify, discuss and demonstrate critical WASH practices that can help improve our health and community health



Participation of Students in Sanitation Campaign



Participation of Students in Sanitation Campaign



Participation of Students in Sanitation Campaign



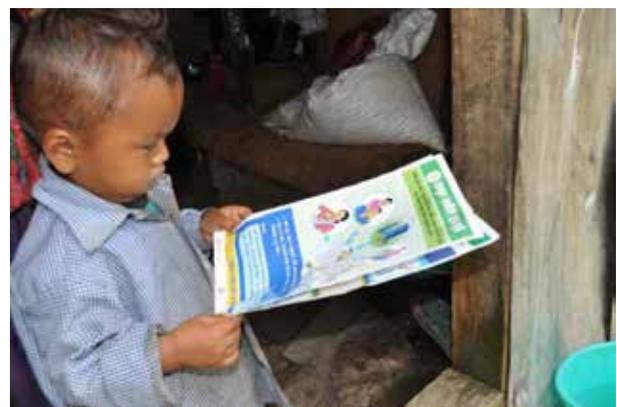
Participation of Students in Sanitation Campaign

5.5.6. Dissemination of IEC Materials

HNDC Nepal distributed specific materials to raise awareness towards the total sanitation in the HH level and the community level. Detail of list is attached in **Appendix E**.



IEC materials Distributed in community



Child with distributed IEC pamphlets



IEC materials Distributed in community



Child with distributed IEC pamphlets

5.5.7. Sanitation and Hygiene Promotion training for school Children

Poor water and sanitation environment coupled with a low level of hygiene awareness often results in schools becoming unsafe places where diseases are being transmitted and learning achievements are hampered due to the poor health status of children. Due to the unsafe environment in schools and communities, most of the children (age below 15) are being affected by diseases related to water and sanitation, causing poor attention, discontinuity in school attendance and ultimately aggravating malnutrition, hence retarding children's physical, mental and full scale development.

Due to earthquake, most of the school building and infrastructures are damaged and closed for more than one month. The students are directly affected in their study. To educate them for sanitation awareness 2 days Sanitation and Hygiene Promotion training for school Children in Ghumthang and Maneshwara VDC separately. In each training 30 students of secondary level students are participants. This training aimed to educate the school level students about personal and total sanitation.

SN	Training type	Duration	Date	No of participants	Remarks
1.	Sanitation and Hygiene Promotion training for school Children	2 days	26-27 Aug 2015	30	Ghumthang
2.	Sanitation and Hygiene Promotion training for school Children	2 days	31 Aug -01 Sept 2015	30	Maneshwara



Participation of Students in Sanitation Campaign

Participation of Students in Sanitation Campaign

5.5.8. WASH training for Community women

Sanitation approach relies on the mobilization of women to stimulate changes in traditional behaviour in the community, specifically in relation to open defecation, through women to children and women to women pressure. Hygiene education sessions were conducted at household women, Tole (cluster of households), community levels. Health motivators and facilitators from our organization staff and led the hygiene education activities to them.

SN	Training type	Duration	Date	No of participants	Remarks
3.	Wash Training to Community women	2 days	26-27 Aug 2015	30	Ghumthang
4.	Wash Training to Community women	2 days	31 Aug -01 Sept 2015	30	Maneshwara

5.5.9. WASH orientation training to members of youth Club

The training exclusively addresses the youth empowerment through the water, sanitation and hygiene promotion and waste management in Ghumthang and maneshwara VDC. By the end of the training, the community youths will be able to demonstrate and practice safe drinking water, proper hygiene behaviours and waste management system along with the implementation of composting, recycling on their household levels.

The training will not only empower the youths but also helps to establish a common platform for learning and sharing to create a healthy community. In addition, further cooperation will be maintained with the communities, ward committee and other partners for the sustainability of the project.

SN	Training type	Duration	Date	No of participants	Remarks
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5.	Wash Training to Community women	2 days	26-27 Aug 2015	30	Ghumthang
6.	Wash Training to Community women	2 days	31 Aug -01 Sept 2015	30	Maneshwara

5.5.10. Street Drama for promotion of WASH in community

Street theatre and drama has its roots in storytelling, and can be used as a learning tool and a way of passing on information. It helps enough so that it can also involve audience participation. Dramas and street theatre can all be very useful methods for raising sensitive issues with a mix of humour and engaging a wide range of people.

HNDC with help of Libju film pvt ltd performed street drama in Maneshwara and Ghumthang VDC



Performing Street drama in Ghumthang

Performing Street drama in Ghumthang

5.6. Monitoring of supported activities

Toilet construction work in HH level is participatory approach. MercyCorps/HNDC Nepal supported the construction materials requiring cash and while the individual household provided local materials and labour required for the construction and rehabilitate of the toilets. To streamline the supported works in proper use MercyCorps representatives and HNDC Staff member visited the supported HHs and monitor their activities. HNDC staffs have made frequent consultation with beneficiaries for the effective completion of the field activities..

6. ISSUES

First phase of WASH program is scheduled for to execute on July, the mid of monsoon period in Nepal. This period is time for planting rice and millet. Most of people are farmers and they are engaged in their farm. Data collection and need assessment affected due to their time. Labourers are shortage and it made slower in progress of toilet construction.

The other major issue is accessibility of road. Both the VDCs are connected by seasonal road but due to tremendous landslides due to earthquake and monsoon there is no access of road in both VDC. Main highway to link Kathmandu is also frequently blocked due to landslide at Jure and other places, which result the delay in schedule of materials distribution.

A local material (sand) in village is not available and people have to collect from Bhotekoshi River by porter.

Some duplication of work of INGOs in Ramche VDC forced to drop the site after completion of need assessment.

VDC representatives, local peoples and representatives of local parties are well coordinating.

7. LESSON LEARNED

Engineer (wash officer) in each working site VDC made easier to carryout technical assessment of water supply schemes damage in short time period.

Women Social Mobilizers from local community facilitate the HH level sanitation situation more clearly.

8. SUMMARY OF TARGET AND ACHIEVEMENT

SN	Activities	Units	Target	Achievement	%	Remarks
1.	Toilet construction	nos	300	294	98	Remaining are Under construction
2.	Sanitation Awareness Training (1 day)	Nos	2	2	100	Completed
3.	Water Purification Training (1 day)	no	2	2	100	Completed
4.	Community health mobilizer training (1 day)	no	2	2	100	Completed
5.	Water Borne Diseases and its prevention (2 days)	No	2	2	100	Completed
6.	Sanitation Campion	No	2	2	100	Completed
7.	IEC Materials Distribution	Job	2	2	100	Completed
8.	Sanitation and Hygiene promotion training to school children(2 days)	No	2	2	100	Completed
9.	WASH training to Community Women (2 days)	Job	2	2	100	Completed
10.	WASH Orientation training to youth club members (1 days)	Job	2	2	100	Completed
11.	Street drama for promotion of WASH in Community	Job	2	2	100	Completed

APPENDIXES



Appendix A

Recommendation letter from DWSSO, Chautara

नेपाल सरकार
सहरी विकास मन्त्रालय
खानेपानी तथा सरसफाइ विभाग
खानेपानी तथा सरसफाइ डिभिजन कार्यालय

फोन: ०११-६२०१४६
फ्याक्स: ०११-६२०१४६
चौतारा, सिन्धुपाल्चोक

प.सि-२०७११०६२
-च.नं. ४९४

Date: June 12, 2015

To,
District Development Committee (DDC)
Sindhupalchowk

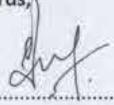
Subject: Recommendation for MOU

Dear Sir,
On behalf of WASH Cluster, the Agency, Health Nepal Development Center (HNDC) is recommended to work in following 3 VDCs listed below for your Approval:

- Ghumthang;
- Maneshwara; and
- Ramche;

Please have cooperation to move ahead with formal MOU with the agency. WASH Cluster will coordinate and facilitate closely with the agency like others.

Thank you for your cooperation.

Regards,

Arun Kumar Simkhada
DE/Coordinator
WSSDO/WASH Cluster-Sindhupalchowk

अरुण कुमार सिमखडा
डिभिजन प्रमुख

Appendix B

Request letter from VDC office, Ramche



श्री रामचे गाउँ विकास समितिको कार्यालय

Office of Ramche Village Development Committee

रामचे, सिन्धुपाल्चोक

Ramche, Sindhupalchok

२०४७ (२०४७)

मिति : २०७२।१।१०

प.सं.: ००१।०७२

ब.नं.: ६७३

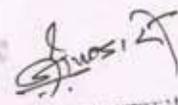
बिषय: - सिफारिस गरिएको वीर।

श्री मान कार्यालय प्रमुख ज्यू
MERCY CORPS माफत
हेल्थी नेपाल डेवलपमेन्ट सेन्टर
एच.एम.बि.० खो.० नेपाल

प्रस्तुत बिषयमा मिति २०७२।१।१२, १३ र २५ गते
गएको महा भूकम्पका कारण घरघरमा जा.वि.कु.का करिब ८००
भन्दा अधिकको धा.दुरी पूर्ण रूपमा भुत्ता भई सबै राम्रैको मृतता
पिडित भएको व्यहोरा जानकारी गराउँदै उक्त भूकम्प बाट सार्वजनिक
निर्माण खर्चमा (खोलेपानी) घोडना क्षति भई उपभोग गर्न कठिन
रहेको ले तथासलिका खोलेपानी घोडना र ८०० वटा सौ.वा.का.सु.नि.को
गते तथा का.घो.ले.को निर्माणमा आर्थिक तथा आवश्यकताको
सहयोग गरिदिना.का.क.क. रूपमा व्यहोरा सिफारिसको खा.स.अ.सु.को
गरिन्छ।

तपा.स.का.

१. अदोरी खोला खोलेपानी घोडना
२. रामचे खोलेपानी घोडना
३. ओखलकोटे खोलेपानी घोडना
४. प्यारे खोलेपानी
५. प्रा.को.सु.को. खोलेपानी
६. चम्पाखोले खोलेपानी
७. आ.सु.खोले खोलेपानी
८. महु खोलेपानी
९. अदोरी खोला सतमाटा
१०. सहेले खोलेपानी घोडना
११. चुटुनी खोलेपानी


बु.गा.स.का.स.का.
मिति: १०-११-२०७२

Request letter from VDC office, Ghumthang

श्री घुम्थाङ्ग गाउँ विकास समितिको कार्यालय Office of the Ghumthang Village Development Committee



घुम्थाङ्ग, सिन्धुपाल्चोक
Ghumthang, Sindhupalchok
२०४७ (२०४७)

प.सं.: (Letter No.) ०६९१०६२
स.सं.: (Ref No.) ३२५

मिति (Date): २०६२.३.१०

विषय (Sub.): सि.फा.सि. स.स.प.स.मा।

श्री (to) अधिकारी कार्यालय काठमाडौं
मार्केट सिव्दी नेपाल डिमलभमेन्ट सेक्टर (MNDC)

उपरोक्त विषयका स.स.प.स.मा यस घुम्थाङ्ग गाउँ विकास समितिको
प.सं. ०९ देखि ९ स.स.प.को प्राय सबै वस्ती र टोलहरूमा रहेका चाँचि
र खानेपानीका योजनाहरू मिति २०६२/११/१२/१३/१५ डिकेको विनासाकारी
साहाय्यकस्यकार हति उपरोक्तै हाल यस गा.सि.स.मा चाँचि र खानेपानीको
जटील समस्या भएकोले तत्काल चाँचि तथा खानेपानी योजनाहरू अर्न्त/सं
अप/ तथा निर्माण गर्नको लागि त्गत संस्था कुनै क्वभोलभको निम्ता अनुसर
आवश्यक व्यवस्था जिम्माइ सि.सु. हुन अनुमोद गरिन्छ।
सात्रै त्गत गा.सि.स.मा हाल घरघुमि संख्या ११२६ जती रहेको
रहेको अवस्थामा त्गत जम्माको जयइन्छ।

देव प्रसाद शर्मा
स.स.प.स.मा

Request letter from VDC office, Ghumthang



श्री मानेश्वारा गाउँ विकास समितिको कार्यालय

Office of Maneswara Village Development Committee

मानेश्वारा, सिन्धुपाल्चोक

Maneswara, Sindhupalchok

प.सं. / Letter No.:- ०७१/०७१

च.नं. / Ref No.:- ५६८

२०४७ (२०४७)

मिति / Date: २०७२/०३/२५

विषय / Sub.:- सिफारिस सम्बन्धमा

श्री / To: Mercy Corps, Nepal.....

Co/Healthy Nepal Development Centre (HNDC)

उपरोक्त सम्बन्धमा मिति २०७२ वैशाख १२ गते गएको महाभुकम्प र तत्पश्चात गएको प्वाङ्कम्पनका कारण ५८३ घर धुरी खरेका भएकै मसु मानेश्वारा गा.वि.स.मा रहेका -चर्पी तथा खानेपानीका खाटा, ट्याङ्की चुटान पूर्ण रुपमा क्षति भएकै र उक्त समर्थ सञ्चयनाको पुनः निर्माण तथा मर्मत खाँआर गर्न आवश्यक भएकोले तहाँको कार्यालयको निपत्रानुसार यस गा.वि.स.मा उक्त सञ्चयनाहरूको पुनः निर्माण गरी सहजैज गरिदिएमा फरक नपर्ने ण्णहोरा सिफारिसका साथ अनुरोध गरिन्छ।


जिलाकात विवेकमर्
अध्यक्ष/सचिव
मानेश्वारा गा.वि.स.

Annex 3: NRCS Partner Report on Hygiene Promotion Campaign in Melung, Dolakha District

Nepal Red Cross Society
District Dolakha
Report of Awareness Programme
Project: Mercy Corps s
In Melung VDC

Date	2072/05/08
Team	Nepal Red Cross Team
Red Cross Society	Staff
	Junior Engineer Niraj Dahal



Working field
VDC Melung

Field Background

Dolakha, the mountainous district of Janakpur Zone is situated in the central Development Region of Nepal. The total land area of Dolakha district is 2191 sq. km, adjoining Solukhumbu and Ramachhap to the east, Ramachhap and Sindhupalchok to the south, Sindhupalchok to the west and Tibet to the north.

Dolakha's lowest elevation point is Sital at 723 m, whereas Mt. Gauri Shankar is the area's highest peak at 7134 m above sea level. The field has easy accessibility from Kathmandu by road. Dolakha district is one of the tourist areas most of the tourist came to visit in Dolakha.

But on Baisakh there was terrific grand Earthquake happened and it caused huge lost of human and their properties in different district of Nepal among them Dolakha is one. On the date of 29 Baisakh 2072 earthquake stroked again with the epicenter located in Dolakha district at Sunkhani VDC. The earthquake was followed by several aftershocks the largest one with 6.8 magnitudes. 112 people have been dead and 888 people injured and almost 8999 small and big building houses had collapsed and many people were shift from their own home due to risk of landslide and many natural disaster.

Therefore Nepal Red Cross society has been doing the response work through emergency supplies to the survivors of devastating earthquake. This reports detail Sanitation Awareness Training that took place at the Shahare VDC (Village Development Community) in the cooperation of Nepal Red Cross Society Dolakha and Mercy Corps of Nepal.

Objective of the Sanitation Awareness Training

Mercy Corps Nepal funded the One Day Sanitation Awareness Training to support the affected people of Melung VDC and Nepal Red Cross Society also involved in that team as a local partner to support. NRCS provided a one day Sanitation Awareness Training to the affected communities so that they could immediately tackle with the worst situation. Training consisted of different Sanitation & Hygiene related presentation, banners and games. Provided training was expected that the affected people will be managing their daily life in a more Sanitation and Hygienic Manner.

Response Team

The Emergency response team comprised of 2 members of local partner Nepal Red Cross Society. They are Junior Engineer's Mabin Panday and Niraj Dahal belongs to Nepal Red Cross Society Dolakha.

Coordination effort for the organization of Training

The team was in close contact with the VWASHCC for the organization of One Day Sanitation Awareness Training at the Melung VDC. The team organized planning endorsement meeting with the stakeholder (Vice-VDC secretary, local parties, political parties, leaders, respected people of the village and sub chapter of the NRCS Shahare and villagers). In the time of training the team was aware about better results was possible only in the coordination of villagers.

Process of Training

Nepal Red Cross Society has developed a mechanism for the effective organization of one day training for most affected people in the Melung VDC. Detail Objectives and Selection of participants was prepared before in the presence of local stakeholder to decide upon venue and time for organization of training. The Participants list was prepared together by Vice - VDC Secretary, political parties their leaders of the VDC, teacher of the local reputed school, respected people and Local partner Nepal Red Cross society staff by the spot verifying Response team. After finalizing list of needy participants they were informed about the date, venue and background of training.

In Melung VDC finalized venue for organization of training was Ajadi School Hall located at ward no 4. The training focused on the importance of Toilet, Sanitation and Hygiene. The training began with seating of Guests, Chief Guest, Training Team and finally President of Sub-Chapter Shahare hosted by our Melung VDC social mobilizer Sarita Bhandari. Then the introduction of all the participants along with guests began followed by the distribution of stationary to our participants. After that the objective of the training was presented by Junior Engineer Niraj Dahal. Then the cheat was distributed to the participants which included the terms relating with WASH and each participant have to tell about the respective terms written in their cheat so that the amount of knowledge participant had could be determined relating with topic. The participants were really energetic and optimistic about the way the training is carried out and we also came to know that the training was vital for them as many of them had very little knowledge about the Water Sanitation and Hygiene. Even though they speak out the best they could say. After that 15 minutes tea break was provided so that they could refresh and have some tea. Then the presentation was provided by Junior Engineer Mabin Panday about Water, its different treatment methods more

specifically Household treatment methods, Properties of Water, Different Water Borne Diseases & their Preventive measures, management of dirty water etc. Then again an Entertainment item was organized at which participants would have to pick a cheat which included different Acting and caricatures of animal voices, politicians talk, Dance, Jokes, Story etc. After refreshment item the training was continued through an item about Menstruation, Menstrual Hygiene, Different diseases caused due to improper sanitation, About Menstruation table for having safe sex and different ways we can avoid pregnancy etc. by VDC Health Incharge Ram Bahadur Yogi. Then after that Tiffin Break of about half hour was provided. After that the Junior Engineer Niraj Dahal presented his presentation about the Toilet (Why toilet, its importance, global toilet reach, millennium development goal, ODF, Our current situation about unsafe disposal of excreta, Different diseases that can cause due to open defecation and its preventive measures, different kinds of toilet that can be constructed easily through the use of local material more specifically VIP latrine, technical material and provisions about the selection of toilet site considering human settlement and water resources etc) , Waste management and different provisions for household waste management through dustbins, garbage pits, Manufacture of compost manure through decayed household waste and technical provisions about the formation of pit (its location, depth, width etc), Different Techniques adopted internationally for waste management in Germany, France and Japan. Then a short presentation by our social mobilizers was also presented at which they shared their point of view regarding today's programme. Finally the training closing ceremony was organized by our NRCS Shahare Sub- Chapter President Mr. Narahari Subedi about the importance of today's programme and the determination that we need to take regarding safe sanitation habits so that we could cope with this current unhygienic situation toward an ODF zone and for the well being of our Shahare VDC. Then as per

NRCS rule the participants were provided with the cash allowances. Everybody seemed to be Happy after attending this One day Training on Sanitation Awareness and several overwhelming responses were received though both of our participant and guests regarding the positive impact that will take place in the life of participants after attending this training.

Community mobilization

.The WASH Social Mobilizers helped to get through the Organization Process of this training. These volunteer mainly responsible for the carrying and distributing of Stationary and Drinking water to the Participants sharing and disseminating information but especially these volunteers were mobilized to support elderly people, children and disability people to provide drinking water and serving lunch throughout the training.

Challenging

In Melung VDC we organized the training very smoothly even though we face some challenges in the coordination time some challenges are as follows.

- There was landslide at several points in the route of Charikot to Melung.
- Difficult to get local vehicle and transportation.
- Finalization of participants list was challenging due to authentic data and chances of duplication.
- In direct pressure from the political parties and local leader to select participants from their close relatives.
- Because of the bad road the chances late organization of training was high.

- We wanted to select participants based on ethnicity along with the different governmental provisions for selection and also based on their education (priority to +2 pass out students who wanted to pursue their career in WASH Sector and Help Other people

Resolution

1. Precaution was taken to travel safely and organize the training intime.
2. Local contacts were use to search vehicle for the transportation.
3. Several meeting were held to figure out the needy participant.
4. People of Political Parties were also informed about the rules for the Selection of Participant and after talk the cooperated with us.

Conclusion

In the cooperation of NRCS Melung Sub-Chapter and Mercy corps the one day Sanitation Awareness Training had been organized at the Melung VDC successfully. Melung Sub- Chapter, local political parties, local stakeholder and the Vice - VDC secretary without help of local supporter we never do such kinds of things. Local people appreciated our efforts and admired us for the organization of the training transparently we must be thankful to all supporters from our inner heart.

Annexure:

EMERGENCY RESPONSE

S.N	Participant's Name	Remarks
1	Krishna Bahadur Yogi	
2	Ram bahadur Yogi	
3	Sudarshan Pokhrel	
4	Samjhana Khadka	
5	Menuka nepali	
6	Sri Bahadur Bhandari	
7	Uddab Thakuri	
8	Kumar Ghimire	
9	Mohan shrestha	
10	Kalpana Khadka	
11	Susmita Pokhrel	
12	Januka shrestha	
13	Gita Shrestha	
14	Gita Bhandari	
15	Shreeraj Pokhrel	
16	Mandawi Neupane	
17	Haribahadur Khadka	
18	Ram Bahadur Khadka	
19	Bhupaldas Shrestha	
20	Hom Prasad Paudel	
21	Bimala Dahal	
22	Binita Khadka Chapagain	
23	Pabitra paudel	
24	Sarita Bhandari	
25	Sanu Yogi	
26	Asmita Yogi	
27	Nabin Yogi	
28	Kasibikram Karki	
29	Sandipa Yogi	
30	Nilprasad Bhandari	

Photos:



Training on Progress by Junior Engineer Mabin Panday

Annex 4: NRCS Partner Report on Hygiene Promotion Campaign in Shahare, Dolakha District

Nepal Red Cross Society
District Dolakha
Report of Awareness Programme
Project: Mercy Corps s
In Shahare VDC

Date	2072/05/09
Team	Nepal Red Cross Team
Red Cross Society	Staff
	Junior Engineer Mabin Panday



Working field
VDC Sahare

Field Background

Dolakha, the mountainous district of Janakpur Zone is situated in the central Development Region of Nepal. The total land area of Dolakha district is 2191 sq. km, adjoining Solukhumbu and Ramachhap to the east, Ramachhap and Sindhupalchok to the south, Sindhupalchok to the west and Tibet to the north.

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Response Team

The Emergency response team comprised of 2 members of local partner Nepal Red Cross Society. They are Junior Engineer's Mabin Panday and Niraj Dahal belongs to Nepal Red Cross Society Dolakha.

Coordination effort for the organization of Training

The team was in close contact with the VWASHCC for the organization of One Day Sanitation Awareness Training at the Shahare VDC. The team organized planning endorsement meeting with the stakeholder (Vice-VDC secretary, local parties, political parties, leaders, respected people of the village and sub chapter of the NRCS Shahare and villagers). In the time of training the team was aware about better results was possible only in the coordination of villagers.

Process of Training

Nepal Red Cross Society has developed a mechanism for the effective organization of one day training for most affected people in the Shahare VDC. Detail Objectives and Selection of participants was prepared before in the presence of local stakeholder to decide upon venue and time for organization of training. The Participants list was prepared together by Vice - VDC secretary, political parties their leader of the VDC, teacher of the local reputed school, respected people and Local partner Nepal Red Cross society staff by the spot verifying Response team. After finalizing list of needy participants they were informed about the date, venue and background of training.

In Shahre VDC finalized venue for organization of training was VDC Hall. The third day of training was organized at VDC Hall located at ward no. 6. The training focused on the importance of Toilet, sanitation and Hygiene. The training began with seating of Guests, Chief Guest, Training Team and finally President of Sub-Chapter Shahare hosted by our Shahare VDC social mobilizer Hari Subedi. Then the introduction of all the participants along with guests began followed by the distribution of stationary to our participants. After that the objective of the training was presented by Junior Engineer Mabin Panday. Then the cheat was distributed to the participants which included the terms relating with WASH and each participant have to tell about the respective terms written in their cheat so that the amount of knowledge participant had could be determined relating with topic. The participants were really energetic and optimistic about the way the training is carried out and we also came to know that the training was vital for them as many of them had very little knowledge about the Water Sanitation and Hygiene. Even though they speak out the best they could say. After that 15 minutes tea break was provided so that they could refresh and have some tea. Then the presentation was provided by Junior Engineer Niraj Dahal about Water, its

different treatment methods more specifically Household treatment methods, Properties of Water, Different Water Borne Diseases & their Preventive measures, management of dirty water etc. Then again an Entertainment item was organized at which participants would have to pick a cheat which included different Acting and caricatures of animal voices, politicians talk, Dance, Jokes, Story, Playing of Nepali Musical Instrument (Madal) etc. After refreshment item the training was continued through an item about Menstruation, Menstrual Hygiene, Different diseases caused due to improper sanitation, About Menstruation table for having safe sex and different ways we can avoid pregnancy etc. by VDC Health Incharge Suresh Yadav. Then after that Tiffin Break of about half hour was provided. After that the Junior Engineer Mabin Panday presented his presentation about the Toilet (Why toilet, its importance, global toilet reach, millennium development goal, ODF, Our current situation about unsafe disposal of excreta, Different diseases that can cause due to open defecation and its preventive measures, different kinds of toilet that can be constructed easily through the use of local material more specifically VIP latrine, technical material and provisions about the selection of toilet site considering human settlement and water resources etc) , Waste management and different provisions for household waste management through dustbins, garbage pits, Manufacture of compost manure through decayed household waste and technical provisions about the formation of pit (its location, depth, width etc), Different Techniques adopted internationally for waste management in Germany, France and Japan. Then a short presentation by our social mobilizers was also presented at which they shared their point of view regarding today's programme. Finally the training closing ceremony was organized by our NRCS Shahare Sub- Chapter President Mr. Narahari Subedi about the importance of today's programme and the determination that we need to take regarding safe sanitation habits so that we could cope with this current unhygienic situation toward a

ODF zone and for the well being of our Shahare VDC. Then as per NRCS rule the participants were provided with the cash allowances. Everybody seemed to be Happy after attending this One day Training on Sanitation Awareness and several overwhelming responses were received though both of our participant and guests regarding the positive impact that will take place in the life of participants after attending this training.

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Challenging

In Shahare VDC we organized the training very smoothly even though we face some challenges in the coordination time some challenges are as follow.

- There was landslide at several points in the route of Charikot to Shahre.
- Difficult to get local vehicle and transportation.
- Finalization of participants list was challenging due to authentic data and chances of duplication.
- In direct pressure from the political parties and local leader to Select participants from their close relatives.

- Because of the bad road the chances late organization of training was high.
- We wanted to select participants based on ethnicity along with the different governmental provisions for selection and also based on their education (priority to +2 pass out students who wanted to pursue their career in WASH Sector and Help Other people

Resolution

1. Precaution was taken to travel safely and organize the training intime.
2. Local contacts were use to search vehicle for the transportation.
3. Several meeting were held to figure out the needy participant.
4. People of Political Parties were also informed about the rules for the Selection of Participant and after talk the cooperated with us.

Conclusion

In the cooperation of NRCS and Mercy corps the one day Sanitation Awareness Training had been organized at the Shahare VDC successfully. Shahare Sub- Chapter, local political parties, local stakeholder and the VDC secretary without help of local supporter we never do such kinds of things. Local people appreciated our efforts and admired us for the organization of the training transparently we must be thankful to all supporters from our inner heart.

Annexure:

S.N	Participant's Name	Remarks
1	Sanogopal Tamang	
2	Bhularam neupane	
3	Mdhikariaiya Tamang	
4	Rajkumar KC	
5	Radhakrishna Phuyal	
6	Ranju Nepali	
7	Khadga Bahadur nepali	
8	Goma shrestha	
9	Chameli Shrestha	
10	Ram Narayan Shrestha	
11	Kabu Nepali	
12	Indra Prasad Adhikari	
13	Kamala Shrestha	
14	Kabita Gautam	
15	Radha shrestha	
16	Rajkumar Mijar	
17	Uddav Shrestha	
18	Yam Bahadur Bhujel	
19	Radhika Khadka	
20	Gita Mijar	
21	Yam bahadur Budhathoki	
22	Dirghanarayan Shrestha	
23	Bimala Khadka	
24	Ambika Khadka	
25	Babina nepali	
26	Sradda Khadka	
27	Samjhana Khadka	
28	Tara Khadka Phuyal	
29	Hari Gopal Subedi	
30	Min Bahadur KC	

31	Lokbahadur Phuyal	
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Photos:



Participant response after receiving entertainment cheats



Entertainment Material for Refreshment



Training on Progress by Junior Engineer Mabin Panday

Annex 5: HNDC Partner Report on Hygiene Promotion Campaign in Ghumthang and Maneswor, Sindhupalchowk District

Sanitation Campaign

Health & Hygiene Promotion Activities were established to address a lack of knowledge of basic hygiene practices, such as hand washing at critical times, the use of soap during hand washing, domestic waste dispose in proper place, and water and food covering practice.

Hygiene education sessions were conducted at household, Tole (cluster of households), community and school levels. Health motivators and facilitators from our organization staff and led the hygiene education activities. However they were supported by Community Health Volunteers whom they trained and engaged in the activities, and mobilised to promote improved personal and community hygiene practices.

In the presence of more than 800 People were involving in sanitation Campaign. It has been so successfully completed as per our plan and desired of participant as well as interest of WASH cluster in Ghumthang and Maneshwara on 28th August 2015. The sanitation Campaign aims to reduce environmental contamination and achieving total behaviour change in hygiene and sanitation at HH level as well as community level.

In House hold level the campaign mainly focused on

- Identifying small doable actions to move people toward total behaviour change
- Discussed ways to keep water safe.
- How to wash hands correctly
- How to build a hand washing station
- Describe critical hand washing practices
- How to build a household latrine
- Explain the links between WASH and healthy living.
- Identify, discuss and demonstrate critical WASH practices that can help improve our health and community health



Participation of Students in Sanitation Campaign



Participation of Students in Sanitation Campaign



Participation of Students in Sanitation Campaign



Participation of Students in Sanitation Campaign

1.1.1. Dissemination of IEC Materials

HNDC Nepal distributed specific materials to raise awareness towards the total sanitation in the HH level and the community level. Detail of list is attached in **Appendix E**.



IEC materials Distributed in community



Child with distributed IEC pamphlets



IEC materials Distributed in community



Child with distributed IEC pamphlets

Achievement

More than 600 hundred student and 200 local people involved in Sanitation Campion. School Children discuss on his/her home and knowledge sharing on each family.



WHAT NEXT FOR NEPAL?

Evidence of What Matters for Building Resilience After the Gorkha Earthquake November 2015

RESEARCH PURPOSE

When a 7.8 magnitude earthquake struck Nepal in April 2015, the effects were devastating: over 9,000 people were killed and 800,000 homes destroyed or badly damaged, displacing approximately 2.8 million people.¹ Yet as in nearly any disaster, not all households were equally impacted. Some people managed to cope better, and begin recovering more quickly – even when they experienced the same magnitude of earthquake damage. Mercy Corps wanted to understand why, and to identify the sources of their resilience.

Mercy Corps' rapid response to the Gorkha earthquake enabled us to collect data from nearly 1,200 households in severely affected areas. Ten weeks after the earthquake, we found these households varied greatly in their levels of food security, shelter, and abilities to regain their livelihoods. Mercy Corps undertook this research to generate evidence into what types of interventions are most likely to support the resilience of disaster-

Key Findings and Recommendations

- **Traditional disaster risk reduction (DRR) is often not enough.** Existing approaches to community-based DRR may be insufficient to support disaster resilience in contexts of weak governance. Greater emphasis is needed on strengthening household DRR capacity and government responsiveness in DRR.
- **Who you are, and who you can count on, matter.** Caste, gender, and social relationships can determine household welfare after a crisis. Humanitarian actors must do more to support trusted and diverse community groups to maintain mutual support functions following disasters, while ensuring humanitarian responses do not reinforce structural inequalities.
- **Financial services are critical to resilience, but some help more than others.** Informal savings and formal credit appear to be vital in post-crisis contexts. More investment is required to ensure financial institutions can maintain their operations following disasters, when their services are needed most.
- **Enabling people to get back to work quickly post disaster is essential.** Restoring livelihoods and market functions as part of early response can make major contributions to household coping and recovery. Humanitarian actors should use rapid cash transfer approaches that can meet immediate social protection needs, kick start market functions, and increase economic opportunities.

prone communities. The research set out to understand: **What capacities, if reinforced, hold the greatest potential to enhance coping, promote recovery and strengthen the resilience of communities to future natural disasters in Nepal and similar contexts?**

RESEARCH DESIGN

The design for this study is grounded in Mercy Corps' approach to measuring household resilience.² Mercy Corps defines resilience as the capacity to learn, cope, adapt, and transform in the face of shocks and stresses. *Capacities* can be absorptive, improving preparation for or recovery from shocks and stresses; adaptive, mitigating the very presence and impacts of shocks and stresses; or transformative, unlocking the wider system (including government support) to enhance coping and adaptation. *Resilience capacities* are the resources or strategies, used before or after a crisis, that help households mitigate crisis impacts.

Within the studied area in Sindhupalchok District, the earthquake had a dramatic effect. Nearly 30 percent of respondents reported having no official shelter at all ten weeks after the earthquake. Poverty likelihood rose drastically, from an average of 8.7 percent to 28 percent. While nearly all households were negatively affected by the earthquake, the research set out to identify key factors that appear to have mitigated the worst effects. Our study focused on the role of the following capacities in contributing to disaster resilience:

1. **Disaster preparedness and response**
2. **Social identity and networks**
3. **Access to and use of financial services**
4. **Access to and use of economic options.**

For each of these factors, the study examined to *what extent* these capacities supported households' abilities to cope with and begin recovery from the earthquake impacts, *what capacities pre-earthquake* enabled the most (or least) effective post-earthquake responses, and *which groups* were most (or least) likely to have them.

The study examined the contribution of these capacities to a range of household well-being outcomes after the earthquake, including to what extent households were (1) positively coping after the shock, (2) beginning recovery, and (3) showing promise of long-term development. This range of outcome measures is illustrated in Figure 1.

Methodology

This research employed a sequential, mixed methods approach.

Qualitative assessment: Conducted in May 2015 in Sindhupalchok District to formulate hypothesis, identify outcome measures, and inform our sample selection.

Quantitative survey: Administered in June 2015 to a random sample of 1,200 households within 25 Wards of five affected Village Development Committee. These areas were selected based on their level of earthquake severity, distance from a market center, and elevation. This approach allowed the study to capture populations with a range of access to roads, goods, financial services, and other potential resilience capacities. The sample was stratified to allow sufficient representation of castes with lower populations in the area.

We used cross-sectional correlation analysis, taking advantage of pre-existing variation in key variables. A series of multivariate regression models analyzed which characteristics, pre-earthquake capacities, and post-earthquake responses were associated with better coping, recovery, and long-term well-being outcomes.

Figure 1. Range of outcome measures examined



KEY FINDINGS

Disaster Preparedness and Response

In areas with high disaster risk, such as Nepal, development cannot be achieved without disaster resilience. Disaster risk reduction (DRR) enables this by taking a two-fold approach: (1) taking steps to reduce the incidence of disaster or its effects, and (2) establishing systems that can quickly and efficiently respond to disasters.

Addressing the impacts of a disaster can include providing humanitarian assistance, rebuilding structures, restoring economic activity, and offering psychosocial support. The more quickly this aid can be provided, the better the impact on recovery.³ In cross-national studies, higher income is a major predictor of effective disaster preparedness. But evidence shows that other factors such as effective governance institutions and social connections also have a significant impact in reducing deaths.⁴

Our research tested the hypothesis that households who were able to access disaster risk reduction and response mechanisms, both before and after the earthquake, would be more likely to productively cope with and recover from its effects than households without these capacities.

KEY FINDING: Existing approaches to community-based disaster risk reduction may be insufficient to support disaster resilience, unless they improve household DRR capacity and advocate for stronger governance.

The vast majority of sampled households (83 percent) reported their community did not have a disaster plan or committee. Yet even when such DRR systems were in place, they did not appear to contribute to better coping or recovery outcomes. As community DRR in Nepal is commonly conducted through local government structures, this finding may be explained by the limited governance capacity in Nepal.⁵ Households who perceived local government mechanisms were in place may have been overly reliant on a weak system that was unable to meet their needs.

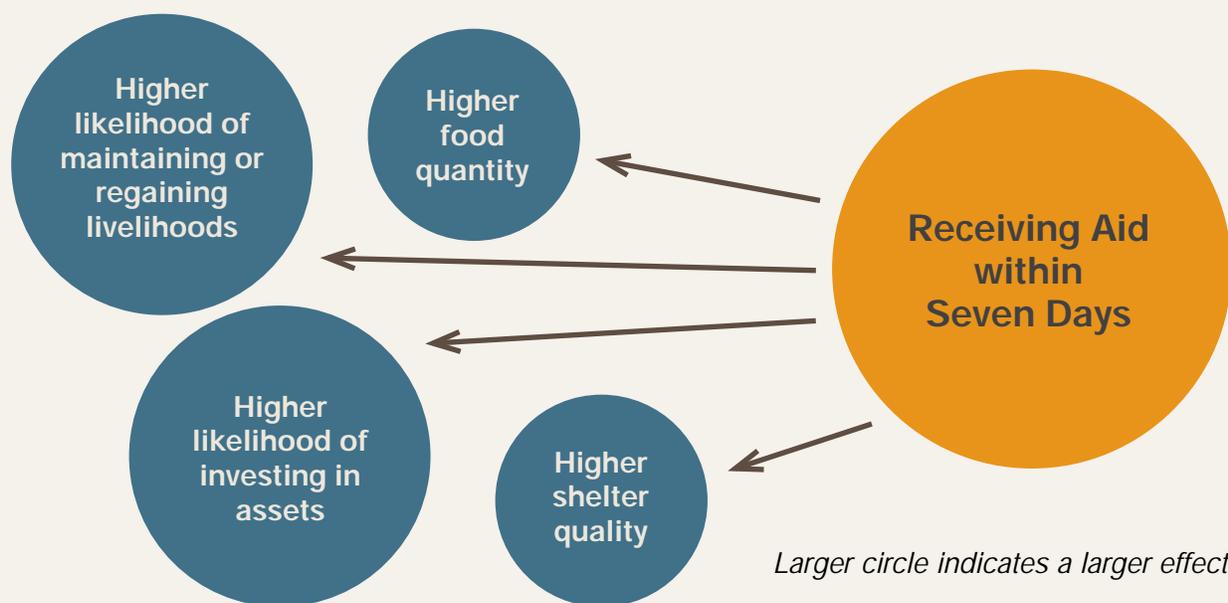
Disaster preparedness measures

- **Community disaster preparedness:** existence of DRR plans and committees; resources or training for DRR at the community level
- **Household disaster preparedness:** families' disaster risk and response awareness

Disaster response measures

- **Timeliness of aid:** receiving aid within seven days of the earthquake
- **Amount of aid:** number of aid sources received by a household

Figure 2. Effects of timeliness of aid on coping and recovery outcomes



In contrast, greater household-level disaster preparedness appeared to be a critical resilience capacity. Families that reported being aware of what to do following the disaster were 50 percent more likely to have maintained or regained their livelihoods, and had higher levels of food security than families without such DRR awareness. These findings suggest that community DRR measures must connect to and directly support household-level preparedness efforts to be effective. Research shows that this link is currently missing in Nepal.

KEY FINDING: Receiving timely aid is a critical enabler of household coping and recovery after a shock.

Receiving timely aid was among the strongest predictors of positive coping and quicker recovery for households, as shown in Figure 2. Households that received aid within seven days after the earthquake were twice as likely to have invested in productive assets and maintained or regained their livelihoods relative to households that received aid later or not at all. These early aid recipients also tended to have better shelter conditions and food consumption patterns. The very early response in Nepal consisted mainly of food and critical life-saving items, suggesting that very basic but immediate support can ensure families do not have to lose critical assets and savings to meet their immediate needs. Our findings support other research that has shown that the quicker aid can be provided, the better the impact on recovery.⁷

RECOMMENDATIONS:

Address the limitations of current DRR approaches in contexts of weak governance, placing greater emphasis on household-level DRR and advocacy capacity for improved accountability and response.

Actively assist government and other aid providers to reach all disaster-affected households with critical assistance within the first week of a disaster to support rapid recovery and resilience.

SOCIAL IDENTITY AND NETWORKS

Evidence shows that social identity and networks make a major difference in households' ability to manage disasters.⁸ In Nepal, caste is the primary determinant of income and social standing, and tracks to other development indicators such as education and maternal health.⁹ Gender inequality also perpetuates marginalization, as women suffer from early marriage, poor spacing of pregnancies, high rates of domestic violence and discrimination in food consumption.¹⁰ These disparities are apparent even during disasters, and have been shown to determine who receives aid.¹¹ Following the earthquake in Nepal, lower castes shared stories of negligence, blatant discrimination, and even violence in being denied equitable distribution of relief.¹²

The effects of caste and gender are evident when examining social capital, defined as the level of cohesion and mutual assistance among a group or groups of people. Research shows that social capital can play different roles in disaster recovery. First responders are often neighbors or other community members, emphasizing the importance of *bonding* social ties.¹³ Yet if a disaster of a large magnitude affects multiple households negatively, *bridging* social capital can connect with peers outside the community, while *linking* capital can help households connect to government agencies, or even non-governmental organizations, for support.

In Nepal, our study assessed how both social identity (as defined by caste and gender) and social capital affected households' ability to cope with and recover from the earthquake.

KEY FINDING: Who you are, and who you can count on, matter: caste, gender, and social relationships can determine welfare and well-being after crisis.

Our results showed that caste, independent of poverty status, determined people's ability to access resources and apply strategies that could support disaster resilience. Members of the lower castes were more likely than higher-caste households to be consuming less and lower quality food post-earthquake, even among households with similar pre-shock wealth levels. Lower castes also experienced a relative delay in the receipt of aid, controlling for remoteness from markets.

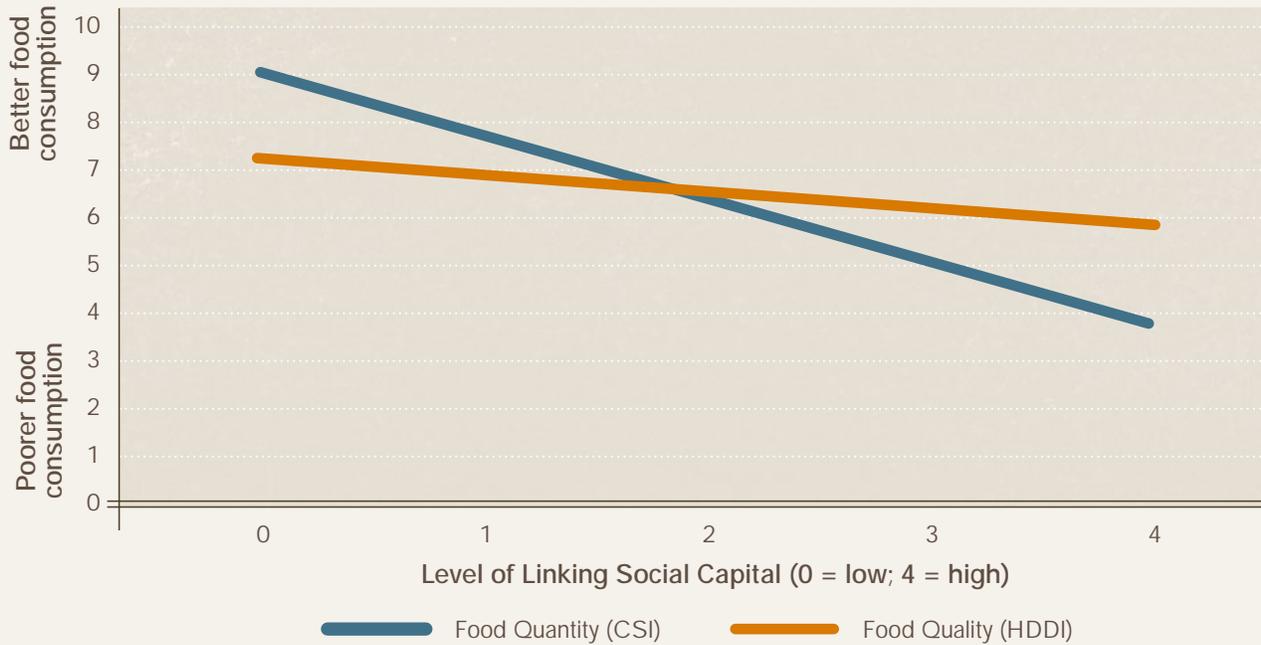
At the same time, relationships within castes supported recovery. Households reporting greater levels of *bonding* social capital relationships, or an ability to rely on members of their own caste for help, were more likely to be able to meet their food consumption needs. Involvement in community collective action – such as in traditional self-help work groups (called *perma*) – prior to the earthquake also appeared to contribute to better recovery of assets and shelter. Given that *perma* relies on mutual assistance through labor exchange, this suggests households who had invested in such social capital stocks could draw on them after the disaster.

Greater *linking* social capital, or perceptions of being able to rely on and influence local government officials, was linked to poorer coping and recovery outcomes, as illustrated in Figure 3. This finding points again to the

.....

- Social identity measures**
 - Caste affiliation
 - Sex of head of household
 - Women's involvement in household decisions
- Social capital measures**
 - **Bonding:** social ties within a caste
 - **Bridging:** social ties across castes
 - **Linking:** perceptions of being able to influence local officials and institutions for help
 - **Collective action:** engaging in joint community support activities

Figure 3. Effects of linking social capital on food consumption



risk of overreliance on government networks in contexts of weak governance capacity. As has been seen in other disasters in the region, people that perceived local government mechanisms to be supportive may have relied on them instead of other supports, leaving their families worse off when the government failed to meet their needs.¹⁴

RECOMMENDATION:

Ensure humanitarian response efforts do not reinforce structural inequalities. This can be done by supporting trusted and diverse community groups to maintain mutual support functions in a crisis.

FINANCIAL SERVICES

The role of households' access to financial services, such as credit and saving mechanisms, in resilience is increasingly well-established.¹⁵ Savings and credit can foster diversification of income, investments in improved shelter, and resilient livelihood strategies. Savings, credit, and cash transfers provide shock-affected households with secure sources of liquidity not only for purchasing essentials such as food, but also for restoring or branching out into new income sources, which in turn sustains markets.

Financial service measures

- **Use of formal savings:** From a bank, cooperative, or other formal financial institution
- **Use of informal savings:** In a local savings group, with family or friends, or at home
- **Use of formal credit:** From a bank, or government-registered MFI or cooperative
- **Use of informal credit:** From local credit shop, wealthy landlord, community welfare program, employer, family or friends

But whether the financial services are beneficial for disaster resilience depends on their source and how they are used. For example, while credit can be an important coping lifeline, borrowing that comes with predatory interest rates can also make households *more* vulnerable to future shocks, or undermine recovery.¹⁶ And if financial service providers cannot function following a disaster, their clients may not be able to access funds when they need them most.

The research tested the hypothesis that households who were able to access and use financial services were more likely to productively cope with and recover from the earthquake's effects, compared to households without these capacities. We looked specifically at how households were using formal and informal savings and credit, before and after the earthquake.

KEY FINDING: Financial services are vital, but some help more than others: savings are an important form of support in a post-crisis context, with informal savings being particularly critical for marginalized groups.

Before the earthquake, over 57 percent of respondents held formal savings, and 25 percent held informal savings. Households who had informal savings prior to the disaster tended to fare better in its aftermath than those who did not, with improved shelter quality and a lower likelihood of poverty. This finding stands out considering that only 23 percent of households with informal savings reported actually using the money after the earthquake. The benefits of savings may have had more to do with the social support that comes from being part of a savings groups, where the vast majority of informal savings were held, rather than drawing directly on the cash. People from lower castes were more likely to hold informal savings, suggesting that informal savings groups may be a critical support for more marginalized groups after a disaster.

KEY FINDING: Access to appropriate loan products post-crisis are important for recovery, but pre-crisis debt may make people worse off in the aftermath.

Credit appeared to make a difference to households' resilience, though the effects were mixed based on the source and timing of the loans. Access to formal loan products after the crisis appeared to boost households' recovery. Though only 13 percent of households reported using formal credit, these families were better able to meet their family food needs, and were 80 percent more likely to be able to maintain or regain their livelihood source, compared to households who did not or could not access formal credit after the earthquake.

In contrast, the use of informal loans after the crisis seemed to undermine recovery; it was linked to a higher likelihood of household food insecurity. The results also showed that families with a debt burden – especially from informal sources – prior to the earthquake had to resort to more distressful coping mechanisms post-shock. These households were likely already relying on credit to meet their basic needs, and creditors needed to be repaid in a crisis. This additional pressure may have required new, expensive credit sources that further increased debt and limited coping options.

Taken together, these results point to the important protection role that emergency cash transfers can play for the most vulnerable groups in times of crisis. Cash transfers may prevent depletion of savings, which appeared to be a key resilience capacity. Unconditional emergency cash transfers have also been shown to effectively assist households that are not able to access their savings or appropriate credit following a disaster. Finally, the low rates of savings withdrawal, combined with low use of formal loans after the earthquake suggest it is critical to enhance the capacity of financial institutions to maintain their operations in times of crisis, so that more appropriate financial services can contribute to disaster resilience.

RECOMMENDATIONS:

Support financial service providers to offer more appropriate products and maintain services in times of crisis, while enhancing household financial management capacity for disaster resilience.

Enhance informal savings for the most vulnerable pre-crisis and extend social protection mechanisms through cash transfers in the aftermath of disasters.

ECONOMIC OPTIONS

Livelihood strategies, or the ability to manage income streams to mitigate disaster risk, are critical to resilience. Previous studies have shown that households with livelihood streams that are truly independent of each other and not exposed to the same types of risk – e.g. farming and salaried work – may enable households to maintain at least part of their livelihoods after a disaster, and thereby rebuild or recover more quickly.¹⁷ Livelihoods are also closely linked to the markets in which they operate; restoring market functions and reconnecting households with markets is critical to renewing growth and restoring livelihoods.¹⁸

Economic options measures

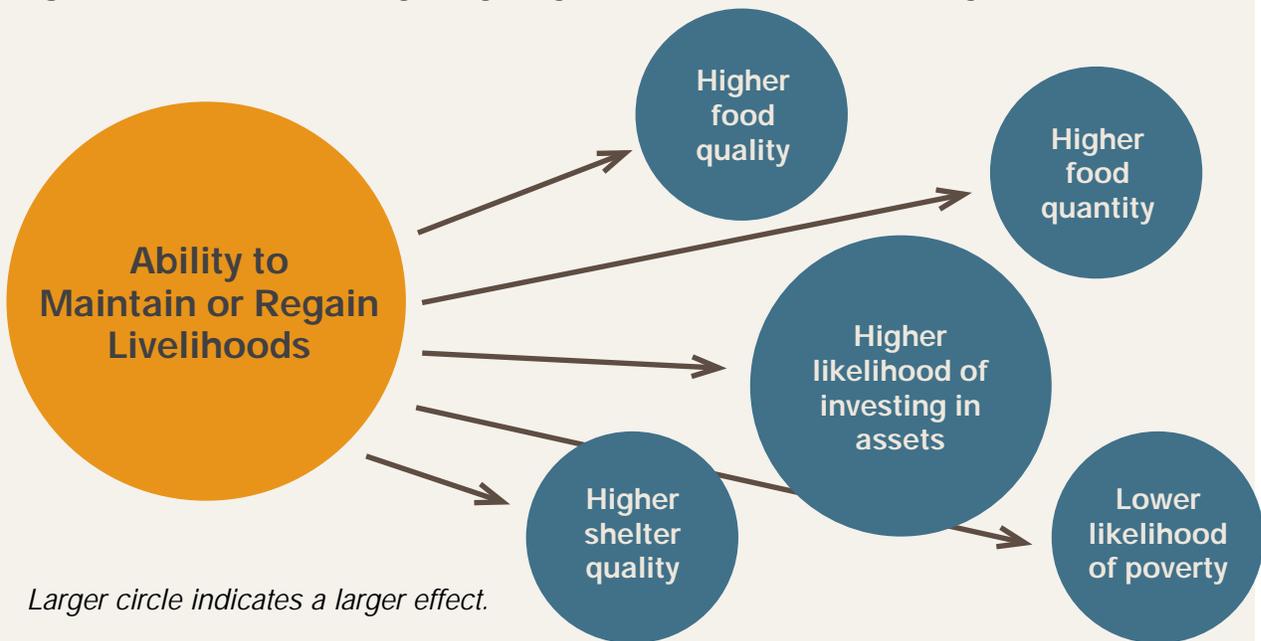
- **Livelihood diversity:** having multiple sources of income
- **Livelihood independence:** having multiple income sources not all exposed to the same types of risks
- **Access to functioning markets:** availability of transport to market centers; and availability of **food and non-food items in markets**
- **Remittances:** having received remittance income before and after the earthquake

This research tested the assumption that households who could access a range of economic options before and after the earthquake were better able to cope with and recover from earthquake impacts.

KEY FINDING: Maintaining or regaining livelihoods and restoring market functions as part of early response is critical for improved coping and recovery.

Households' ability to maintain or regain their livelihood and income sources within ten weeks after the earthquake was the single strongest predictor of resilience (see Figure 4). Such households were far more likely to maintain an adequate quantity and quality of food, were twice as likely to invest in productive assets, had better quality shelter, and were at lower risk of poverty. Several factors stood out as contributing

Figure 4. Effects of maintaining or regaining a livelihood source on well-being outcomes



to households' ability to hold on to their livelihood sources: being able to draw on formal credit after the earthquake, receiving timely aid, having higher levels of household-level disaster awareness and preparedness, and having a more diverse set of livelihood sources pre-earthquake. Livelihood independence was linked to an 80 percent greater likelihood of households investing in productive assets after the earthquake, but did not appear to contribute to households' ability to maintain or regain their livelihoods.

KEY FINDING: Proximity to a marketplace on its own may be insufficient to support disaster resilience if not coupled with efforts to restore market functions.

Ten weeks after the earthquake, market access and goods were still not restored. Nearly half of respondents stated that their closest market was completely unreachable, and that availability of seeds, agricultural inputs and housing material were all low. In fact, households that had better access to markets after the earthquake exhibited the poorest food consumption patterns; this is likely because these households naturally depend on markets in normal times, and thus are less able to cope when the markets stopped functioning.

These results point to the need for emergency assistance to more quickly and effectively support communities to restore livelihoods and markets early following a crisis. Literature on the role of emergency cash transfers in disaster response suggests that cash transfers may be the most effective mechanism to achieve this goal. Previous research and experience suggests that economic recovery can be most effectively stimulated through emergency cash transfers.¹⁹ However, cash must be provided at levels that can support productive investments by households and businesses, and be distributed with awareness of the economic context. Specifically, research has shown that larger, lump sum emergency cash transfers can be more effective in enabling recipients to restore productive assets and livelihoods than multiple, smaller transfers of the same amount.²⁰ To act on these findings, humanitarian actors must find ways to deliver cash faster, as part of emergency response, and in ways that help restore livelihoods in the immediate aftermath of a shock – rather than waiting for later recovery interventions.

RECOMMENDATION:

Restore markets and support livelihoods as part of early response, including through cash transfer approaches that can kick start market functions and increase economic options.

CONCLUSION

This study offers a snapshot of household welfare and recovery, and what contributed to it, ten weeks after the Gorkha earthquake. The results shed new light on people's resilience capacities and immediate responses. These have important implications on how the earthquake recovery investments can be designed and targeted.

Nepal's disaster-prone environment makes investing in resilience extremely important. Since the time of survey, the study area experienced floods and landslides associated with the monsoon rains. More recently, the whole country has suffered from an extensive fuel crisis, prompted by reactions to Nepal's new constitution. Mercy Corps plans to conduct follow up research to analyze how exposure to this latest series of shocks has affected households' ability to cope and recover from the earthquake. This will further our collective understanding of the most important leverage points for supporting resilience to multiple, recurrent crises. The results will enable humanitarian and development actors to be more deliberate in responding to future crises in ways that best strengthen household and community resilience over the long term.

ENDNOTES

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For the full research report, see:

Petryniak, O., Kurtz, J., and Frischknecht, S. (2015). *What Next for Nepal? Evidence of What Matters for Building Resilience After the Gorkha Earthquake*. Washington, DC: Mercy Corps. Available at: <https://www.mercycorps.org/research-resources/what-next-for-nepal>

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ABOUT MERCY CORPS

Mercy Corps is a leading global humanitarian agency saving and improving lives in the world's toughest places.

With a network of experienced professionals in more than 40 countries, we partner with local communities to put bold ideas into action to help people recover, overcome hardship and build better lives. Now, and for the future.



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